

### Supported Employment and Education as Part of Early Interventions

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### People with First Episode of Psychosis

- Schizophrenia
  - Psychosis
  - Hallucinations
  - Negative Symptoms
  - Co-Occurring Depression
  - Co-Occurring Substance Use Disorders

### People with First Episode of Psychosis

- Schizophrenia
  - Cognitive Impairments
  - Significant functional impairments
    - Employment
    - Education
    - Relationships
    - Independent living

### People with First Episode of Psychosis

- Affects approximately 100,000 young adults each year
- Peak onset 15 – 25 years old
- When people wait longer (some wait months or years) to get treatment, the more severe the illness appears to become

### People with First Episode of Psychosis

- Lack of awareness or good early detection
- Challenges to remaining in treatment
- Challenges to use medications effectively
- Lack of available effective treatments

### People with First Episode of Psychosis

- People have strong fears about stigma or discrimination related to mental illness (Mentalism)
- People who start treatment stop or discontinue it frequently
- Family members and other supports have limited accurate information

## Our Low Expectations

Research about the *low expectations of mental health professionals in relation to people with mental health conditions* gaining employment is now very well documented. These expectations are often underpinned by concern about issues of risk, stress and relapse. *Such low expectations ... can result in them and their families receiving very cautious messages from mental health professionals about gaining employment.*

- Rinaldi, Miles, Killackey, Eoin; et al. First episode psychosis and employment: A review. *International Review of Psychiatry* (Submitted 2010)

## First Episode Treatment

- Australian treatment program (Early Psychosis Prevention Intervention Center: EPPIC), 65 individuals were treated and followed for 8 years after initial treatment. At 8 years follow-up, people who received EPPIC treatment had lower levels of symptoms, and were doing better than people who received standard public mental health services. Additionally, treatment of people in the specialized EPPIC program cost one-third as much as treatment for those in usual care because it was more effective

## National Institute of Mental Health Recovery After an Initial Schizophrenia Episode (RAISE) Project

- Design and test effective interventions for early intervention
- Use rapid implementation of effective treatment packages
- Assess key outcomes

## 17 active intervention sites across the country

- Including Burrell Behavioral Health in Springfield MO

## First Episode Research

- Low doses of atypical antipsychotic medications (Robinson et al., 2005; Sanger et al., 1999)
- Cognitive and behavioral psychotherapy (Jackson et al., 2005; Lecomte et al., 2009; Lewis et al., 2005; Wang et al., 2003)

## First Episode Research

- Family education and support (Goldstein et al., 1978; Leavey et al., 2004; Zhang et al., 1994)
- Educational and vocational rehabilitation (Killackey et al., 2008; Nuechterlein et al., 2008; Nuechterlein et al., 2013)

## USE the MANUALS

<https://raiseetp.org/StudyManuals/index.cfm>

## Navigate Design

The Navigate program is aimed at helping people (and their family members) negotiate their way through the haze of mental illness and the maze of the mental health care system, through close collaboration with a small and committed treatment team, toward regaining control over their lives and achieving their personal goals.

## Navigate Definition

Navigate is a coordinated specialty care program helping people with a first episode of psychosis to meet the broad range of their psychiatric and psychosocial needs. The program primarily targets individuals ages 15 to 35 years, when schizophrenia spectrum disorders are most likely to develop, including diagnoses in the schizophrenia spectrum.

## Navigate Foundation

The philosophy, goals, and services of Navigate are guided by three broad conceptual frameworks in the mental health field including

- the recovery & resiliency model
- the stress-vulnerability model
- the field of psychiatric rehabilitation

## Weekly Team Meetings

Weekly meetings of the Navigate team serve an important function for sharing current information about the person's progress, stressors, and setbacks and for coordinating responses among team members.

## Navigate Services

While a core set of services is provided in Navigate, participation does not preclude access to other services that may be available at the same agency or at other agencies (for example, peer support, case management and supported housing).

