

Distance Learning at Boston University

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Abstract. For the past 12 years, the Department of Rehabilitation Counseling at Boston University has been offering an off-campus graduate degree program in Rehabilitation Counseling with a Specialization in Psychiatric Rehabilitation. The program teaches students the skills of psychiatric rehabilitation during three sessions at Boston University. Skills are practiced back at the students' jobs, anywhere from 150 to more than 3,000 miles away. Individualized feedback is provided for each assignment. Using both basic and creative technological resources for distance learning, the curriculum accommodates different learning styles and specialized interests. Implications are drawn for distance learning and for traditional rehabilitation-counseling education programs.

In an effort to better meet the needs of students and to keep in pace with technology, rehabilitation education has embraced the model of distance learning. Exciting new technologies make distance learning easier, yet effective distance learning has occurred in the absence of high-tech equipment, as evidenced by the success of a 12-year-old long-distance graduate program at Boston University. The challenge of the future is to apply what has been learned to the newer approaches to distance learning.

History

Boston University's off-campus program in rehabilitation counseling is a graduate degree program (M.S. and C.A.G.S.) with a specialization in psychiatric rehabilitation. The program began at the Department of Rehabilitation Counseling at Sargent College of Allied Health Professions in August, 1983 and has since accepted a new class of approximately 10 students each year. The original intent was to expand the department's reach to people committed to the rehabilitation of those with psychiatric disabilities. This program allows students to earn graduate degrees in rehabilitation counseling while continuing to work in the mental health field, even when living more than 150 miles from Boston.

When the off-campus program was initiated, the Department had a long tradition of rehabilitation counseling education, dating from its first graduating class of 1958. Specialized training in psychiatric rehabilitation had been offered since 1979 in

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conjunction with the Center for Psychiatric Rehabilitation, a nationally-funded rehabilitation research and training center directed by Dr. William Anthony. Many of the publications and the training materials used in the off-campus program have been developed by the Center for Psychiatric Rehabilitation, which has been a positive force and resource for this program and the department.

Students

When off-campus students are compared to the on-campus students who specialized in psychiatric rehabilitation, the off-campus students are on average older and more experienced (Farkas, 1994; Farkas, O'Brien, & Nemec, 1988). Off-campus graduates have ranged in age from 24 to 63 years of age on entry to the program, averaging about 10-15 years older than on-campus students. As is typical in human services, women outnumber men. Specifically 70% are females (Farkas, 1994).

Off-campus students live in all parts of the United States, although one-third of U.S. graduates are from the East Coast (Farkas, 1994). The program has accepted international students, specifically 19 students from Canada, mostly from Ontario, and two students from Portugal.

An application requirement stipulates that students must have a minimum of one year of experience working directly with people with psychiatric disabilities. At the point they enter the program, off-campus students have worked in the mental health field for an average of about five years. Due to the admission requirement, all students entering the program are practicing mental health practitioners. A total of 3% of graduates have identified themselves as consumers of psychiatric services and 30% as family members of people with psychiatric disabilities (Farkas, 1994). Students have had a variety of experiences working in different settings, such as community mental health centers, psychiatric hospitals, residential programs, vocational programs, psychosocial programs, case-management programs, crisis units and programs for people who are homeless.

The graduate program is designed for people who have a minimum of a bachelor's degree in a related field, such as Psychology, Social Work, Education, Nursing or Occupational Therapy. Most of the graduates have been awarded a Master of Science degree (M.S.). Of the graduates who have been awarded a Certificate of Advanced Graduate Studies (C.A.G.S.), 6% entered the program with a master's degree and 4% with a medical degree as practicing psychiatrists (Farkas, 1994).

Program Focus

The M.S. or C.A.G.S. degree earned from the off-campus program is in rehabilitation counseling with a specialization in psychiatric rehabilitation. The program is competency-based, with its core clinical coursework in teaching the skills of psychiatric rehabilitation as developed by William Anthony and his associates at the Center for Psychiatric Rehabilitation at Boston University (Anthony, W.A., 1979, 1993; Anthony, Cohen, & Farkas, 1990; Farkas, O'Brien, & Nemec, 1988).

There are three levels or goals of learning - exposure, experience and expertise (Anthony, Cohen, & Farkas, 1988). The exposure level provides knowledge and increases awareness about a subject. An additional focus of an exposure program may be to develop certain attitudes or values. Exposure-level learning typically takes place at conferences and workshops and in introductory classes. This level of learning is easily achieved through a distance-learning model. The experience level is a deeper

level of learning where students may increase their knowledge and attitudes about a subject and also may have an opportunity to practice skills in the classroom. Most graduate programs are experiential (Farkas & Anthony, 1993). At the expertise level, students are expected to master both knowledge and skills. To develop expertise, students need multiple chances to practice their newly acquired skills. Practice in the classroom should be supplemented with practice in an actual rehabilitation setting with people with disabilities. The off-campus program is designed to deliver the expertise level of learning.

