



Helping Individuals with a Recent Onset Psychosis Thrive: Tips on Supported Education

Jan 28th, 2021

CSS-SMI INITIATIVE



The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).





http://med.stanford.edu/peppnet.html



Shirley M. Glynn, Ph.D.

Research Psychologist at
David Geffen School of Medicine, UCLA

sglynn@ucla.edu

+++++



DISCLOSURE



- No relationships with commercial interests or conflicts of interest reported.

LEARNING OBJECTIVES

At the end of the presentation, participants will be able to . . .

- Describe recent research findings on the benefits of supported education in recent onset psychosis.
- Identify at least 4 accommodations that have been used in Individual Education Plans (IEP)s to help high schoolers living with psychosis successfully graduate.
- Outline at least 3 strategies to address cognitive challenges that can impair academic performance in psychosis



Improvements in Instrumental Role Functioning are a Key Aspect of FEP Recovery

1. Return to work
2. Return to school
3. Starting up a new work or school program



Narrative of a successful SEE case--Rachel



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

- They may be going to school or working
- They have aspirations and dreams
- Their families may have had aspirations for them
- The psychosis may disrupt their education
- 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, poor grades, etc.)



How Might Symptoms of Psychosis Impact School Involvement and Academic Success?

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



Impact of FEP Developmental Stage on Education

- Peer relationships & opinions very important
- Developmental goal is individuating from families
- High rate of substance use
- Desire to exert autonomy-sensitive to being told what to do, but they may not know what to do without guidance
- Normative for this to be a time of trial and error—trying on new identities-
 - Changing appearance, changing majors
- May be reluctant to think the psychosis is serious (e.g., “This is just a one-time thing”)
- Heavily influenced by social media—can be especially challenging in high school and college



Principles of Supported Employment and Education (based on Individual Placement and Support Principles)

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

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

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???

- 2 recent trials providing unique information



Killackey et al., (2008) First Episode Study

- 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**

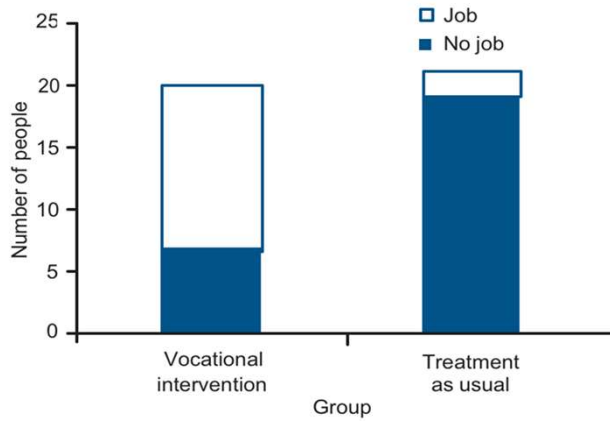


Demographic and illness variables of participants at baseline—Killackey et al., 2008

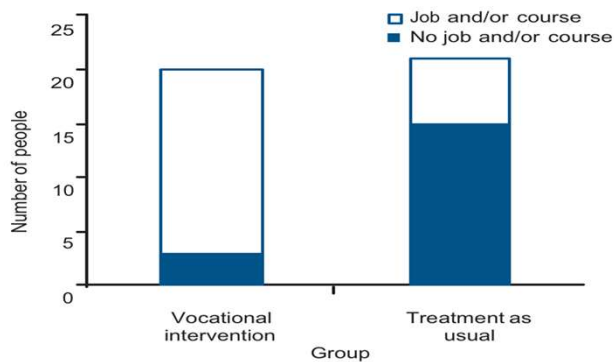
Variable	Treatment-as-usual group (n=21)	Vocational-intervention group (n=20)	Significance
Age, years	21.42 (2.21)	21.29 (2.39)	NS
Gender, male/female	17/4	16/4	NS
Age at onset, years	20.47 (2.61)	19.95 (2.93)	
Length of illness, months	12.25 (12.98)	15.68 (14.17)	NS
Marital status, n			
Married/defacto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