Integration with Other Services is Critical

### Services: Goal Setting

Goal setting in psychiatric treatment has traditionally focused on the reduction or elimination of symptoms or deficits. For individuals who have already had many setbacks, this emphasis on deficits can worsen self-esteem.

### Services: Strengths Focus

A strengths and resiliency focus involves drawing attention to positive attributes, such as personal qualities (e.g., creativity, sensitivity to others, and determination), knowledge or skills (e.g., playing a musical instrument and knowing computer software programs), and resources (e.g., social support and a good living situation)

### Services: Strengths Focus

Helping people (and family members or other supporters) recognize, increase, and capitalize on their strengths not only makes people feel better about themselves but also facilitates their resiliency in coping with life challenges and achieving goals.

### Services: Motivational Strategies

Difficulty sustaining motivation to follow through on plans and goals is a common negative symptom of schizophrenia that is often present during the first episode of psychosis....

A critical approach to enhancing individual motivation in Navigate is the emphasis on setting and pursuing personally meaningful goals.

### Services: Shared Decision Making

People and their family members or other supporters need accurate and understandable information about treatment options in order to participate in the shared decision making that is the backbone of the Navigate program.

### Services: Natural Supports

All team members (not just the family clinician) must use effective skills for working with families and other natural supports, such as providing outreach and engagement, eliciting the concerns and opinions of family members and other supports, and facilitating involvement and support in treatment planning and reviews.

### Navigate Team

The Navigate team typically comprises five individuals who provide four core treatment services. However, there is flexibility in the size and composition of the team, the assignment of clinical roles, and the number of staff members in each role

### Navigate Team Services

- Medication Prescribing
- Individual Resiliency Training (IRT)
- Family Education Program (FEP)
- Navigate Director
- Supported Employment and Education (SEE)
- (Case management)

### Navigate Team

Positions on the Navigate team are not expected to be full-time, and members may have collateral responsibilities to other people in services that are not enrolled in Navigate.

### Medication Prescriber

The medication prescriber (for example, a psychiatrist or nurse practitioner) provides individualized medication treatment, including systematic monitoring of signs, symptoms, and side effects, and guideline-based pharmacological treatment.

### Medication Prescriber

Medication recommendations should be based upon data not “expert opinion” or “hunches”

Careful attention to medication side effects

Preference given to medications with good research data for this population

Use of long-acting formulations of medications only when a person is willing

### Individual Resiliency Training

The IRT program is modeled after two programs aimed at improving illness self-management and psychosocial functioning —Illness Management and Recovery (IMR) and graduated recovery from initial psychosis, which specifically targeted people with a first episode of psychosis.

### Individual Resiliency Training

The IRT curriculum includes information and skills pertaining to specific topic areas (or modules), each including an educational handout for the person and teaching guidelines for the clinician.

### Individual Resiliency Training

Modules are taught by using an individualized, structured format with a cognitive-behavioral therapy approach, combined with psychoeducation and motivational enhancement.

### IRT Clinicians

Two clinicians (usually with master's-level degrees) provide the individual resiliency training (IRT) program, a psychotherapeutic approach aimed at helping individuals set personal goals, enhance wellness and personal resiliency, learn about psychosis and its treatment, improve illness self management, and progress toward personal goals.

### IRT standard modules

- Orientation
- Assessment/initial goal setting
- Education about psychosis
- Relapse prevention planning
- Processing the psychotic episode
- Developing resiliency – Standard module
- Building a bridge to your goals

### IRT individualized modules

- Dealing with negative feelings
- Coping with symptoms
- Substance use
- Having fun and developing good relationships
- Making choices about smoking
- Nutrition and exercise

### IRT Strengths

People engage in it well  
 Flexibility of materials is helpful  
 Planned structure is very important  
 Resiliency materials are well-received  
 Skills learned have many uses  
 Includes fun things

Goal setting is critical

### IRT Challenges

- Getting initial clinician buy-in for manualized therapy
- Language in IRT manual can be tough
- Following the IRT session structure initially
- Getting people to do home practice
- Managing clinical turnover
- Continuous integration with other services

### Family Education Program

The director usually provides the family education program (FEP), which is aimed at developing a collaborative relationship with family members (or other supports), educating them about psychosis and its treatment, and enlisting their support for the individual's involvement in treatment and pursuit of personal goals.

