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# Strategies to Improve Supported Employment and Education (SEE) Outcomes in Coordinated Specialty Care (CSC) for First Episode Psychosis

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# CSS-SMI INITIATIVE

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# DISCLOSURE

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No relationships or conflicts of interest related to the subject matter of this presentation.

# LEARNING OBJECTIVES

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- At the end of the presentation, participants will be able to . . .
- Describe the data supporting the benefits of SEE participation in Coordinated Specialty Care (CSC) programs
- Utilize a systematic strategy to continue to monitor changes in instrumental role activity (work or school) interest in CSC **Not in Education, Employment, or Training (NEET)** participants as they progress in the program
- Detail at least 3 barriers which NEET CSC participants might perceive to engaging in instrumental role activity (work or school)
- Outline at least two strategies for addressing perceived barriers to instrumental role activity (work or school) in NEET CSC participants



People are living their lives and then they develop a psychotic illness . . . .

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- They may be going to school or working
- They have aspirations and dreams
- Their families may have had aspirations for them
- They may have had many prior successes *or* may have been struggling with performance issues for a longtime (e.g. been in special ed, having difficulties with their peer relationships, losing jobs, etc.)



# How Might Symptoms of Psychosis Impact on Work and School Involvement?

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- Positive symptoms—hallucinations, delusions
- Negative Symptoms—amotivation, anhedonia, asociality
- Cognitive Problems—difficulty remembering, concentrating, perspective taking, attending



# Factors that can impede rehabilitation efforts in people with psychosis

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- Non-psychotic symptom Issues
  - Anxiety (e.g. social anxiety may make it very hard for individuals to interview well: panic attacks may make it hard to stay at work)
  - Depression (make it hard to get out of bed for work; hard to get satisfaction from “work well done”)
  - Substance use (difficulty with attendance, persistence on job)





# Factors impeding rehabilitation efforts (con't)

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- Social Issues

- With psychiatric illness, the “social floor” drops out
- Shame about situation
- Impoverished lives; limited access to resources (e.g. money, car) for work or school
- Lack of successful work or school models (e.g., no one in their family works)
- See many impediments to engagement or success



# Developmental Stage

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- Younger age, many living with parents, who may have relevant opinions
- Peer relationships & opinions very important
- Developmental goal is individuating from families
- Developing important romantic relationships
- Desire to exert autonomy-sensitive to being told what to do, but they may not to know what to do without guidance
- High rate of substance use
- May be reluctant to think the psychosis is serious (e.g., “This is just a one time thing”)
- Heavily influenced by social media
- Typically not socialized into routine medical care



# Key Tenets of Supported Employment and Education for First Episode Psychosis--The job match or school match is critical!

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1. Discover why the consumer wants to work and/or go to school
2. Identify the consumer's strengths and build on them
3. Find the right placement for the consumer
4. Don't expect the consumer to change a lot for the job or school
5. Provide ongoing support; anticipate problems succeeding
6. Keep an eye on career development opportunities



# Principles of SEE (based on IPS principles)

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1. SEE services are available to all people in CSC services
  - a. SEE Specialist meets with all consumers early in program to explore possible work/school goals
  - b. Continues working with consumers interested in work or school
  - c. **Re-engages consumer later in program if interest develops over time**
  
2. People's individual goals and preferences regarding their careers are honored and supported
  
3. SEE employment/education services assist people with obtaining meaningful competitive employment or training/school placements



# Principles of SEE

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4. SEE helps people to obtain accurate information regarding decisions about disability benefits and work incentive programs
  - a. **Initial benefits counselling can be problematic when done by SEE specialist—mixed message—“pursue work” but be judged “disabled”.**
5. SEE services work together with all other CSC services to be as helpful as possible for people
6. SEE services begin working with people when they say they are interested in working on their career through education, employment or both



# Principles of SEE

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7. SEE employment services help people search for and obtain employment quickly without requiring prevocational assessments (usually within 6 weeks of meeting the SEE worker )
8. SEE services provide follow-along supports for people after they have obtained a meaningful job, started an educational program, or both



# So, how well does this approach work???

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- 3 recent trials providing unique information



# Killackey et al., (2008) First Episode Study

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- 41 consumers with first episode psychosis
- 6 months intervention
- Random assignment to either IPS in a specialized first episode tx program or treatment as usual (specialized first episode tx program and referrals to outside vocational programs)
- Allowed work or school as outcome
- **Potential interest in work or school as an eligibility criterion**