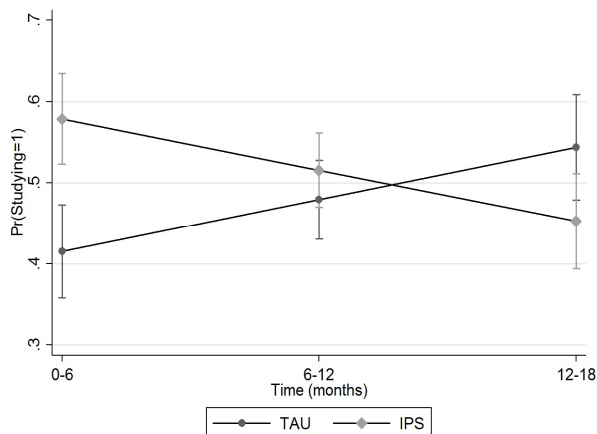
Employment status by group over the 6 months-Killackey et al., 2008



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



Predicted probabilities (s.e.) of studying IPS vs treatment-as-usual (TAU) groups over 18 months (Killackey et al., 2019).



There was a significant interaction between group and time with respect to studying status, OR = 0.87 (95% CI 0.77–0.97, Wald $z = -2.37$, $P = 0.018$), after controlling for baseline study status. **The odds ratio comparing studying status between the IPS and TAU groups at the 0–6-month time interval was significant, OR = 3.04 (95% CI 1.01–9.17, Wald $z = 1.97$, $P = 0.049$.** No between-group differences were observed at 6–12 and 12–18 months ($P = 0.584$ and $P = 0.300$, respectively).

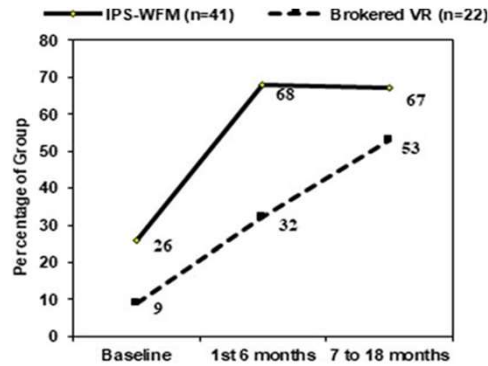


IPS and Clinical Based Work Training Groups in Recent Onset Psychosis (Nuechterlein et al., 2020)

- 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*



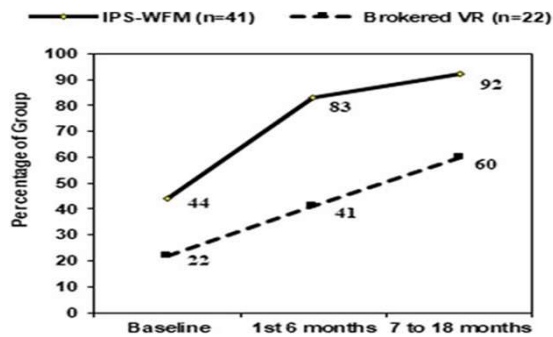
Percentage of first-episode schizophrenia patients in school at study baseline, during initial six months, and during following 1-year period (Nuechterlein et al., 2020)



Adjusting for non-significant baseline differences, Wald $\chi^2 = 4.64$, $p = .03$ for 1st 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 1st 6 mos.; Wald $\chi^2 = 4.73$, $p < .03$ for next year