Program Structure

The off-campus program requires completion of 36 credits consisting of clinical and knowledge-based coursework. Clinical coursework (16 of the required credits) teaches counseling skills and psychiatric rehabilitation skills. Knowledge-based courses make up the remaining 20 credits scheduled evenly throughout the 20-month program and cover the principles of psychiatric rehabilitation, vocational assessment and case management. New research and concepts in psychiatric rehabilitation are presented through topical seminars in psychiatric rehabilitation. An independent study offers students a chance to increase their knowledge in areas such as program evaluation, psychopharmacology and the role of the family in rehabilitation.

The program begins in August and continues for four consecutive semesters. Students travel to Boston University for three intensive on-campus sessions. The initial on-campus session in August lasts two weeks. Classes meet for 12 hours a day and homework is assigned for weekends. A five-day retreat in New Hampshire during the following January is less intense and is a time for the students to reunite as a group. Another two week session the following June uses the August class structure.

During the residential sessions, students are taught the various skills for the clinical coursework. Students learn the technical skills of the psychiatric rehabilitation approach as well as the counseling skills that enrich the technology. Values such as individualization and client involvement are emphasized during class discussions and supervision sessions. Both the technical and counseling skills are critiqued in the homework assignments and feedback sessions.

Between the on-campus sessions at Boston University, students are at home completing regularly scheduled assignments. The assignments require students to submit audiotaped sessions with their clients to demonstrate the clinical coursework skills. Assignments are mailed to Boston every two weeks. Within a few days, students receive individualized feedback through a telephone call with a faculty member. Feedback focuses on the strengths and deficits of the student's performance and is followed by a written evaluation for each assignment. The assignments build on one another, so scheduling and promptness are valued responsibilities of both the students and faculty.

Each off-campus student is supervised by a faculty member as well as a graduate-level worksite supervisor using the standard clinical internship model. The faculty member evaluates skill performance from the clinical coursework assignments, while the worksite supervisor meets weekly with the student/employee to keep informed of what is happening with clients, to add the supervisor's unique perspective about the student's work, and to be available for any clinical support needed

during crisis interventions. On-site supervision is essential for students who are learning at a distance.

Knowledge-based courses are "attended" via audiotaped lectures of classes held on-campus. Off-campus students receive the audiotapes, books and articles and they study the course materials at their own pace at home within the particular semester time requirements. The students do the assignments, take tests and write papers as the courses require. Instructors for knowledge-based courses meet the students to introduce and conclude their courses as part of the intensive on-campus sessions in Boston. During the semester the instructors are available to the students by phone, mail and/or fax. Instructors have used conference calls with the off-campus students to answer any large-group questions.

The program is supported by university and departmental funds. In addition, Rehabilitation Services Administration grants have provided some support for operating costs, student travel and traineeships for tuition and stipends.

Program Evaluation

Student satisfaction surveys, course evaluations and program evaluations are conducted on a regular basis for assessing distance-learning effectiveness. Program and course evaluations are done by telephone each semester and during a final exit interview. Students submit course evaluations in writing on evaluation forms at the end of every semester.

A recent survey was sent to 76 off-campus program graduates (Farkas, 1994) and 70 were returned. Results indicated that 91% of respondents have been employed in the mental health field since graduating. Eighty-five percent of respondents thought the off-campus program was very useful, and 97% indicated they would recommend the program to others.

Discussions about program improvements often arise; although the overall program structure has remained the same since its inception, course and program modifications have been made each year. For example, students suggested scheduling assignments to avoid holiday times and conflicts with due dates for other courses. One student recommended an orientation manual to be written for new students. The most influential comment to date, made by several students independently, is that faculty "practice what they teach." Faculty teach and model the principles of psychiatric rehabilitation. The stated philosophy is an individualized, consumer-oriented approach that values self-determination and a focus on maximizing functioning in a person's environment of choice. Students' reminders to "stay honest" have influenced course content, teaching and program administration. Effective teaching and supervision include just such a modeling component (Bunker & Wijnberg, 1988).

Use of Technology

The off-campus program was developed as a "low-tech" approach, using available resources, in 1983. More recently, an increasingly "high-tech" approach is being tried. The most used low-tech resource is the telephone, used for admission interviews and for individual feedback sessions. Audiotapes and videotapes are used for class lectures for the knowledge-based classes, as well as for clinical assignments.