### Family Education Program

FEP includes four stages:

1. Engagement, orientation, & assessment
2. Stabilization & facilitating recovery
3. Consolidating gains
4. Promoting prolonged recovery

### Family Education Program

- Provide family (including individual) with education about psychosis, coping strategies, skills or communicating and solving problems
- Family members help people with their goals
- Provide accurate information
- Help families to use strengths and talents in coping with illness-related challenges

### Strengths of FEP

- Flexible nature can be tailored to the family's needs;
  - weekly education
  - monthly check-ins
  - consultation as needed
  - more intensive skills training available if needed
- Incorporates a recovery & resiliency focus
- Opportunity to build positive rapport with family or supporters

### Challenges with FEP

- Families have lots of complex things happening
- Often a great deal of "prep" work is required prior to starting the manualized treatment
- Some families have urgent case management needs which can derail FEP work

### Navigate Director

The director (master's-level degree) is the primary liaison responsible for referrals to the Navigate program, coordinates and leads the team, and supervises the IRT clinicians and SEE specialist.

### Navigate Director

- Leads weekly Navigate team meetings
- Assures integration across all services
- Supervises IRT clinicians
- Supervises SEE specialist (sometimes)
- Provides FEP (sometimes)

### Challenges of the Director Role

- Many individuals have extensive case management needs
- SEE supervision
- Collaborative treatment planning
  - Maintaining Recovery & Resiliency Focus
  - Staying centered on individual goals
  - Keeping developmental perspective
  - Assuring all services are working together

### Supported Education For First Episode Population

- Limited research
- Mostly based on Supported Employment model
- Significant interest in Supported Education

### Education and First Episode

“Data from the earlier Epidemiologic Catchment Area (ECA) study conducted in the 1980s showed that persons diagnosed with schizophrenia had lower graduation rates from high school than the general population (57% versus 66%) and much lower college graduation rates (5% versus 17%).”

- U Penn Collaborative on Community Integration

### Supported Education

“Those with less than a high school diploma have lower rates of participation in the labor force (44%) than those with a high school diploma (65%), some college (73%), or college graduates (78%).”

- U Penn Collaborative on Community Integration

## Supported Education Principles from BU

1. Dignity
2. Self-Determination
3. Normalization
4. Reasonable Accommodations
5. Skills & Supports
6. Hope

- Sullivan, Soydan, A., "An Overview of Supported Education." Boston University 2001

## Supported Education

"One person with a psychiatric disability wrote that they began to see 'that my problems in completing school were not intellectual. They were the result of the lack of supports.' "

- Mowbray, C.T., Brown, K.S., Furlong-Norman, D., Soydan, A.S. (Eds. (2002) Supported education and psychiatric rehabilitation: Models and methods. International Association of Psychosocial Rehabilitation Services: MD

## Supported Education

"Many persons with serious mental illnesses have strong interests in enrolling in college and obtaining higher education. The most recent estimates suggest that more than 33,000 students with mental illnesses are enrolled in colleges and universities, a number that appears to be increasing over time."

- Salzer MS, Wick LC, Rogers JA: Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses. *Psychiatric Services* 59:370-375,2008

## Supported Education

"Our results also identified a number of commonly used supports, including providing extra time to complete assignments and exams and giving the student a grade of "Incomplete" instead of a "Fail" if a relapse occurs. The most used support involved private meetings with the instructors, and that support was rated among the most helpful types of support."