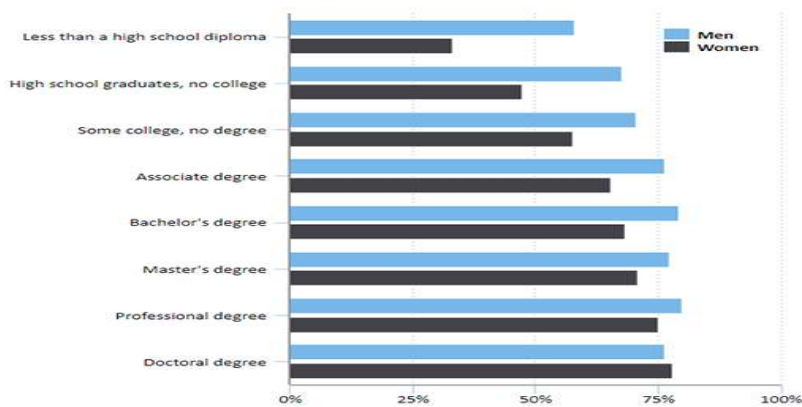
Why Do We Work to Keep Individuals in School?

- Over a life time, labor force participation and income rises with education according to the US Dept of Labor—(Brundage Jr, V. (2017)).



Labor force participation rises with education

Labor force participation rates by educational attainment and gender, 25 years and over, 2016 annual averages

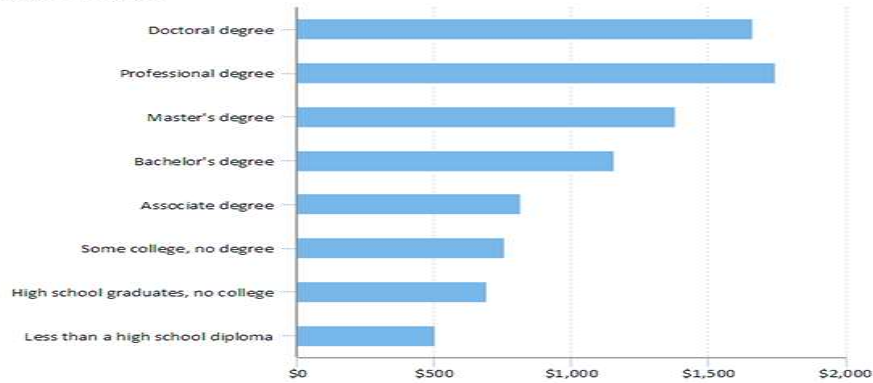


Click legend items to change data display. Hover over chart to view data.
Source: U.S. Bureau of Labor Statistics.



Weekly earnings rise with educational attainment

Median weekly earnings by educational attainment, 25 years and over, 2016 annual averages



Hover over chart to view data.
Source: U.S. Bureau of Labor Statistics.



On to the Ins and Outs of Supported Education for Individuals Experiencing a First Episode of Psychosis

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 Education

- The general strategies for supported education are the same as with supported employment, with a few differences
- Many participants will have some school hx—you can build on that. Questions include what kind of school(s) did they attend, when did they attend, did they graduate or receive a certificate? Were they in special education? Did they have an IEP?
- Supported education tends to be even more “hands-on” than supported employment—need to get into the nitty gritty of assignments, reading, following lectures, etc.



Working with High Schoolers

- Psychosis can disrupt learning and school adjustment
- Can help CSC participant pursue a 504 or IEP plan
- Can work with parents to the extent they allow
- Can help student with homework and learning strategies
- May or may not get access to school-ideal to build a relationship with school counselors
- Social development is crucial
- Academic work requires you be very “hands-on”
 - Schedules
 - Study habits



IEP vs 504

	Individualized Education Plan (IEP)	Section 504 Plan
Type of law	Special Education - Individuals with Disabilities Act (IDEA)	Civil Rights - Rehabilitation Act of 1973
Department	Department of Education	Office of Civil Rights
Requirements for eligibility	Has a disability that: a) meets criteria under IDEA, b) significantly impacts educational performance, and c) requires specialized services	Has a disability that significantly impacts a major life function
What is typically included?	Specialized education services, accommodations, related services	Accommodations, modifications, and related services
Age limits	IEP offered through 12th grade or until age 21 when required	No age limits with a 504 plan
Where is the plan used?	Educationally, through the 12th grade Does not transfer to college	School, work, and college Eligibility and plan creation occurs at each institution
Discipline	A Manifestation Determination meeting must be held to determine if the offense is a manifestation of the disability by the 10th day of suspension Services are required during long-term suspension	A Manifestation Determination meeting must be held to determine if the offense is a manifestation of the disability by the 10th day of suspension May require reevaluation

