

# EPI-SET – IRT Part 2: Exploring Factors and Strategies Related to Engagement

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## Faculty & Presenter Disclosure

Presenter: Nicole Kozloff

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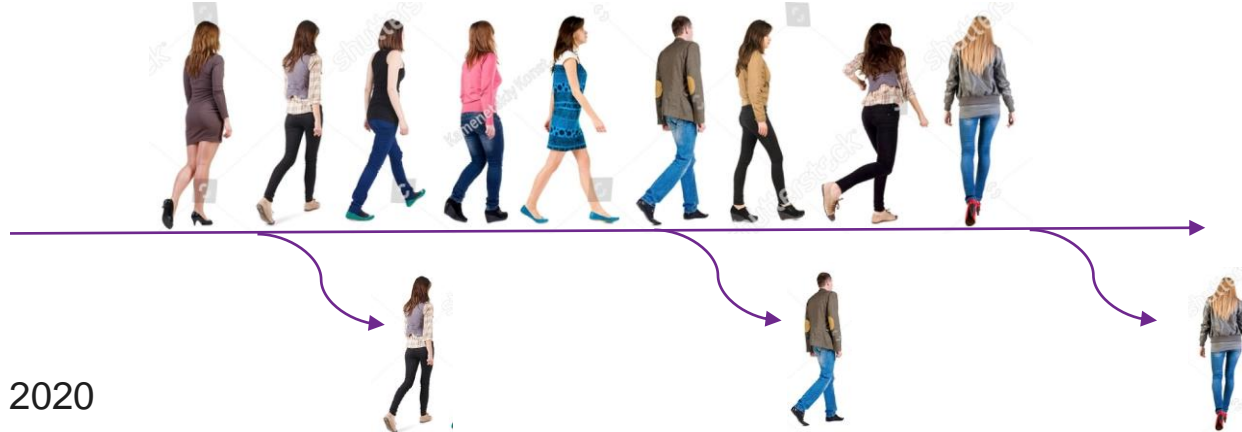
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## Learning Objectives

1. Discuss factors related to engagement and disengagement in EPI services.
2. Explore the factors related to engagement in IRT component of NAVIGATE.
3. Review tips and strategies in making IRT successful.

# High rates of disengagement in early psychosis

- ~30% of individuals with early psychosis disengage from services
- Definitions of, variables associated with disengagement inconsistent and contradictory (e.g., DUP)
- Lower engagement with substance misuse and lack of family involvement, as well as medication nonadherence, vocational inactivity (NEET), ?forensic involvement
- Most research from observational studies