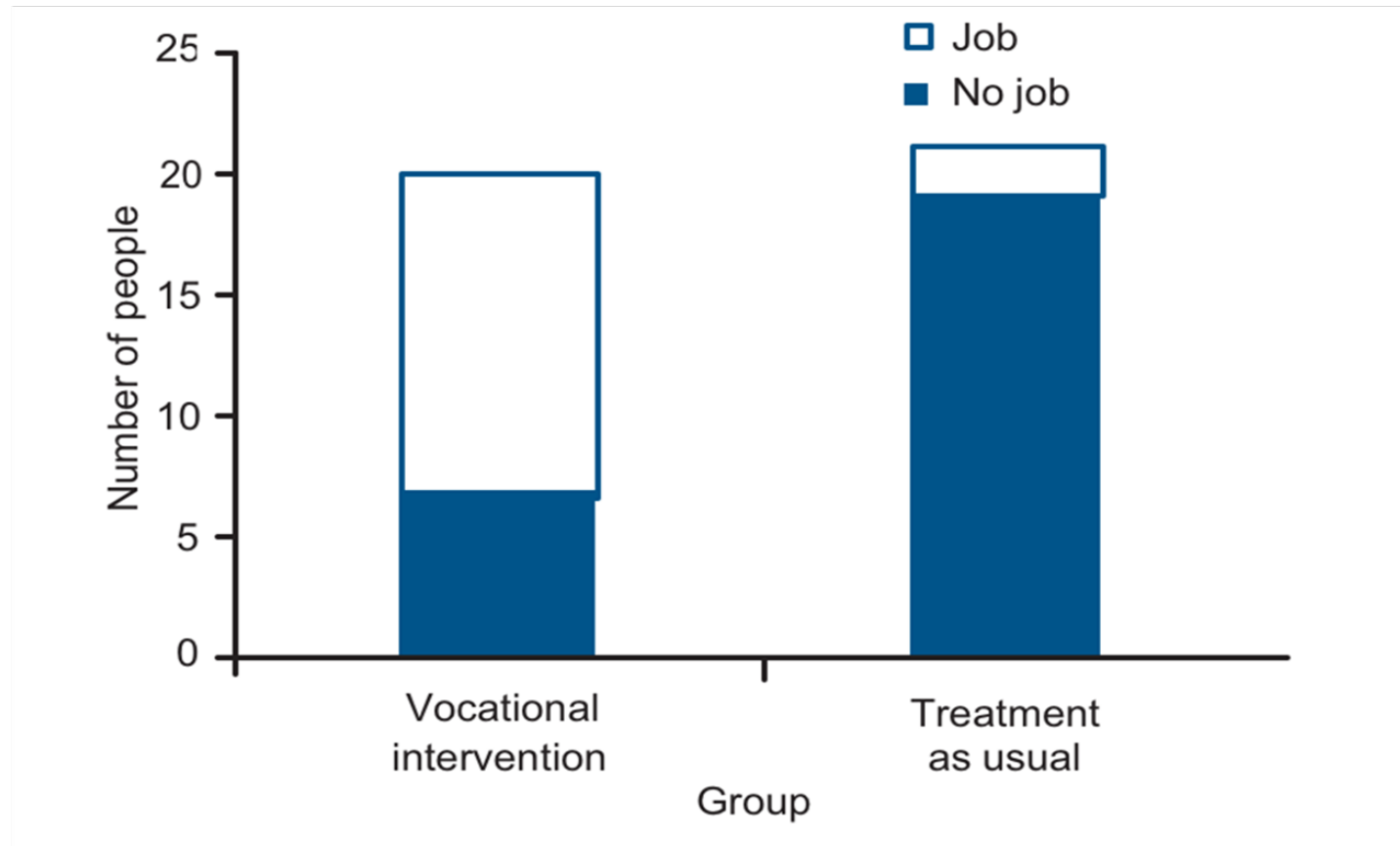




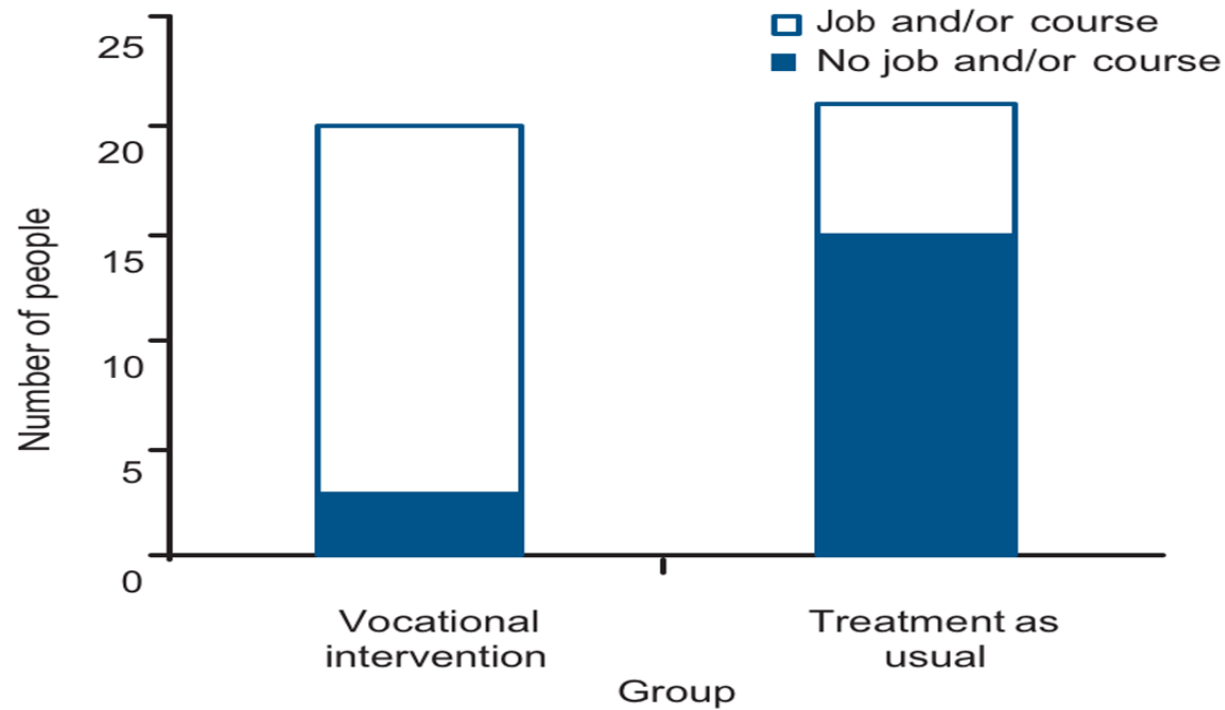
# Demographic and illness variables of participants at baseline—Killackey et al., 2008