- Salzer MS, Wick LC, Rogers JA: Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses. *Psychiatric Services* 59:370-375,2008

## Supported Education

"Greater attention needs to be paid to education, because it is consistent with interests in promoting community integration of persons with serious mental illnesses through increasing opportunities for persons to live in the community like everyone else, thereby facilitating recovery. "

- Salzer MS, Wick LC, Rogers JA: Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses. *Psychiatric Services* 59:370-375,2008

## Supported Education

"Recent data shows that individual meetings ... are the type of support service most used and desired by supported education participants. . . . The most common support was check-in meetings between the student and the mobile education support worker."

- Sullivan, Soydan, A., An Overview of Supported Education. Boston University 2001

## Supported Education

"I am myself a "consumer"—a person with schizophrenia who was given "very poor" and "grave" prognoses. I was expected essentially to be unable to live independently, let alone work. Yet I have a very active and satisfying professional life as a chaired mental health law professor. When I was examined for readmission to Yale Law School, the psychiatrist suggested I might spend a year working at a low-level job...so that I could do better when I was readmitted."

- Saks, Elyn.R., JD: Commentary: The Importance of Accommodations in Higher Education. *Psychiatric Services* 59:376, April 2008

## Supported Education

"I had learned to be a student before I became ill. It gave me a great deal of satisfaction. My time was flexible. I could do the work without significant interaction with others (I need time to myself). In short, a menial job for me would have been much more stressful than being a student—so shooting high was actually less stressful than shooting low."

- Saks, Elyn.R., JD: Commentary: The Importance of Accommodations in Higher Education. *Psychiatric Services* 59:376, April 2008

## Supported Education

Our participants enrolled in a range of programs, including General Educational Development (GED) credentialing programs or vocational schools (20 %), community colleges (60%), or four year colleges (20%).

- Nuechterlein, Keith H, et al., Individual Placement and Support for Individuals with Recent-Onset Schizophrenia: Integrating Supported Education and Supported Employment. *Psychiatric Rehabilitation Journal* Vol 31, Number 4 / Spring 2008 Pages: 340 - 349

## Supported Education

"Assistance with study habits was...a key component of supported education. The cognitive deficits associated with schizophrenia often lead to difficulties with concentration, learning new information, and adapting this information to other contexts."

- Nuechterlein, Keith H, et al., Individual Placement and Support for Individuals with Recent-Onset Schizophrenia: Integrating Supported Education and Supported Employment. *Psychiatric Rehabilitation Journal* Vol 31, Number 4 / Spring 2008 Pages: 340 - 349

## Employment & Education

"In our sample of individuals with a recent first episode of schizophrenia, we found that the flexibility to orient IPS toward return to either school or jobs or both worked well. Of the individuals who successfully returned to school or competitive jobs ... we found that 36% selected school alone, 31% selected jobs alone, and 33% returned to both school and jobs."

- Nuechterlein, Keith H, et al., Individual Placement and Support for Individuals with Recent-Onset Schizophrenia: Integrating Supported Education and Supported Employment. *Psychiatric Rehabilitation Journal* Vol 31, Number 4 / Spring 2008 Pages: 340 - 349

## Supported Employment First Episode Population

- Limited Research
- Based on Evidence-Based Supported Employment model
- Significant interest in competitive employment
- Significant outcomes

## Supported Employment

“Unemployment is harmful to health and can lead to social exclusion. Furthermore, evidence that employment is beneficial to many aspects of our lives and our quality of life is plentiful. Psychosis, particularly schizophrenia, often emerges at a time of critical importance to education and employment.”

- Turner, N., et al., Employment Status Amongst Those with Psychosis at First Presentation, *Social Psychiatry and Psychiatric Epidemiology*, DOI 10.1007/s00127-009-0008-6, March, 2009

## “Disability Benefits”

“At entry into this study, only about one-quarter of the participants were receiving disability funds from either the state or the Social Security Administration, and most did not consider themselves to be disabled. We sought to encourage the perception of participants that they could return to work or school, and did not encourage applications for disability funding unless it was needed to obtain funds for housing or health insurance.