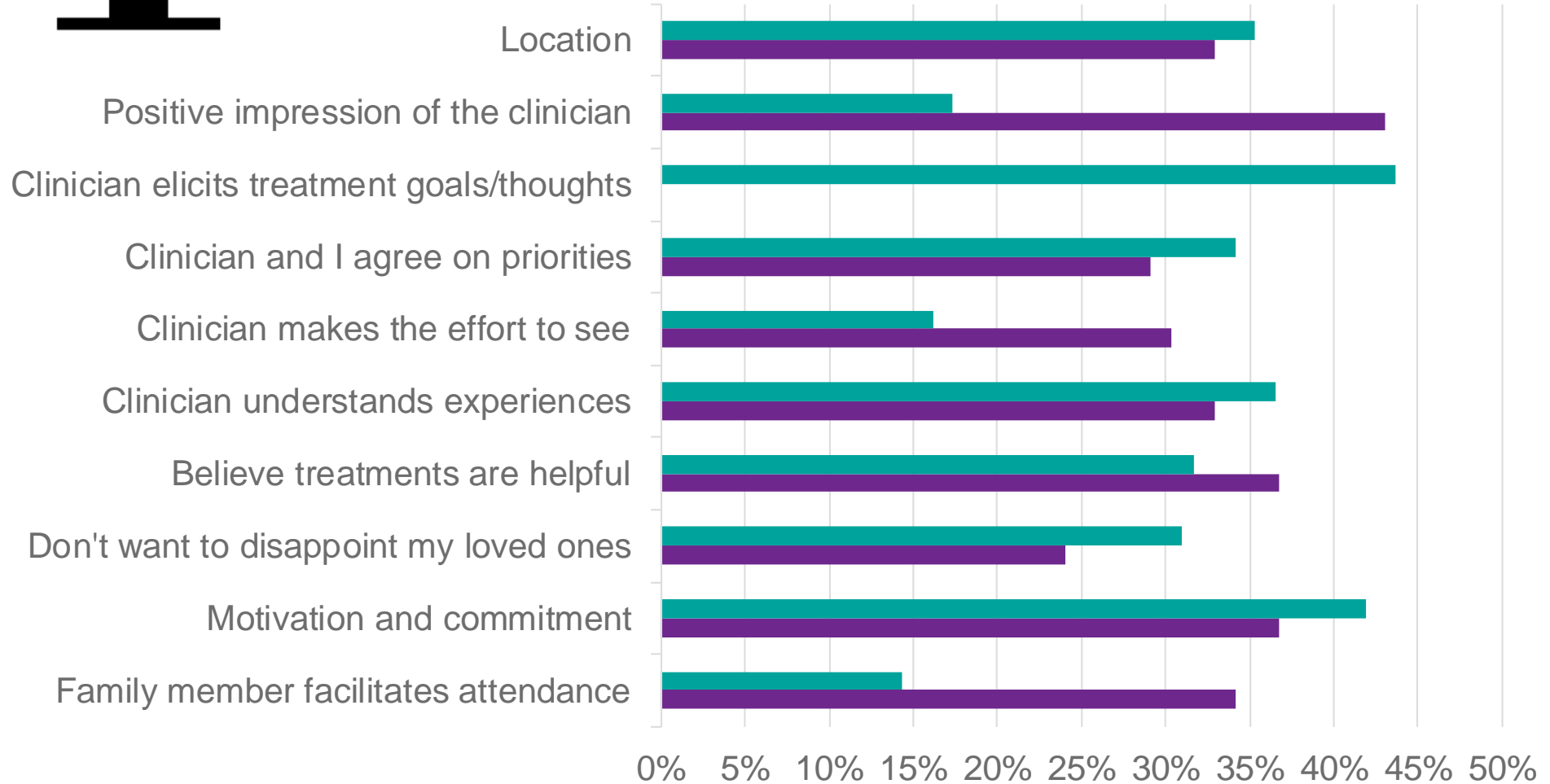


Doyle et al., 2014  
Mascayano et al., 2020