Variable	Treatment-as-usual group (n=21)	Vocational-intervention group (n=20)	Significance
Age, years	21.42 (2.21)	21.29 (2.39)	NS
Gender, male/female	17/4	16/4	NS
Age at onset, years	20.47 (2.61)	19.95 (2.93)	
Length of illness, months	12.25 (12.98)	15.68 (14.17)	NS
Marital status, n Married/defacto Never married	7 10	1 19	P=0.002

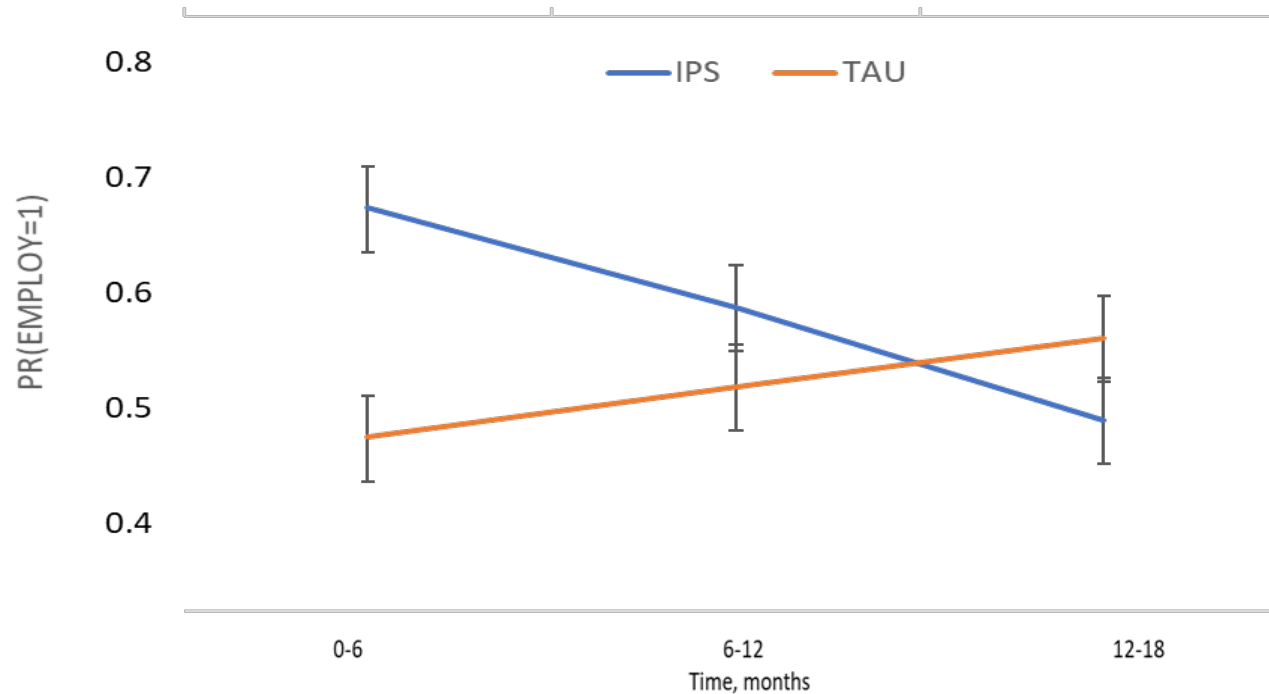
# Employment status by group over the 6 months-Killackey et al., 2008



# Employment/School and enrollment status by group over the 6 months –Killackey et al., 2008



# Predicted probabilities (s.e.) of employment in individual placement and support (IPS) and treatment-as-usual (TAU) groups over 18 months (Killackey et al., 2019).



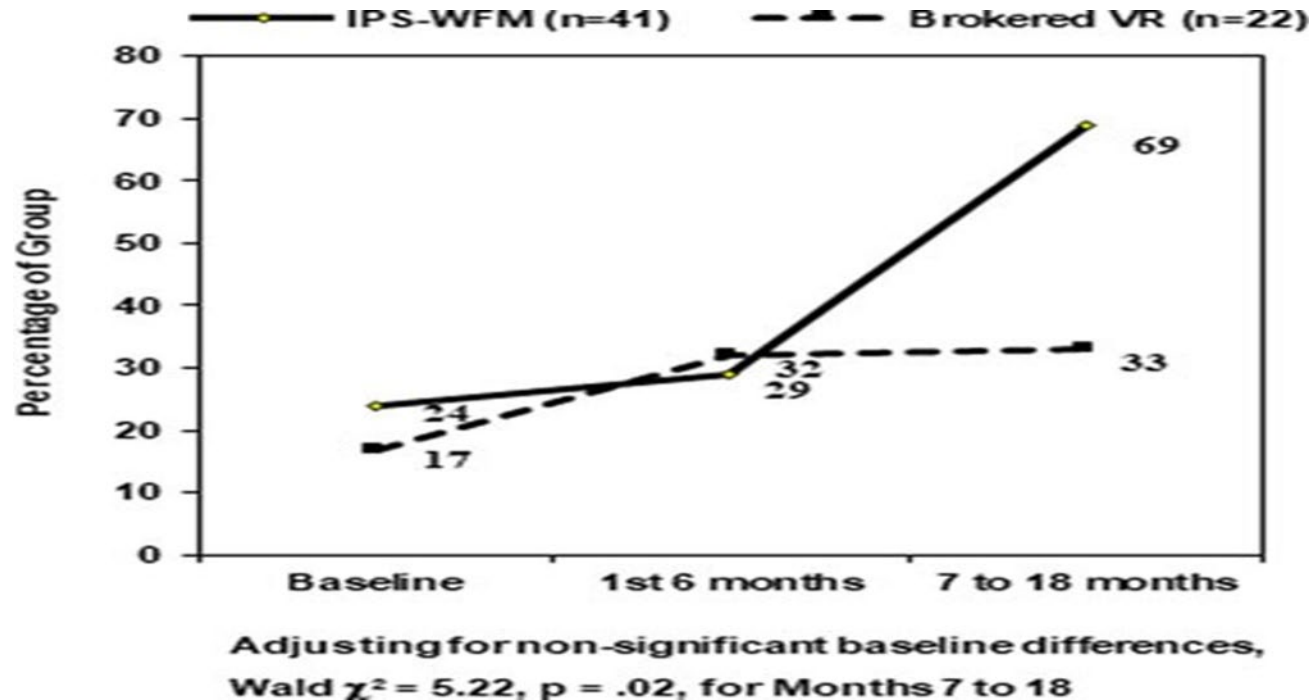
# IPS and Clinical Based Work Training Groups in Recent Onset Psychosis (Nuechterlein et al., 2020)