- Nuechterlein, Keith H, et al., Individual Placement and Support for Individuals with Recent-Onset Schizophrenia: Integrating Supported Education and Supported Employment. *Psychiatric Rehabilitation Journal* Vol 31, Number 4 / Spring 2008 Pages: 340 - 349

## “Disability Benefits”

Thus, issues of being identified by oneself or by others as disabled are understandably sensitive and complex ones at the beginning of a schizophrenic illness.

- Nuechterlein, Keith H, et al., Individual Placement and Support for Individuals with Recent-Onset Schizophrenia: Integrating Supported Education and Supported Employment. *Psychiatric Rehabilitation Journal* Vol 31, Number 4 / Spring 2008 Pages: 340 - 349

## Evidence Based Supported Employment

- Goal is a mainstream job in community
- Designed for people with most severe challenges and symptoms
- Employment services are integrated with other mental health services

## Evidence Based Supported Employment

- Job pays at least minimum wage or comparable wage to similar employees
- Integrated work settings include people who are not disabled
- Follow along supports for employed people are provided

## Principles of Supported Employment

1. Zero exclusion: Eligibility is based on the person's own choice
2. Supported employment is integrated with other mental health services
3. Competitive employment is the goal
4. Personalized work incentive counseling is provided

### Principles of Supported Employment

5. Each individual's goals and preferences are important
6. Rapid job search: Job search starts soon after a person expresses interest in working
7. Follow-along supports are provided based on individual needs and preferences
8. Systematic job development is provided for people who request it

### Supported Employment & Education

SEE is based on the principles of the Individual Placement and Support (IPS) model of supported employment adapted both for "transition age" individuals and to incorporate supported educational services

### SEE Specialist

The supported employment and education (SEE) specialist helps individuals identify or develop and pursue personally meaningful goals related to education and competitive employment.

### SEE Principles

1. SEE is offered to all people in Navigate (multiple times)
2. SEE is integrated with all Navigate services
3. SEE focuses on competitive employment and integrated education

### SEE Principles

4. SEE specialists and individuals jointly develop comprehensive Career & Education Profiles
5. Each person's own individual goals and preferences for work and school are respected and honored
6. People are provided with work incentive counseling for disability benefits

### SEE Principles

7. SEE expedites a timely search for work and/or education
8. SEE helps provide and/or develop follow along supports for people in school, work or both

### Supported Employment & Education Stages

- Engagement
- Orientation
- Developing Career and Educational Profile
- Developing Employment and/or Education Goals and Preferences

### SEE is offered to all People in Navigate

All individuals in Navigate meet the SEE Specialists

There is no pre-requisite for participating in SEE

Desire for work or school is the only criterion for individuals to participate in SEE

### Myth Busting

“Education or Employment is something that people should begin to think about only when they are stable and free of mental health symptoms”

**MYTH**

### SEE is offered to all People in Navigate

People are not required to have symptom stabilization, medication adherence, or other imposed criteria before enrolling in SEE Services

Individuals who refuse SEE services are offered follow up meetings to revisit decision

All Navigate team members understand SEE and provide frequent reminders about SEE at opportune times

### SEE is Integrated with all Navigate Services

- SEE Specialist actively participates in weekly Navigate team meetings
- SEE Specialist participates in supervision with Navigate team director and / or other resources
- SEE specialist participates in recovery or treatment planning meetings

### SEE is Integrated with all Navigate Services

- SEE Specialist understands the person's participation in other services
- SEE Specialist understands how other services help support education and/or employment goals
- All team members are familiar with the person's own career goals, progress and challenges and help the person to achieve his/her career goals

### Focus on Competitive Work and Integrated Education

- Work goals focus on competitive jobs in the person's own community
- School goals focus on education in integrated settings in the community