www.schoolpsychologistfiles.com



Individual Education Plan Referral Letter Example

Date: January 15, 2016

To: Steven Hannoy, Principal
Hope Elementary School
334 Ivy Rd.
Anytown, CA USA

Re: Grace Jones, Grade 3, Mrs. Andrew's Class

I am writing to you because my child is experiencing difficulties in school. (Here you can list specifics). Grace continues to read below grade level. She struggles with classroom assignments and does not seem to understand the math concepts. She struggled last year and we tried some intervention strategies, but she is still having difficulties.

I am formally requesting that the school immediately begin a special education evaluation. Since this process can take up to 60 days, I would like to receive my procedural safeguards and the evaluation plan explaining the tests that may be given to my child within 15 days. Once I consent to the evaluation, I would like to be informed of when the evaluation will be scheduled.

Thank you very much for your assistance. I look forward to hearing from you and your staff.
Please do not hesitate to contact me if you have any questions.



Individual Education Plan

Evolved from the Individuals with Disabilities Act
Has 5 parts

1. Referral for evaluation—

- Parent request in writing
- 15 days for district to respond
- 15 days for parent to consent to the plan

2. Evaluation for disability—

- 60 days to conduct the assessment
- Can involve administration of a variety of assessments as well as behavioral observation and review of records



Individual Education Plan

3. Determination of disability and sharing information with family/student in a meeting---School is looking for:

- a discrepancy between performance and ability
- limited progress, or deficiency in cognitive areas
- evidence of emotional or behavioral disturbances
- problems with fine or gross motor skills



Individual Education Plan

4. Development of IEP—

- Can occur at the eligibility meeting and then be refined
- School has 30 days to develop from the time of the determination of eligibility to develop the IEP
- Parents/guardians have 10 days to appeal after viewing the IEP —can go to mediation
- Requires at least yearly review



Individual Education Plan

4. Development of IEP con't—

- IEP Includes:

- Child's present level of functioning
- Strengths, weaknesses, abilities and educational needs
- Area(s) of eligibility (based on the 13 categories named in IDEA)
- Annual goals and objectives
- Common Core Standards
- Program placement
- Accommodations and level of participation in assessments
- Transition plan if 16 or older—what local resources are available for career exploration? Many state departments of education or departments of vocational rehabilitation offer programs like
 - **Workability—Dept of Education**
 - **Healthy Transitions-Voc Rehab**



Individual Education Plan

The **IEP Team** usually consists of some combination of the following:

- Student (if appropriate and over age 8)
- Parent, guardian or representative
- School personnel
 - School administrator
 - Special education teacher
 - General education teacher
 - Professionals who performed the assessments



Individual Education Plan

5. Implementation of IEP—

- Requires at least yearly review; updates are useful
- Caregivers and SEE can monitor if it is being implemented as written
- Can schedule meetings with the school counsellor when there is a concern



IEP Accommodations that Can Work Well for Individuals in First Episode Programs

Individual groggy in the morning because of medication → shorter school days

Individual has difficulty with abstraction and concentration → take more “hands on classes” such as physical education, photography, cooking, computers, art

Individual has difficulty with concentration and completing assignments → negotiate fewer assignments

Individual gets overwhelmed at school → can go for respite in nurse’s office



Accommodations grounded in FEP Treatment

Meetings with team may count as a health credit

Meetings with team may count as a physical education credit if the SEE specialist does something active with the participant in CSC-walks the high track with them

SEE specialist can help participants meet art credit requirements by taking them to museums, galleries, etc.