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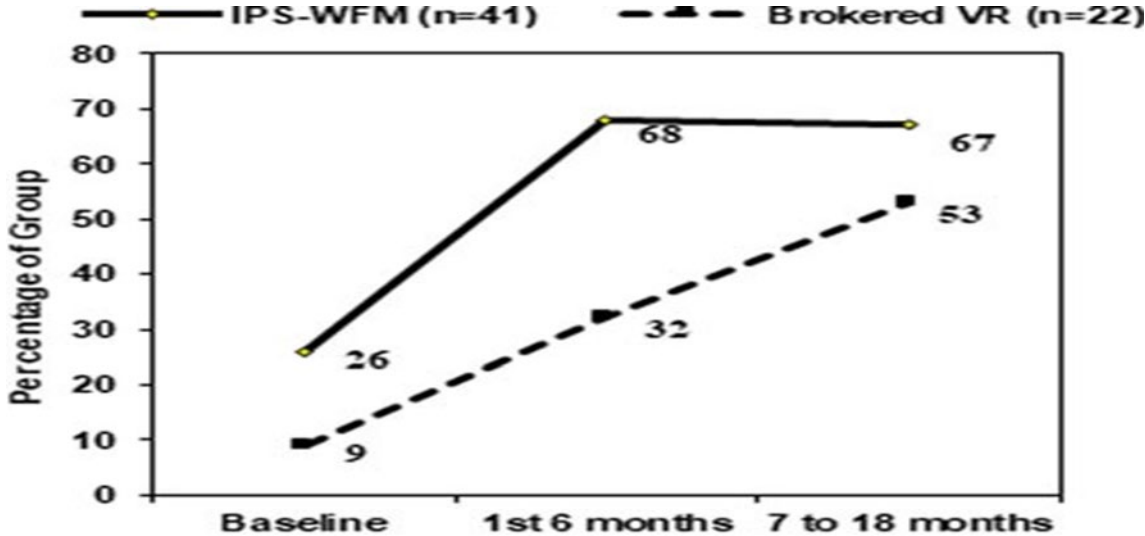
- 69 young individuals who had developed non-affective psychosis in the *past two years*
- **Indicated a potential interest in work or school to join study**
- Randomized to IPS and workplace fundamental module OR referral to state vocational rehabilitation and social skills module
- All treatment embedded in comprehensive clinical care
- IPS lasted 18 months; titrated schedule
- Included a medication component so there was *a 3 month stabilization period prior to randomization*



# Percentage of first-episode schizophrenia patients in competitive employment at study baseline, during initial 6 months, and during following 1-year period (Nuechterlein et al., 2020)



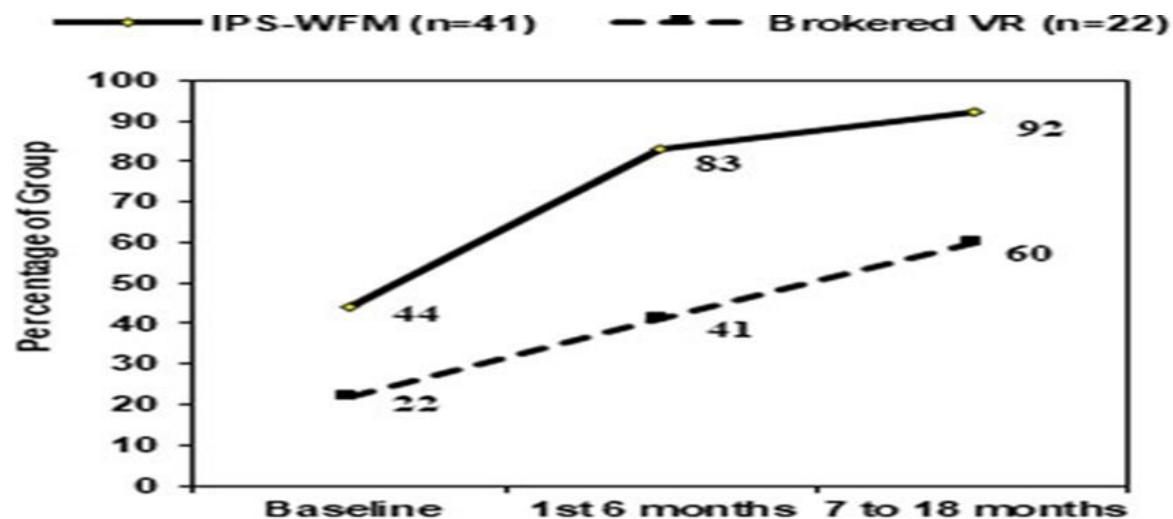
# Percentage of first-episode schizophrenia patients in school at study baseline, during initial six months, and during following 1-year period ((Nuechterlein et al., 2020)



