

Pre-Conference Employment Workshop

Supported Employment and Education as Part of Early Interventions

Missouri Coalition for
Community Behavioral Healthcare
&
Psychiatric Rehabilitation Conference 2014

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If You Were 18 - 25 years old...

1. What would you eat?
2. What would you do with your free time?
3. What would be the 3 most important things in your life?
4. What would be 3 things you would want to change or do in the next 2-- 5 years?
5. Who would you hang out with?

If You Were 18 - 25 years old...

6. What would you think about your future?
7. What would you do about work?
8. What would you do about school?
9. What would you do when you were told to do something?
10. What would make your life "cool"?
11. What age would you describe as being "old"?

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

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

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)

NAVIGATE Team Services

- Pharmacological Treatment
- Individual Resiliency Training (IRT)
- Family Education Program (FEP)
- Navigate Director
- Supported Employment and Education (SEE)

Pharmacological Treatment

Pharmacological Treatment

General Principles:

- Medication recommendations should be based upon data not “expert opinion” or “hunches”
- Careful attention to medication side effects
- Preference given to medications with data from studies with the relevant patient groups
- Consider the use of long-acting formulations of medications when a client is willing

Individual Resiliency Training (IRT)

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 relationships
- Making choices about smoking
- Living healthy
- Developing resiliency – Individualized module

IRT Strengths

- Clients engage in it well
- Clinicians reported flexibility of materials is helpful
- Resiliency materials are well-received
- Goal setting is critical

IRT Challenges

- Language in IRT manual
- Following the IRT session structure
- Getting clients to do home practice
- Managing clinical turnover

Family Education Program (FEP)

- ### Family Education Program (FEP)
- Provide family (including client) with education about psychosis, coping strategies, skills or communicating and solving problems
 - Family members help clients 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

- ### 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

- ### Director's Role
- Leads weekly NAVIGATE team meetings
 - Assures integration across services
 - Supervises IRT
 - Supervises SEE sometimes
 - Provides FEP

Challenges of the Director Role

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

Supported Employment & Supported Education for First Episode Population

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 Defining 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

“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

“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

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

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)

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Supported Employment & Education Principles

SEE is offered to all Navigate Clients

- All NAVIGATE clients meet SEE Specialists
- Desire for work or school is the only criterion to participate in SEE
- Clients are not required to have symptom stabilization, medication adherence, or other imposed criteria before enrolling in SEE Services
- Clients who refuse SEE services are offered a follow up meeting to revisit decision

SEE is Fully 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 is Fully Integrated with all NAVIGATE Services

- SEE Specialist is familiar with client's participation in other NAVIGATE services
- Other NAVIGATE team members are familiar with client's goals and progress in SEE

Focus on Competitive Work/School in Integrated Settings

- Work goals focus on competitive jobs in client's community
- School goals focus on education in integrated settings in the community
- Sheltered work/school programs are avoided
- Clients are capable of, and benefit most from, competitive work and mainstream education with follow along supports

Comprehensive Profiles are Developed with Clients

- Profile of the client's work and school history is developed in the Career & Education Profile
- SEE Specialist is familiar with client's symptoms and cognitive challenges
- Specialist is familiar with client's family and social supports
- Specialist and client develop work/school goals and preferences for achieving those goals

Clients' Preferences for Work & School Search Honored

- Client's preferences and goals for work/school settings jointly developed
- Specialist and client discuss job/school search options ("disclosure")
- Specialist provides direct job/school search services when requested
- Clients' preferences are flexible and may be revisited or modified based on client's situation

Clients Provided with Disability Benefits Counseling

- Clients make their own decisions about use of disability benefits
- NAVIGATE team assists with benefits information and decision process
- Clients are provided with accurate information regarding disability benefits and work incentive programs
- Clients 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 client's own network and NAVIGATE team members

Follow-Along Supports for School and Work

- Planning for Follow-Along Supports starts with developing Career 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 client's own preferences
- Use a checklist which is part of the SEE manual
- Understanding and evaluating potential cognitive challenges is critical
- Supports can be provided by client's own network as well as all NAVIGATE team members

Critical SEE Concepts

- SEE helps clients get and keep real jobs and real educational programs in their communities
- Providing SEE services in the community with employers and educators is crucial to helping clients 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 NAVIGATE clients 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 enthusiasm for working with SEE specialists on education and employment goals from clients has been nearly universal.
- Many clients started jobs since joining SEE services.
- Many clients have started school or educational programs since starting SEE services.
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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 each Navigate Team
- Recruiting good SEE specialists. Many 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

Supported Employment & Education Integration

SEE Integration with Family

- Exploring family's view of employment or education
- Understanding family's view of clients 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

SEE INTEGRATION WITH IRT

- Development of awareness of early warning signs or high risk situations
- 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

SEE Integration with IRT

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

SEE Integration with Medications

- 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 Medications

- Evaluating effectiveness 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

NAVIGATE Integration

“Coming together is a beginning.
Keeping together is progress.
Working together is success.”

-- Henry Ford

Career & Education Profiles

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 clients in developing holistic view of themselves related to work or education
- Develop career goals and preferences for work or school
- Develop an inventory of strengths and resiliencies re: work or school
- Identification of resources and supports
- Identification of challenges and areas where supports may be needed

Developing C & E Profiles

- Clients receive a brief explanation of Profiles during SEE Orientation Meeting
- Clients and SEE Specialist work on Profile shortly after Orientation
- 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 client's permission

Sharing C & E Profiles

- Share Profile during development to clarify areas and identify critical themes
- Share completed Profile to enhance Team's understanding of client and their goals in SEE
- Continue to amend and update Profile with client and share updates at weekly Team meeting
- Share at Treatment planning and review meetings

Resiliency & Recovery Oriented SEE Services

Understanding SEE Clients

- Disability vs. Ability
- Mentally Ill vs. Person
- Impairments vs. Capacity
- Unmotivated vs. Ambivalent

Listening to SEE Clients

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

Working With SEE Clients

- Steering clients towards education instead of employment
- vs.
- Honoring client goals regarding employment and/or education

Working with SEE Clients

- Steering clients to choose “appropriate” goals for work/school

vs.

- Encouraging individualized ambitious goals for work/school

Working With SEE Clients

- Doing everything on behalf of the client

vs.

- Developing shared task responsibilities with client

Working With SEE Clients

- Waiting for clients to prove their motivation

vs.

- Helping clients to identify their motivation

Working With SEE Clients

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

vs.

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

Working With SEE Clients

- 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.”