### Focus on Competitive Work and Integrated Education

- Sheltered work/school programs are avoided
- People are not encouraged to volunteer as an employment strategy
- People are capable of, and benefit most from, competitive work and mainstream education with follow along supports

### Comprehensive Career & Education Profiles are Developed

- Career & Education profiles are developed jointly by the individual and the SEE specialist working together
- Career & Education profile is a tool and a process, not an assessment of potential career success or failure
- Collaboratively developing the profile is very helpful to people who are not sure about what they want to do

### Comprehensive Career & Education Profiles are Developed

- Jointly completing the profile helps the SEE to learn about the person's strengths, talents, interests, potential contributions and challenges
- Individuals are asked about their interest in having other people help with the profile (e.g. friends, family members)
- Specialist and individuals develop work/school goals and preferences for achieving those goals during this process

### Honoring and respecting individual goals and preferences

- Each person's preferences and goals for work/school settings are jointly developed over time
- Preferences may be as important as goals
- The SEE specialist and the individual discuss different strategies for work or school development and the role of sharing personal information in that process

### Honoring and respecting individual goals and preferences

- When requested by the person, the SEE specialist provides direct job/school development and search services in the community
- Peoples' preferences are flexible and may be revisited or modified based on changing situations

### People are Provided with Disability Benefits Counseling

- People make their own decisions about use of disability benefits
- Decisions about applying for, appealing decisions, and using work incentive programs are complex and usually involve many people and many variables
- The whole Navigate team assists with benefits information and decision process

### People are Provided with Disability Benefits Counseling

- Many decisions about disability benefits change rapidly based on circumstances
- Individuals and their families or supporters are provided with accurate information regarding disability benefits and work incentive programs
- People are provided with accurate information regarding educational financial assistance

### Rapid Search for Work/School Programs

- Work/school search usually begins within one month of starting SEE services
- Pre-vocational skills training not required
- Pre-educational placement assessments not required
- Leads for work/school search sought from variety of sources including individual's own network and Navigate team members

### Follow-Along Supports for School and Work

- Planning for Follow-Along Supports starts with developing Career & Education Profile
- Time unlimited supports provided after starting work/school
- Supports include counseling, problem-solving, coping skills, on-site assistance including collaboration with educators and/or employers

### Follow-Along Supports for School and Work

- Follow along supports are based on the each person's own preferences
- A follow along supports checklist is part of the SEE manual
- Understanding and evaluating potential cognitive challenges is critical

### Follow-Along Supports for School and Work

- Supports can be provided by person's own network as well as all Navigate team members
- Start identifying potential follow along supports and resources during Career & Education Profile
- Evaluate the role electronic communication devices might play in follow along supports

### Core Competencies for SEE Specialists

- Embraces recovery
- Enhances resiliency
- Promotes hope with each individual regarding education and employment
- Constantly encourages team members regarding education and employment
- Actively collaborates as a Navigate team member

### Core Competencies for SEE Specialists

- Helps people to develop their own individual goals & preferences
- Honors each person's goals and preferences
- Helps people to recognize their own strengths

### Core Competencies for SEE Specialists

- Helps people increase motivation to achieve their own goals
- Helps people work through stages of change
- Uses basic CBT skills
- Works effectively independently in the community
- Advocates for people when needed

### Core Competencies for SEE Specialists

- Understands other Navigate services
- Uses role-plays frequently
- Understands coping skills
- Understands relapse prevention strategies

### Effective SEE Specialists

#### Hope Orientation

- Understand the Value of Hope in the recovery process for people
- Understand how to enhance hope
- Actively avoid spirit breaking behaviors

### Career Myth Busting

“Employment is far too stressful for a person with mental health conditions”

“Educational programs or schools are far too stressful for people with mental health conditions”

**MYTHS**

### Hope

“In our program we don’t know who will be successful with employment.

But we know do who will not be successful, those clients who work with staff that believe their clients will not succeed.”