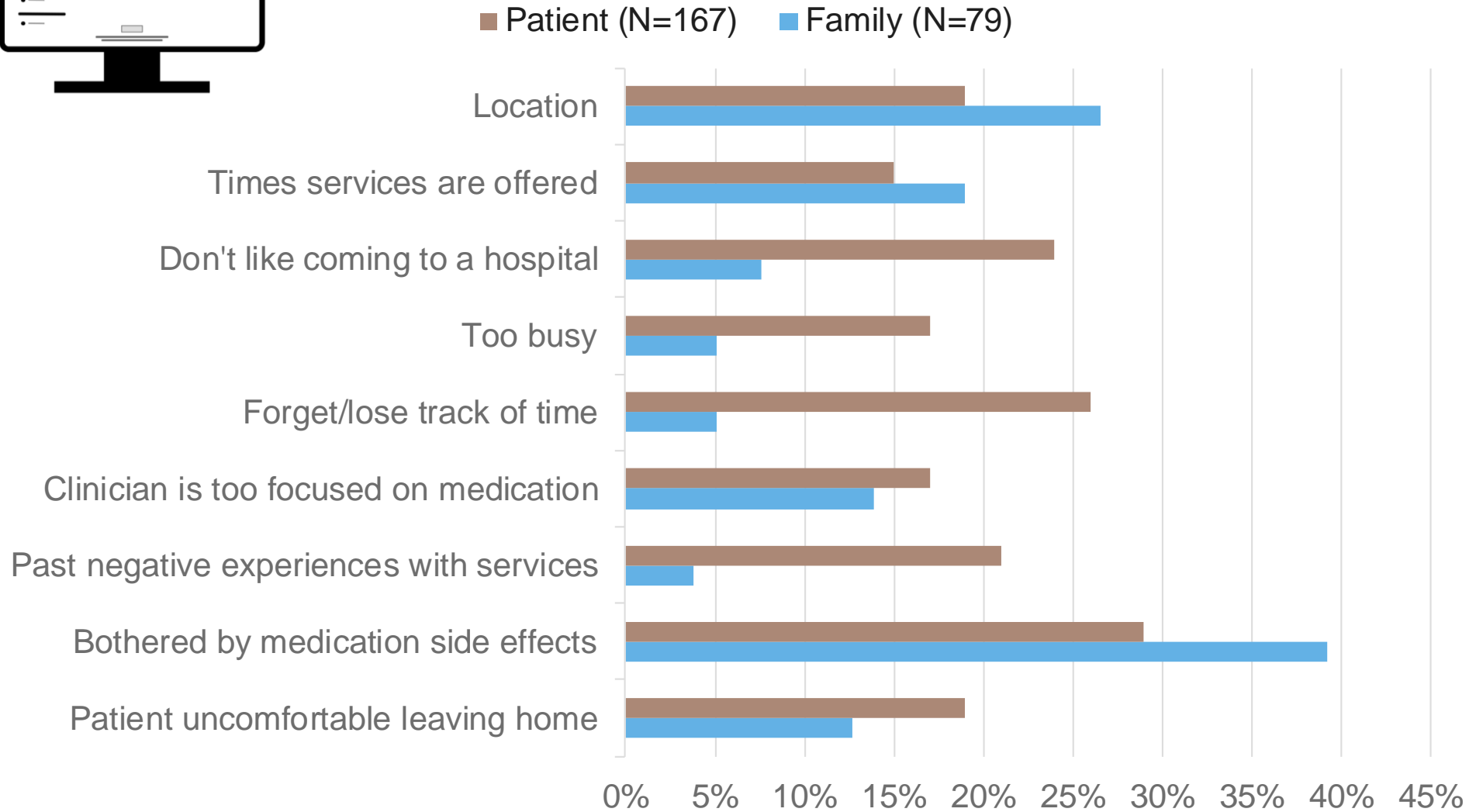
# Top Facilitators to Engagement

■ Patient (N=167) ■ Family (N=79)