Adjusting for non-significant baseline differences, Wald  $\chi^2 = 4.64$ ,  $p = .03$  for 1<sup>st</sup> 6 months of intensive treatment; not significant for following year



# Percentage of first-episode schizophrenia patients in competitive employment or school at study baseline, during initial 6 months, and during following 1-year period . (Nuechterlein et al., 2020)



Adjusting for non-significant baseline differences,  
Wald  $\chi^2 = 7.73$ ,  $p < .005$  for 1<sup>st</sup> 6 mos.;  
Wald  $\chi^2 = 4.73$ ,  $p < .03$  for next year



# Recovery After an Initial Schizophrenia Episode (RAISE) Trial (Kane et al., 2016)

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- Sample size: 404
- Age 15-40
- Recent onset non-affective psychosis
- Less than six months of treatment with antipsychotic medications
- **No eligibility requirement around preference for work or school**



# Randomized Controlled Trial (RCT)

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- RCT compared
  - NAVIGATE – experimental intervention
  - Community Care – treatment as offered in local clinics in the United States
- Cluster/site randomization of 34 typical community settings (non-academic) in 21 states
- Two-year treatment period
- Assessment model includes
  - On-site recruitment , engagement and retention
  - Remote assessors of primary and secondary clinical outcome



# RAISE-ETP Study Design with Cluster/Site Randomization



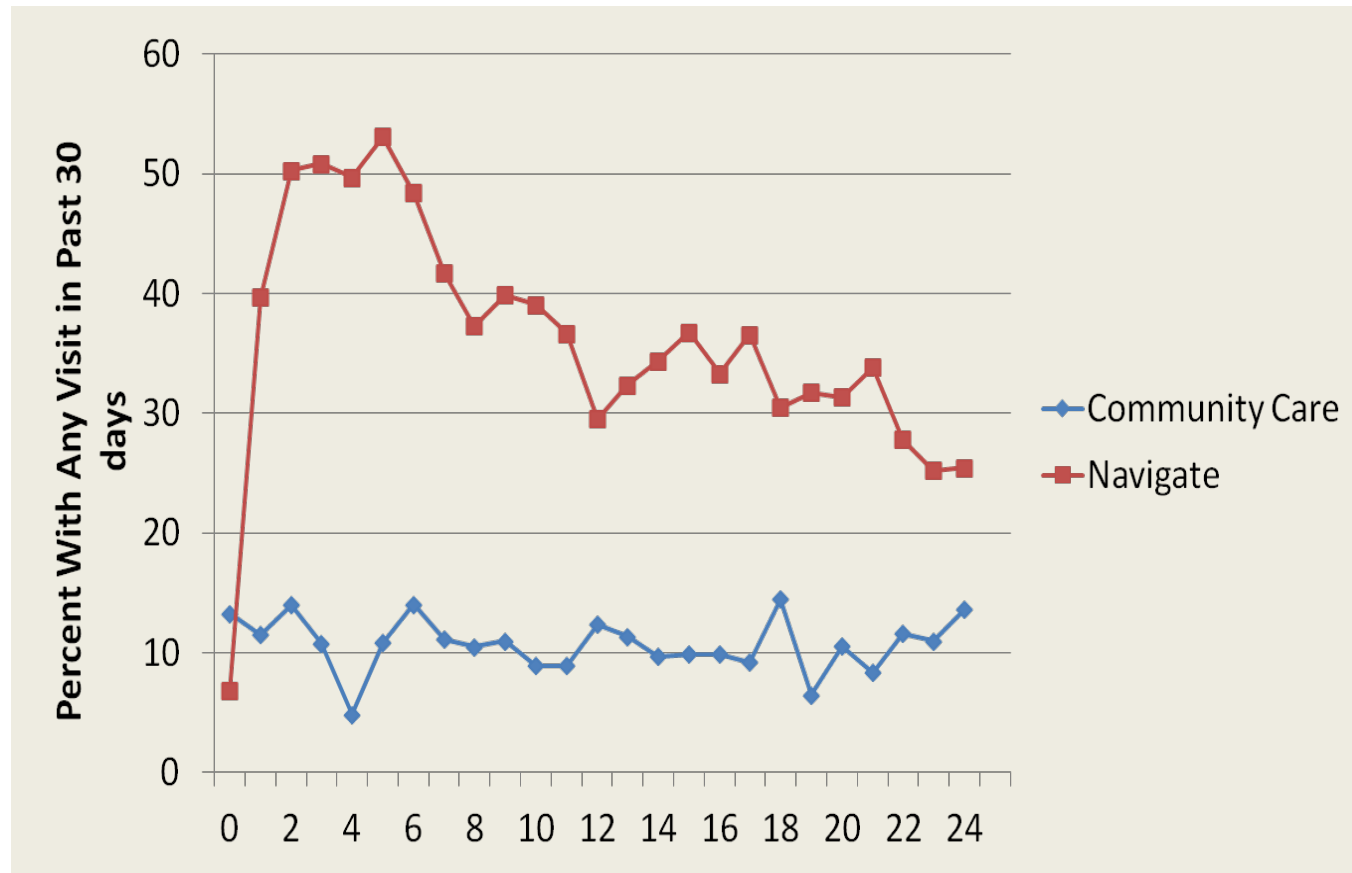
# Navigate Interventions in RAISE

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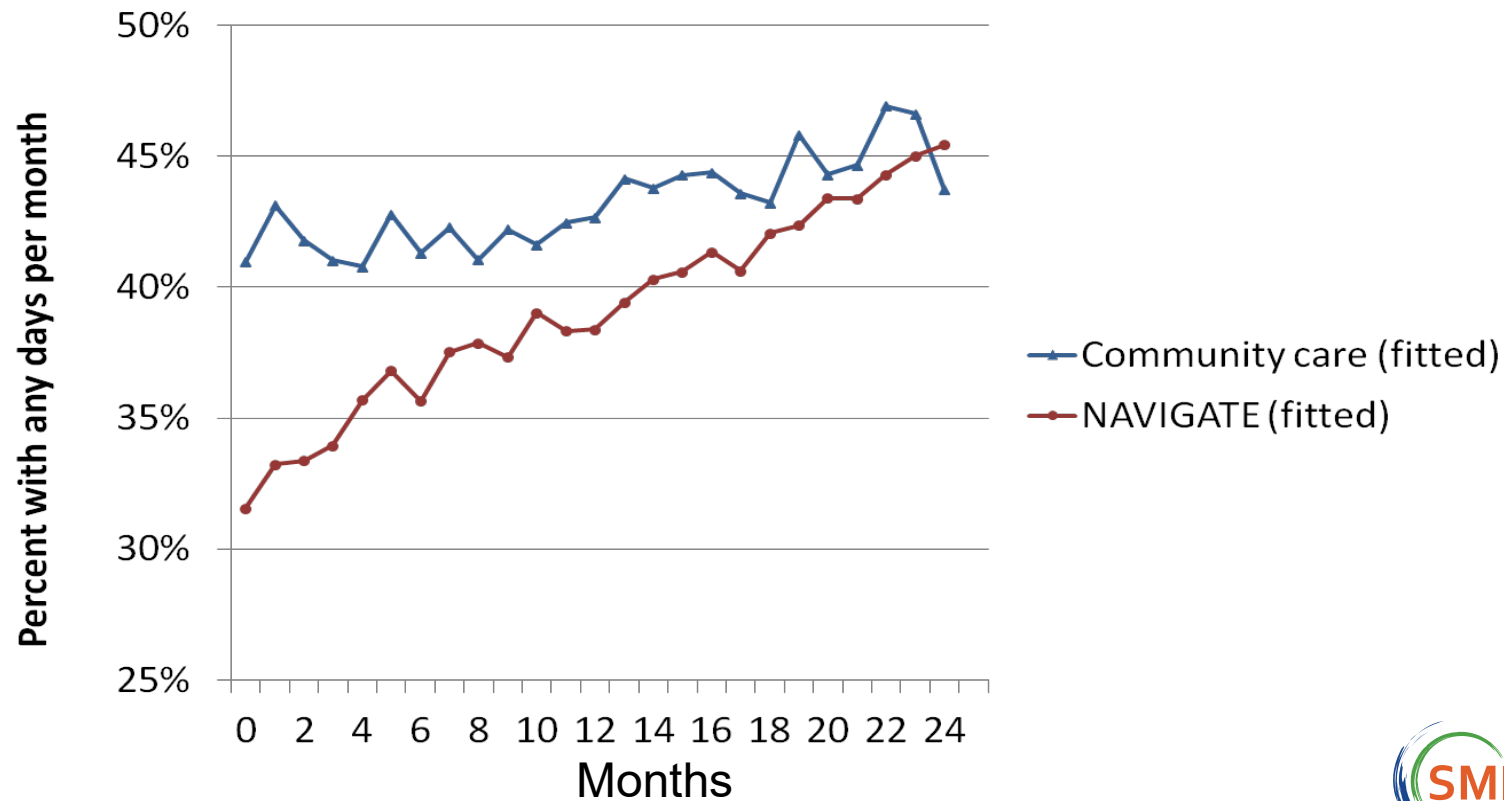
- Team based
  - Shared decision-making
  - Strength & resiliency focus
  - Psychoeducational teaching skills
  - Motivational enhancement teaching skills
  - Collaboration with natural supports
  
- Four components
  - Psychopharmacology – COMPASS
  - Individual Resiliency Training (IRT)
  - Family psychoeducation
  - Supported employment/education