Rebecca Allen, MSW

### Effective SEE Specialists

#### Recovery Orientation

- Believe and understand that restarting or continuing one’s education or doing competitive work is *helpful not harmful* for Recovery
- Understand that risk taking is part of personal growth and Recovery

### Effective SEE Specialists

- Constantly help people to assess and identify their own talents and abilities in a variety of settings with people in their own communities
- Develop a “holistic” view of each individual person over time
- Do not focus exclusively on diagnosis, disability, symptoms and impairments

### Effective SEE Specialists

- Help people to “reframe” their previous experiences with school or employment into positive experiences that identify strengths, not failures or impairments
- Believe that all individuals have strengths, talents and abilities that will be helpful to them in education and / or employment

### Effective SEE Specialists

#### Energy

- Approach SEE tasks with energy and enthusiasm
- Have a “healthy disrespect” for the impossible



### Effective SEE Specialists

- Focus their energy on working actively with people to help them obtain their employment & education goals
- Are not distracted by “pre-employment” activities
- Do not refer people to day treatment programs

### Effective SEE Specialists

- Are not easily discouraged in working with individuals, teachers, school staff or employers
- Prefer being in the “community” to being in the “office”
- Work actively in the person’s communities at schools, education programs or places of employment

### Effective SEE Specialists

- Work continuously to review and update each person’s education or employment goals
- Actively communicate each person’s individual employment or education goals, career and education profiles, and all other information to the the Navigate team

### Effective SEE Specialists

- Understand that people are successful in schools, taking classes or at competitive jobs even with the presence of symptoms by using symptom management and coping skills
- Do not wait for people to be symptom free so they are “ready to work” or “ready for school”

### Career Myth Busting

“Employers don’t hire people who have mental health symptoms, they only hire mentally healthy, well-adjusted and non-disabled employees”

**MYTH**

### Effective SEE Specialists

- Honestly believe that people with mental health conditions make good employees
- Ready, willing and able to do community based job development with potential employers face-to-face in the community
- Skilled at job development from an employment perspective not a mental health perspective

### Effective SEE Specialists

- Develop jobs for individuals, do not develop individuals for job slots
- Approach perspective employers with energy, enthusiasm and sell each individual as a positive employees
- Practice job development as an active process with employers and consumers in the community

## SEE Critical Concepts

### Critical SEE Concepts

- SEE helps people get and keep real jobs and real educational opportunities in their communities
- Providing SEE services in the community with employers and educators is crucial to helping people make progress with their career goals

### Critical SEE Concepts

- SEE works best when fully integrated with other Navigate services
- SEE services are offered more than once to all people in Navigate including those who are working or in school

### Critical SEE Concepts

- There are several support groups (both virtual and in-person) for young adults with mental illness attending school
- <http://activeminds.org/>

### Strengths of SEE

- The response and enthusiasm for working with SEE specialists on education and employment goals has been strong and positive
- Many people have started jobs since joining SEE services.
- Many people have started school or educational programs since starting SEE services.

### Strengths of SEE

- A comprehensive manual for providing integrated Supported Employment and Supported Education services is now available

SEE Manual on-line at:

<https://raiseetp.org/StudyManuals/SEE%20Complete%20Manual.pdf>

- ### Challenges of SEE
- The SEE intervention relies upon a resiliency / recovery / strength-based philosophy from all Navigate team members
  - Recruiting good SEE specialists. Some SEE “specialists” have no previous experience with community based job or school development.
  - Keeping SEE specialists focused on employment and education only

- ### Challenges of SEE
- Getting Career & Education profiles completed in a timely manner
  - Keeping SEE specialists focused on the developmental perspective of young adult clients
  - Developing and maintaining well integrated SEE services
  - Funding for SEE services

- ### SEE Integration with Family
- Exploring family’s view of employment or education
  - Understanding family’s view of each person’s own work or school goals
  - Sources of useful information about a person’s strengths, culture, talents, interests, skills, etc.