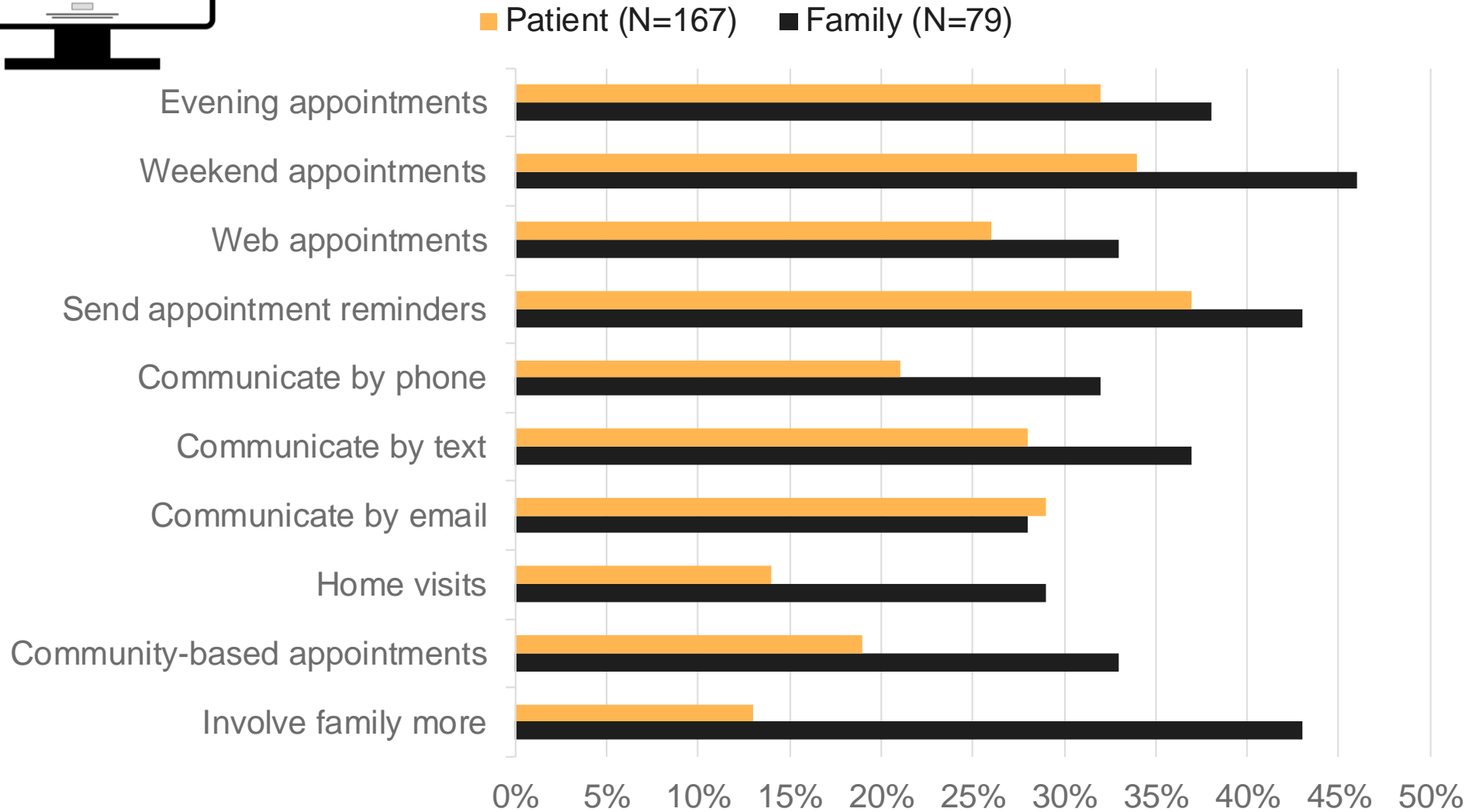


# Top Barriers to Engagement

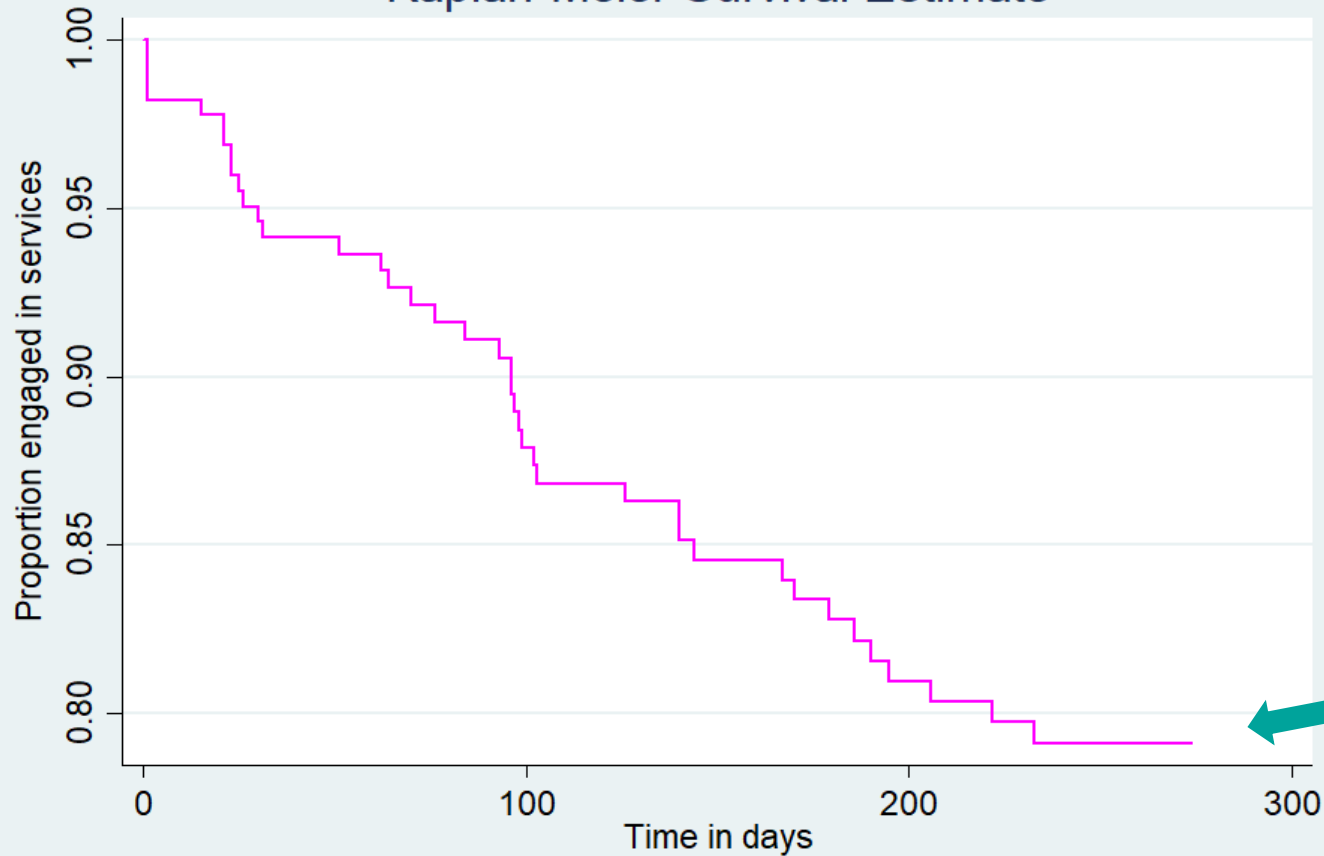




# What Would Improve Engagement?



Kaplan-Meier Survival Estimate



44% not in treatment at 9 months:

- 36% transferred to local EPI service
- 20% transitioned to other local mental health service
- 40% dropped out prematurely
- 4% other

**18% disengaged**  
Service Engagement Scale (M±SD): 10.87 ± 8.34



# Factors Associated with Disengagement at 9 Months (Cox Proportional Hazards Model)

Variable	Univariate HR	p	Multivariate HR	p
Age	0.95 (0.86-1.05)	.31		
Gender	0.96 (0.49-1.86)	.90		
Family involvement	0.84 (0.44-1.61)	.60		
Problem substance use	1.20 (0.65-2.24)	.56		
Racial/ethnic group (Asian vs. White)	0.39 (0.16-0.99)	.048	0.38 (0.15-0.98)	.045
Homelessness	1.55 (0.79-3.05)	.20	0.91 (0.39-2.12)	.82
NEET	0.83 (0.45-1.54)	.56		
Legal involvement	2.24 (1.16-4.35)	.02	1.98 (0.87-4.49)	.19
Early medication nonadherence	1.90 (0.98-3.68)	.06	2.04 (1.03-4.03)	.041
Early use of IRT	0.31 (0.16-0.62)	.001	0.43 (0.20-0.90)	.026
Early use of SEE	0.37 (0.17-0.77)	.008	0.49 (0.22-1.10)	.085

## Take-home points from CAMH study

- Early reluctance to use services, medication nonadherence red flags for later disengagement → IRT, SEE may be protective
- Importance of the therapeutic relationship
- Youth and families want flexibility, convenience
- Families want to be actively involved in care

## Strategies to promote engagement

- Patients/families: identify barriers, motivational interviewing; rapport; flexibility; identify common goals
- System: service accessibility; mobile technologies/internet-based interventions (virtual care?); targeting social and vocational outcomes; youth participation in service design
- Measurement: Service Engagement Scale

# IRT anecdotal experiences – Engaged vs. disengaged clients

## Engaged

Assertive early engagement

Rapport

Insight

Some family involvement

Practical goals

## Difficult to engage/Disengaged

Social determinants of health – eg. Homelessness, Lack of access to phone/technology,