Fax machines are used by students for short, written assignments, which need to be submitted in a hurry. Lap-top computers have been used by students for assignments

written while in Boston. Conference calls and speaker phones enable groups of faculty and/or students to communicate together simultaneously. One course uses a speaker phone to interview mental health leaders across the country. The interviews are audiotaped during the class lecture where on-campus students can ask the guest speaker questions via the speaker phone. Off-campus students listen to the audiotapes later and call or fax their questions to the professor. The next obvious step will be to connect off-campus students via conference calling, so they can hear the lecture and engage in the discussions during class time.

An electronic bulletin board at the Center for Psychiatric Rehabilitation has been operational since 1988 and has helped students gain information about current research and conferences. E-mail has been used between students, but is not yet established as a common link between students and faculty. Future students will have better access to the Internet, facilitating communication with other students, faculty and library resource centers. International connections will be greatly improved with more efficient communication systems, allowing more international students easy access to the off-campus program.

Implications for Distance Learning Programs

When students are learning at a distance, keeping them productive and on schedule is an enormous task. In the absence of weekly face-to-face contact, students tend to succumb to distractions. Additionally, off-campus students are older, often have family responsibilities and are full-time workers. Many elect this non-traditional distance-learning program for more than its specialized content. They may have a history of marginal success or low satisfaction with the usual lecture/examination instructional model.

A performance-based teaching and evaluation model has allowed success and excellence for students who have struggled with a knowledge-focused academic environment. Small classes and individualized feedback provide opportunities for modifying instruction to meet student needs.

Keeping students' work timely is critical to success. In the off-campus program, students schedule their study time on semester plans. Their progress is monitored monthly by a faculty member via telephone appointments during which individual advising sessions are conducted. Faculty meet at least monthly about students' progress. Frequent monitoring enables students and faculty to identify and address problems promptly. Students typically need intensive support to work through problems at a distance in order to complete the program.

The off-campus program is structured so that two groups of students are going through the program at the same time. A new group starts in August while the prior group returns for its second year in June. The goal is for all students to complete their coursework on time to be able to graduate at the May commencement ceremony in Boston. The percentage of on-time graduates is an important program evaluation measure. The retention rate of students in the off-campus program over its 12-year history indicates that 76% of students have graduated on time, 9% graduated one year late, 3% graduated two years late and 12% dropped out of the program. In the last six years, efforts have been made to reduce the drop-out rate by increasing communication and accountability with the students. As a result, two out of the last three classes have had 100% on-time graduation.

The most common reasons for dropping out seem related to the long-distance nature of the program. Students often feel alone and separated from their classmates. They feel overwhelmed, trying to balance work, school and home life. The program has tried to lessen feelings of isolation and reduce the percentage of students withdrawing by encouraging pairs of applicants, offering regular support and monitoring students' progress.

Implications for Traditional Rehabilitation Education Programs

The combination of its expertise-level focus and a distance-related need for individualized student contacts has resulted in a labor-intensive program difficult to duplicate in an on-campus setting. Over time, however, the faculty has come to recognize the value of certain components of the program for on-campus learning. Boston University's Department of Rehabilitation Counseling has an interest in student skill development and always has emphasized the need for application in work settings. This is reflected in the clinical training component of the graduate programs in which two full academic years of internship experience are required with concurrent coursework. The rehabilitation courses all involve some practical activities and/or assignments. The influence of the off-campus program model has resulted in increased specificity and consistency of on-campus student performance evaluations. Indeed the intensive, individualized advising and monitoring of the off-campus program has become a model for the tracking system for on-campus students and for providing accommodations for students with disabilities or special learning needs.

Flexibility for the Future

As a society, we are caught up in a turbo-charged technology revolution. Long-distance learning is an increasingly common design for higher education and will become easier in light of advances in communication technology. Boston University's off-campus program was unique in 1983 and was considered advanced at that time. Today the program is established, successful and yet seems primitive as a distance-learning program. The adaptable nature of the program's curriculum will permit the incorporation of new instructional strategies and technological resources, as funds and equipment are acquired.

Communication technology can be used to enhance instruction by increasing real-time interaction and speeding up transmission of information. However, effective computer use begins with understanding the maxim, "garbage in, garbage out." Technology in itself does not make people learn, and enhancing the transmission of information does not facilitate skill development. As our students continue to remind us, the personal connection between faculty and student is an essential ingredient for learning and it provides the model for rehabilitation counselors' relationships with their clients and for rehabilitation administrators' relationships with their employees. In our rush towards the 21st century, we must not neglect the lessons of an earlier age.

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