SEE and individual therapist can develop a plan with the CSC participant to manage symptoms at school



Referrals for Home Schooling/Continuation High School

- High Schools are often challenged by the needs of individuals with psychosis
- May refer out or encourage home schooling
- CSC participant may find the idea appealing
- The challenge is these settings are often problematic for those with difficulties in executive functioning –require a very high level of monitoring and support



Thinking about Applying to College

Keep an eye on the preferences of the individual in CSC program

Learn what kind of college counseling is available through the high school

Keep an eye on the academic calendar—if individuals are thinking of a 4-year competitive school, much of the school searches will happen junior year and applications due in Nov and Dec of senior year

The SEE can help with the admission process, but this is also a time to determine if the individual in CSC program can move forward with less support, which will likely be required in a college setting



And a Few words about Social Development in High School

- The burden of having to go back to school after an exacerbation—almost like “returning to the scene of the crime”—can be large
- Keep an eye on social development—
 - Are your participants going to events (football, dances)?
 - Do they belong to clubs?
 - Do they eat with others at nutrition?
 - How are they doing on group projects?
 - How is their attendance at school?
 - Work with IRT to shore up social skills



College/Trade Schools

- College/Trade Schools—Important to visit if individual is contemplating enrolling—observe how the individual does on campus
 - Confident?
 - Anxious?
 - Comfortable? Excited?



College/Trade Schools con't

- Many issues to address
 - Finances—FAFSA, Department of Voc Rehab
 - Degree program? Or just putting a “toe in the water?”—start light to achieve early success
 - Applications and acceptances
 - Learning about specific support for disabled students
 - Is a referral to state vocational rehabilitation an option?



College/Trade Schools, cont'd

- Linking students with disability or accommodation services at school
 - Accommodations may include having a note taker, early enrollment, more time for testing, special career counseling, tutoring
 - Typically need a DSM 5/ICD 10 dx
- Help students consider returning to school in small steps—
 - starting with 1-2 courses at first; consider cognitive demands



College/Trade Schools, cont'd

- Know the all-important dates at local colleges—
 - registration
 - first day of classes
 - drop day
 - finals
- Coursera (Yale Happiness Course), Khan academy—free online courses “to get ready”



Follow Along Supports for Education

- Work out a way to get regular feedback on how CSC participant is doing in class—ideally from professor
- Specialist can take a role in teaching study skills and reviewing homework
- Specialist can help individual improve his or her cognitive skills using handout in the manual
- Help individuals with socialization –participating in study groups or labs, need for small talk, talking about where to meet people on campus. where to set in a class to be most comfortable.



Supported Education—The Consequences of Becoming Unwell During College

“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



GED Programs



- Some have a cost—any way to get scholarship
- Consider whether there is any in-person teaching or all online?
- SEE specialist can introduce student and self to teacher (with consent)
- May be able to get some disability accommodations
- Seeing the classroom set up can be very useful to helping student



Graduate/Professional School

- Most CSC programs will have 1-2 individuals in graduate school at some point
- SEE work will be behind the scenes
- Paying attention to bolstering executive functioning is important
- SEE specialist should try very hard to keep the student connected with academic mentors



Appendix 5- Coping with Cognitive Difficulties at Work or School

Everyone has personal strengths and weaknesses, including cognitive or thinking skills. Some people have more trouble paying attention or remembering things, while others may have more difficulty processing information quickly or planning ahead. Sometimes problems with cognitive skills can interfere with doing well in school or succeeding at the job. Cognitive problems can also get in the way of social relationships, having fun, and taking care of you. But don't get discouraged! If you experience cognitive difficulties there are many effective strategies that can help you cope with them.

This handout focuses on helping you cope with cognitive difficulties that interfere with achieving your school or work goals. However, the strategies described here can also help you cope effectively with cognitive problems in other areas of your life, such as having fun, relationships, and self-care. Learning strategies for coping with cognitive difficulties can help you improve your life and achieve your personal goals.