- ### SEE Integration with Family
- Resources in identifying and searching for educational or employment opportunities
  - Decisions related to financial & healthcare planning including “benefits” decisions

- ### SEE Integration with IRT
- Shared information about the person’s strengths, talents, skills, interests, abilities, etc...
  - Development of meaningful individual goals that include employment and education
  - Dealing with stigma and discrimination both internally and externally

### SEE Integration with IRT

- Development of awareness of early warning signs or high risk situations that can be used at school or work
- Developing coping skills and strategies for managing symptoms or challenges that are useful for employment and education

### SEE Integration with IRT

- Effective use of medications in supporting career and employment goals
- Developing social skills for employment or education
- Understanding pros and cons regarding alcohol and substance use as they relate to education and employment

### SEE Integration with IRT

- Identifying areas of cognitive challenges and strategies for helping people manage them
- Developing natural community supports for education and employment
- Developing leisure or recreational skills for time off from work or school

### SEE Integration with Medication Prescribing

- Effective use of medications in supporting career and employment goals
- Shared information and ideas about the person's strengths, talents, skills, interests, abilities, etc...
- Support, hope and encouragement for the person's employment and/or education goals

### SEE Integration with Medication Prescribing

- Evaluating role of medications and effects of medication side effects related to education and employment
- Adjustments to medication regimen including timing, dosages and choices related to education and employment

### Career & Education Profile

- Career Goals for Education & Employment
- Work History
- Education Background
- Mental Health
- Physical Health
- Substance Use
- Legal History
- Interests
- Supports
- Residential Arrangements

### C & E Profiles

- Engage people in a journey to develop a view of themselves related to work or education
- Develop career goals and preferences for work or school
- Develop an inventory of strengths & resiliencies re: work or school
- Identification of resources & supports
- Identification of challenges & areas where supports may be needed

### Developing C & E Profiles

- People receive a brief explanation of C & E Profiles during SEE Orientation Meeting
- Individuals and SEE specialist work on Profile shortly after Orientation

### Developing C & E Profiles

- Profile development done in the office perhaps initially but also includes community and residence
- Developed over 2 or 3 sessions with SEE specialist and other family/supporters with person's permission

### Effectively Using C & E Profiles

- Share Profile during development to clarify areas and identify critical themes
- Share completed Profile to enhance Team's understanding of each individual and their goals in SEE
- Share Profile to have other services work on challenges related to career goals

### Effectively Using C & E Profiles

- Continue to amend and update Profile with the person and share updates at team meetings
- Share at Recovery or treatment planning and review meetings

### Understanding People Served

- Disability vs. Ability
- Client vs. Person
- Impairments vs. Capacity
- Unmotivated vs. Ambivalent

**Listening to People**

- Can Not Do vs. Can Do
- Unrealistic vs. Ambitious
- Low Expectations vs. Hopeful
- Entitled vs. Deserving

**Working with People**

- Steering people towards education instead of employment

vs.

- Honoring each person's own individual goals regarding employment and/or education

**Working with People**

- Steering people to choose "appropriate" goals for work/school

vs.

- Encouraging individualized ambitious goals for work/school

**Working with People**

- Doing everything on behalf of the person

vs.

- Developing shared task responsibilities with each person

**Working with People**

- Waiting for individuals to prove their motivation

vs.

- Helping individuals to identify and improve their own motivation

**Working with People**

- Staying in the agency while people search for work or school in community

vs.

- Searching in the community for work or school with or on behalf of people

### Working with Employers

- Searching for “only available” jobs on-line or in newspapers

vs.

- Providing job development services with or on behalf of people in person with potential employers

### Working with People

- Staying in your own “comfort zone”

vs.

- Getting out of your own “comfort zone”

## Recovery & Hope

“If people are treated as capable they often surprise everyone and live up to expectations”

--Ken Steele “The Day the Voices Stopped”