# Have You Met With a Person Who is Helping You Get a Job in the Community or Furthering Your Education? (%) Kane et al., 2016)



# Percent With Any Work or School Days per Month (Group by Time interaction: $p=0.044$ ) (Kane et al., 2016)



# Research on SEE in the NAVIGATE RAISE-ETP Study (Rosenheck et al., 2017a, b)

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- **No requirement of work or school interest to join the trial**
- Limited funding to support SEE specialist role; may have reduced ability to do sufficient job development and establish contacts with schools
- Participants in NAVIGATE began with significantly lower levels of work/school involvement than participants in CC (25% vs. 37%)
- 68.2% NAVIGATE participants engaged in SEE (> 3 contacts with SEE specialist), but about half after being involved in the program for more than 6 months
- **Receipt of Social Security Income and other public support income both decreased chances of working or returning to school**




# Some Thoughts on the FEP Work and School Reported Findings thus Far

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- Having an inclusion criterion of “wanting to find work or go to school” likely results in better program work and school outcomes— in these cases, SEE has good outcomes
- When there is engagement in SEE but poor outcomes, growing interest in addressing cognitive difficulties (Cognitive Adaptation Training; Thinking Skills for Work)
- Optimal length of IPS/SEE is not clear
- IPS/SEE benefits may not persist when intervention is withdrawn—but maybe that is only when the intervention is brief?
- Possibility of different trajectories for work and school recovery
- The samples are typically at least 2/3<sup>rd</sup>s male and no reporting of gender, racial, or ethnic differences in outcome studies
- It is not clear how participation in this program impacts on seeking disability benefits; may be positive (Killacky et al., 2008) or negative (Rosenheck et al., 2017a )





A group of four diverse professionals (two men and two women) are gathered around a table in a meeting. One woman is pointing at a laptop screen while the others look on. In the foreground, a computer monitor displays the text. The background is a blurred office setting with a wall of sticky notes.