Cognitive impairments/intellectual disability

Lack of insight (**lack of mental health literacy**)

No family contact/**declined consent to connect with parents**

Negative experience related to hospitalization

Too busy/Working full time (**leads to conflict in booking appointments**)

# Practical Strategies for increasing success in engaging clients in IRT/NAVIGATE

- Start on the right foot and set a precedent of IRT being the main part of the work you do! **Get support from the physicians to advocate for the role of IRT in recovery/wellness**
- If you don't believe in it, the client's won't either. It is important to try to 'sell the model of care to the client. **Work through your doubt, reflect on it and gain knowledge from others**
- Building rapport/use MI skills through out (Open ended questions, Affirmations, Reflections, Summaries)
- Provide options for modules and do best to collaborate with clients; **think outside the box: work on the home practice exercises together, involve family members or support persons in the meeting if there is consent**
- Be cautious of making assumptions (about the content and the client).
- Mix IRT and case management together; **be flexible with your agenda and your expectations for the appointment; get to know the client, their history and their aspirations**

## Our personal 10 lessons learned from IRT/NAVIGATE implementation to practice

- Try to offer practical assistance first if not engaging in IRT (eg. case management, resources); **ask them what their goals are (sometimes their road to achieving those goals are within the IRT content)**
- It's not all about the handouts, you are likely covering IRT elements without knowing it!
- Offer flexible meeting options if possible. **Offer different options for connection: virtual (with or without video), phone appointments**
- Remember be kind to yourself, and celebrate the small wins. **Collaborate with the team and discuss difficult cases.**

**Thank You**

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