

Supported Employment and Education (SEE) Introduction

Background: What is IPS?

Individual Placement and Support (IPS)

What is IPS?

- An evidenced-based practice of supported employment and education.
- IPS is a program of rapid job search and placement in competitive employment/school that matches the individual's skills and preference following a core set of principles.
- Its utility has been supported in almost 20 randomized controlled trials, including 2 with first episode participants.
- We are doing a variant of IPS in NAVIGATE.

Individual Placement and Support (IPS)

The **core assumptions underlying successful placements in IPS** are: **integrated mental health and vocational services** and a **good job match**.

IPS does not expect the patient to change much for the job or school position; rather, they **try to find a placement that builds on the patient's current strengths and preferences**.

8 IPS Principles

(including reference to Education)

- Every individual who wants to work or go to school is eligible for the services – **no prerequisites** like being substance-free.
- IPS services are **integrated with mental health treatment** – joint meetings, joint spaces, frequent contact
- **Competitive jobs and school placements are the goal.** A competitive job or school placement is one anyone could get – not set aside for disabled individuals. Good job and school fit is key!
- **Personalized benefits counseling/planning** is offered to all participants. Patients need to know their options.

8 IPS Principles

(continued)

- Job or school search begins soon after patient expresses interest (usually within 1 month). No lengthy preparation – symptoms may be still be present.
- Employment and Education Specialists systematically develop relationships with employers and school based upon patient's preferences.
- Job and school follow along supports are continuous
- Individual/participant preferences are key, and they are honoured.

Supported Education and Employment

Supported Education and Employment

- Based on the IPS model of supported employment for severe mental illness
- Focus on helping patient return to school or work as soon as possible
- Goals determined by patient preferences
- Support provided to help patient enroll/re-enroll in school or obtain work
- Ongoing supports provided to maintain engagement in school or keep job
- Coordination with clinical treatment at weekly NAVIGATE team meeting

Principles of SEE

1. SEE services are **available to all people in NAVIGATE services**.
 - SEE specialist meets with all patients early in program to explore possible work/school goals.
2. People's **individual goals and preferences** regarding their careers are honoured and supported.
3. SEE employment services assist people with obtaining **meaningful competitive employment**.

Principles of SEE

4. **SEE helps people to obtain accurate information** regarding decisions about disability benefits and work incentive programs.
 - Benefits counseling is not just SEE specialist job; involves whole team, and often family members as well.

5. SEE services **work together with all other NAVIGATE 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 week).
8. SEE services **provide follow-along supports** for people after they have obtained a meaningful job, started an education program, or both.

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.
- 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.

Research on SEE

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

- Cluster RCT with 34 sites assigned to NAVIGATE or Community Care (CC), N= 404, 2-year follow up
- Limited funding to support SEE specialist role; may have reduced ability to do sufficient job development and established contacts with schools
- Patients in NAVIGATE began with significantly lower levels of work/school involvement than patients in CC (25% vs. 37%)
- 68.2% NAVIGATE patients engaged in SEE (> 3 contacts with SEE specialist), but about half over more than 6 months

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

- Greater improvements in work/school involvement for NAVIGATE than SEE, but separate effects on work or school outcomes not significantly different.
- Receipt of Social Security Income and other public support income both decreased chances of working or returning to school.

Primary Distinctions Between IPS and SEE

- SEE includes **education**: participants often have little or no work history; new to work/just beginning and may not be socialized into work choices or good work behavior.
- SEE participants often do not believe they have a psychiatric illness; this can be troublesome for SEE specialists, who are often used to work with participants who are more adherent to treatment.
- SEE programs often have a peer members who can be used to extend SEE services.
- SEE specialists need more guidance on working with highly symptomatic patients.
- SEE participants are much less likely to disclose; makes the job development different – much more behind the scenes work.

- SEE includes working with minors; families play a much more important role and **family meetings are often routine**- families may have a great deal of input.
- Participants are often to treatment and often need to be socialized into mental health treatment; **engagement and attendance can be a challenge.**
- Participants may be more symptomatic, may result in taking a little longer for getting out in the field.
- **Increased frequency of conjoint meetings** – like IRT and SEE or Family provider and SEE

- SEE is more **inclusive**:
 - We try diligently to engage individuals who may be ambivalent about work or school.
 - We work to meet with EVERY SEE participant starting the program to offer our services – not just those who have articulated a specific work or school goal or been referred to meet us.
- More onus on SEE specialists to motivate participants to consider work or school – great use of MI skill if they have them.
- SEE participants are often concurrently deciding about applying for disability.
 - Need to manage the tension between considering self disabled or not – disability compensation issue is often not resolved what we are engaging participants in SEE.

Patient Flow of SEE:

From Beginning to Look for a Job to Ending a Job and Starting Again

- **Patient enters NAVIGATE Program**
- **Patient considers work**
 - Discussing SEE program with SEE specialist and rest of team using the *Supported Employment and Education (SEE) Orientation form*
 - Benefits counseling if relevant – completing the *Disability Benefits Worksheet* may be helpful (may not happen immediately, until plan is established)
 - Meeting with family
- **Completing *Career and Education Inventory* (2-3 sessions)**
- **Identifying desired jobs:**
 - “Dream Job” is a helpful start. Can help patient identify and pursue an attainable job with elements of the dream job.

- **Negotiating issues around disclosure** and SEE specialist's role using the *Disclosure Worksheet*
- **Preparing for work:** transportation, IDs, Social Insurance Number, clothing, alarm clock, practice job applications and interview
- **SEE specialist and participant look for work** – job development
- After participant is hired, begin using the *Follow-Along Supports for Employment Checklist* to **determine needed level of ongoing support.**

- **Offering support during work** and identify and negotiate (or help patient negotiate) accommodations if needed.
- Helping patient terminate/leave job appropriately.
- Reviewing what was learned on the job, dealing with discouragement.
- Beginning the process again, **focusing on strengths.**