Thinking about  
Challenges Engaging CSC  
Individuals Employment  
and Education

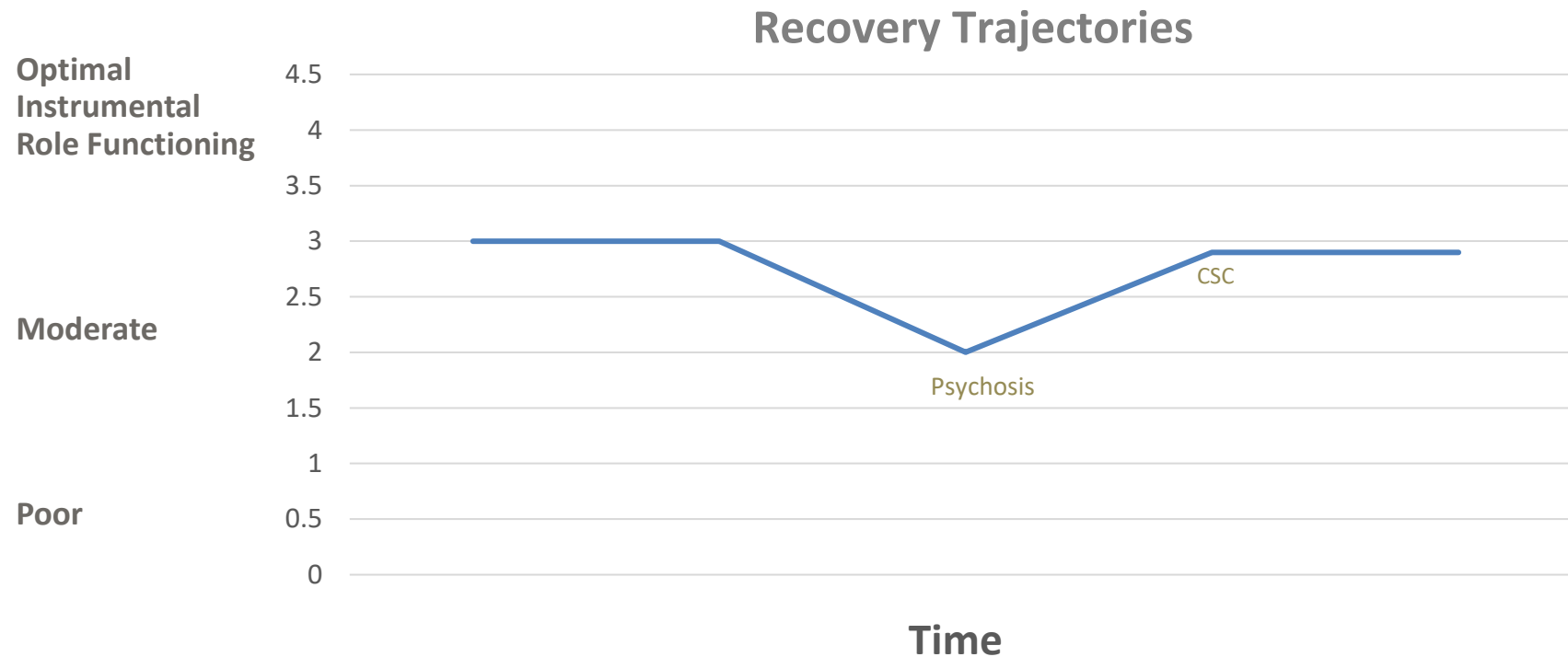
# First Important Point—Monitor work and school interest as individuals progress through CSC programs

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- Based on the RAISE-ETP findings, we need to continue to monitor for interest in school or work even after program entry for those who do not have an initial interest
- We have a tool to do this—can be completed during treatment planning meetings or in preparation for them



# Many SEE Programs Appear Designed to Promote Return to Work or School for Individuals with Good Premorbid Functioning and Interest in Instrumental Role Activity



# The Concept of NEET--Not in Employment, Education, or Training

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- Poorer premorbid histories?
- Others around them may not support pursuing work or school goals
- May need secure income and view applying for disability benefits as a means to that end
- No identity as a worker
- Reluctant to try a work or school opportunity—often seen as a motivational difficulty, but may represent perceived legitimate barriers to work and school
  - Transportation
  - Limited work hx/experience
  - Caretaking responsibilities
  - Severe symptoms
  - Adjustment to medications
  - Cognitive Challenges