Facts about Difficulties in Cognitive (Thinking) Skills

- Difficulties in thinking skills include problems paying attention, responding rapidly to other people or demands, learning and remembering information, planning ahead, and solving problems.
- Cognitive problems are common in people who have had psychiatric symptoms, including those with an episode of psychosis, as well as people with schizophrenia, major depression, bipolar disorder, and anxiety disorders.
- Cognitive problems are usually not related to psychotic symptoms, such as hearing voices. Problems with anxiety or depression can contribute to thinking difficulties, especially attention and concentration. Medications can improve psychotic symptoms, but tend to have little effect on cognition.
- Cognitive problems are unrelated to intelligence; a person may be very bright, but still have problems paying attention or remembering information. For example, you have probably known someone who is very smart but forgetful about details, like "absent – minded professor" in movies and books.
- Difficulties with thinking skills can interfere with a person's ability to carry out everyday tasks, including working and studying.
- Strategies designed to help people cope with or overcome their cognitive challenges can help them function more effectively in their lives, can achieve their personal goals.



Dealing with Cognitive Challenges

- Educational handout—Navigateconsultants.org SEE manual
- Queries in all domains and then strategies to address
- Need to use with participant, not just give them the handout
- Can practice over several sessions



Dealing with Cognitive Challenges

- Attention and concentration
 - Take scheduled breaks
 - Remove distractions from the environment
 - Prepare a special place for studying and a routine
 - Say steps of a task aloud
 - Write down the steps of what you need to do



Dealing with Cognitive Challenges

- Response speed
 - Overlearning
 - Completing timed practice test
 - Finding more efficient ways of doing things



Dealing with Cognitive Challenges

- Memory
 - Repeat back what you heard
 - Memory aids (notes, post-its)
 - Post steps of skills\Organize your workspace
 - Use mnemonics or associations



Dealing with Cognitive Challenges

- Problems in executive functioning
 - Use a scheduler
 - Plan each day the night before
 - Learn to recognize the signs of a problem at school
 - Get Help to solve a problem
 - Use the steps of problem-solving



The Role of Family in SEE

- Families can “make or break” whether consumers succeeds at school by supporting or impeding efforts
- Relatives may be ambivalent about participant pursuing school goals
- Families benefit from understanding the SEE program
- 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



Research Areas Still to be Addressed

- Data on cultural/racial differences in SEE and school success are lacking
- Long-term (5 year plus) outcome of participation in SEE not known
- Many programs use Peer support as part of there SEE programs with apparent success, but this has not been systematically evaluated



Resources

- Toolkit for students and their families:

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

- IPS toolkit--<https://ipsworks.org/wp-content/uploads/2018/02/15-becker-IssueBrief-SED-6.24.pdf>
- SEE MANUAL—download at navigateconsultants.org



References

- Brundage Jr, V. (2017). BLS Spotlight on Statistics: Profile of the Labor Force by Educational Attainment. Retrieved 12/21/2020 <https://www.bls.gov/spotlight/2017/educational-attainment-of-the-labor-force/home.htm>
- Killackey, E., Allott, K., Jackson, H. J., Scutella, R., Tseng, Y. P., Borland, J., ... & Baksheev, G. (2019). Individual placement and support for vocational recovery in first-episode psychosis: randomised controlled trial. *The British Journal of Psychiatry*, 214(2), 76-82.
- Killackey, E., Jackson, H. J., & McGorry, P. D. (2008). Vocational intervention in first-episode psychosis: individual placement and support v. treatment as usual. *The British journal of psychiatry*, 193(2), 114-120.
- Nuechterlein, K. H., Subotnik, K. L., Ventura, J., Turner, L. R., Gitlin, M. J., Gretchen-Doorly, D., ... & Liberman, R. P. (2020). Enhancing return to work or school after a first episode of schizophrenia: the UCLA RCT of Individual Placement and Support and Workplace Fundamentals Module training. *Psychological medicine*, 50(1), 20-28.
- 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



Questions?

Shirley M. Glynn, Ph.D
sglynn@ucla.edu



THANK YOU