## Second Important Point—Pay careful attention to those without work or school interest

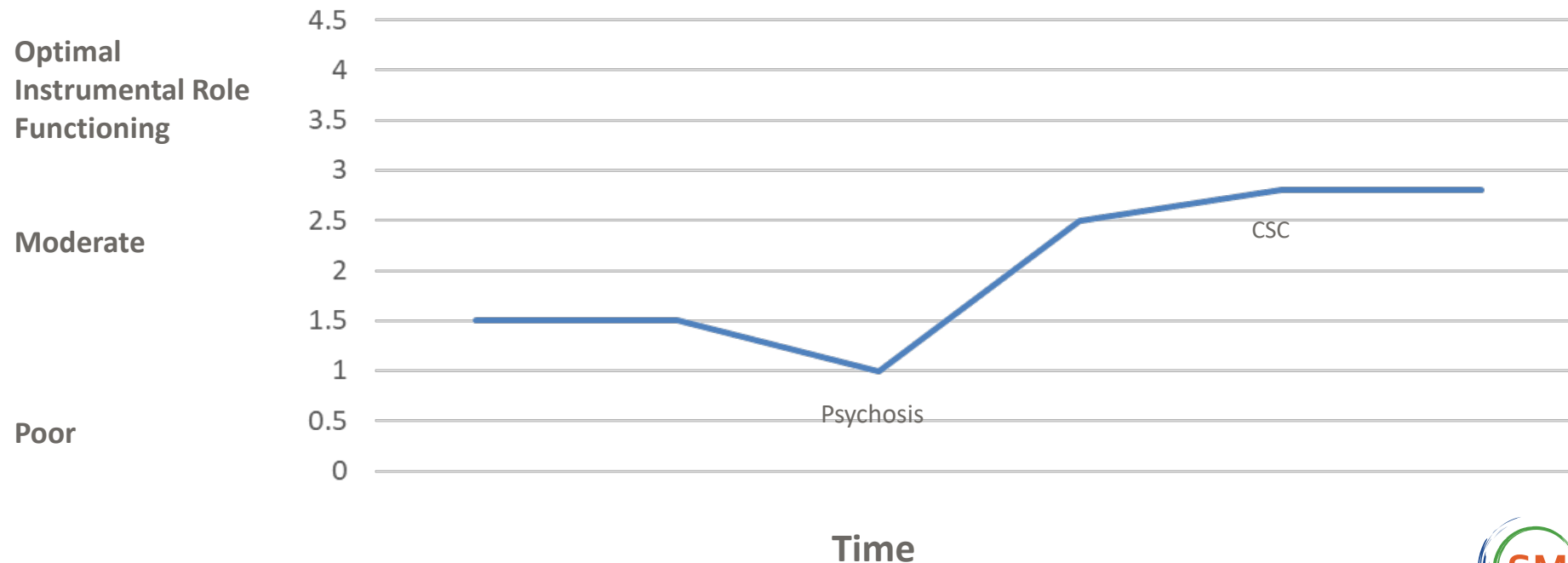
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- Fully assessing premorbid history to understand instrumental role trajectory—did the person have early school or employment success or are we trying to start a new pattern?
- Obtaining and understanding the loved one's views of work or school pursuit
- Managing disability applications skillfully
- Understanding consumer's work culture experience—recognizing when the consumer does not live in a culture supportive of traditional work
- Getting a very clear understanding of reluctance to formulate or pursue work or school goals—what does this actually reflect?



# Many SEE Programs Appear Designed to Promote Return to Work or School for Individuals with Good Premorbid Functioning and Interest in Instrumental Role Activity Poor/Moderate Pre Morbid Functioning

Recovery Trajectories



# The Role of Family in SEE

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- Families can “make or break” whether consumers succeed at work by supporting or impeding efforts
- Relatives may be ambivalent about consumer pursuing work or school goals
- Families benefit from understanding the SEE program
- Important to obtain the family’s viewpoint of consumer’s strengths and ideal job match
- Families also often want to understand issues regarding benefits and the impact of work or school
- Engage families in SEE whenever possible; consumers over 18 years old need to consent to family involvement and information sharing but shared decision-making paradigm can facilitate



# Talking With Consumers About the Impact of Work or School on Benefits

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- In first episode programs, many consumers will not be receiving benefits when they enter and the issue will more likely be **should they apply?**
- How your program handles disability applications needs to be thoughtfully considered—e.g. some programs facilitate referrals to the **SSI/SSDI Outreach, Access, and Recovery (SOAR)** program, but what message does that give program participants?
- Since a core tenet of NAVIGATE is that participants can recover, we do **NOT** routinely encourage individuals to apply for income benefits because this requires accepting the notion of longer-term disability, which is often premature





# No Identity as a Worker

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- May have had no prior work experiences
- May live with others who are not engaged in the work force
- May not envision the next step in their lives as “workers” or “students”
- Need to listen carefully to the consumers—who are his/her models? Mentors? Heroes?
- Is there an alternative way—Jonathan Delman’s work (Delman, 2019) on career development in African American individuals diagnosed with the SMI entrepreneurship



## Reformulating “Lack of Motivation” as understandable reluctance resulting from legitimate appraisal of obstacles

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- Need to determine which staff member will take the lead on this—may or may not be the SEE specialist
- Focused conversations with consumers who do not engage in SEE—trying to understand why?—Be curious
- Listening very carefully to any consumer-identified obstacles
- Using motivational interviewing if there is even a small interest in work/school
- Using problem-solving to address obstacles—again careful listening is essential
- Use of peers and other role models in the programs to increase interest



## Third Important Point—Understand work/school reluctance and address

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- Endeavor to understand the obstacles from the consumer's point of view—Be curious
- Engage in problem-solving together



# Resources

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- Toolkit for students and their families:

<https://www.nasmhpd.org/content/toolkit-back-school-support-full-inclusion-students-early-psychosis-higher-education-student>

- Toolkit for Colleges and Universities:

<https://www.nasmhpd.org/content/toolkit-back-school-support-full-inclusion-students-early-psychosis-higher-education-student>

- SEE MANUAL—download at [navigateconsultants.org](http://navigateconsultants.org)



# Take Home Lessons—

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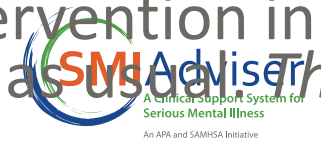
- 1-Need to continue to monitor for interest in school or work even after program entry for those who do not have an initial interest
- 2--We Must Address Needs of NEET Consumers—
  - Assessing premorbid history to understand instrumental role trajectory—
  - Obtaining and understanding the loved one's views of work or school pursuit
  - Managing disability applications skillfully
  - Understanding consumer's work culture experience
  - Getting a very clear understanding of reluctance to formulate or pursue work or school goals—
- 3--Reconfigure Lack of Motivation as an Abundance of Perceived Obstacles--
  - Be curious
  - Engage in problem-solving together



# References

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