

NAVIGATE

Supported Employment and Education (SEE) Manual

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This manual is the 2020 revision of the Director manual originally developed for the RAISE-ETP study, funded by NIMH. The revision updates the original material to reflect 1) new scientific discoveries since the original manual was written, 2) experience providing NAVIGATE treatment in the RAISE-ETP study, and 3) experience of clinics providing NAVIGATE treatment in a wide range of real-world settings. In the Appendix, you will find a list of the major revisions made in the 2020 SEE revision.

Chapter 1 – Work, School, and First Episode Psychosis: An Introduction to Supported Employment and Education

NAVIGATE is a comprehensive treatment program for people who have experienced a first episode of non-affective psychosis. Treatment is provided by a coordinated specialty care (CSC) team, which helps people work toward personal goals and recovery. More broadly, the NAVIGATE program helps clients navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in social situations.

The NAVIGATE team includes the following members: director, family clinician, prescriber, Supported Employment and Education (SEE) specialist, Individual Resiliency Training (IRT) clinician, and whenever possible a peer support specialist and a case manager. The positive results of participation in a research study of the RAISE-ETP program (now called NAVIGATE) are described in Kane et al (2016).

The manual you are now reading describes SEE Program and how to implement it. The manual is a 2020 revision of the SEE manual originally developed for the RAISE-ETP study. The lead author of the original manual was David Lynde, with contributors Susan Gingerich, Susan R. McGurk, and Kim T. Mueser. Shirley M. Glynn authored this update, revising the original material to reflect 1) new scientific discoveries since the original manual was written, 2) experience with clinics doing NAVIGATE treatment after the completion of the RAISE-ETP study, and 3) experience of clinics providing NAVIGATE treatment in a wide range of real-world settings. In the Appendix to this manual, you will find a list of the major revisions made in the 2020 SEE revision.

You will find a list of the major revisions made in the SEE manual in the first appendix.

The experience of a first episode of psychosis frequently disrupts school or work performance, and starting or getting back on track with these roles is a common goal for both clients and their family members. Supported Employment and Education (SEE) is a program designed to help people with a psychiatric disorder achieve their vocational and educational goals (Bond, Drake, & Becker, 2008), including people who have had a recent episode of psychosis. In the SEE program, a SEE specialist works with the client to identify his or her personal preferences regarding work and school goals, including career interests, and then provides the necessary supports to help the person achieve those goals. In contrast to traditional approaches to vocational rehabilitation for psychiatric disorders that emphasize extensive assessments and prevocational training, in SEE the focus is on a briefer Education and Career Inventory, followed by rapid job search or enrollment in an educational program, and then the provision of follow-along supports to ensure success. Also, in contrast to many approaches of traditional vocational rehabilitation, SEE is fully integrated with all of the other

clinical services the client is receiving from the NAVIGATE program, including pharmacological treatment, individual resiliency training, and family education.

SEE is designed to be an integral part of NAVIGATE, a comprehensive early treatment program for individuals who have experienced a first episode of psychosis. The NAVIGATE program is described in detail in the NAVIGATE Team Members' Guide, including each staff member's role:

- The Director, who also works with families and provides supervision to SEE specialists and Individual Resiliency Training (IRT) clinicians
- The Prescriber, who provides pharmacological treatment
- Two Individual Resiliency Training (IRT) clinicians, who help clients understand their disorder and how to manage it, and develop resiliency skills for achieving their personal goals
- The SEE Specialist, who helps clients achieve their education and work goals

In addition, many NAVIGATE teams include the following roles:

- The Peer Support Specialist, who has lived experience with mental health challenges and provides hope and encouragement to clients and sometimes leads or co-leads groups, such as support groups or activity groups
- The Case Manager, who provides case management, which often includes assistance in accessing housing, transportation, and other community resources

This chapter begins with some suggestions for preparing to work with SEE clients, followed by a review of the impact of psychosis on involvement in work and school and a discussion of some of the challenges of trying to return to work or school for clients who are recovering from a first episode of psychosis. Next, the importance of work and school to clients who have experienced an episode of psychosis is discussed, as well as the benefits to individuals of resuming their involvement in these roles. Finally, a brief summary of the SEE program is provided in order to give readers an overview of how the program works.

Preparing to Work with SEE Clients

To fully prepare to work with NAVIGATE clients, SEE specialists are encouraged to read this manual and the addendum and become familiar with the handouts and forms provided in the Appendix. After reading each chapter and related materials, SEE specialists are encouraged to discuss them in supervision and to try out relevant skills in role plays with their supervisor or co-workers, or in some instance with non-NAVIGATE clients with whom they already work. For example, after reading chapter 3 (Engagement, Orientation, and Assessment), the SEE specialist can practice using the SEE Orientation Sheet and the SEE Education and Career Inventory in role plays with his or her supervisor or a colleague. After reading chapter 4 (Addressing Illness-Related Challenges to Work and School Functioning), SEE specialists can practice teaching a coping strategy for cognitive difficulties to a client with whom he or she already works.

A thorough plan, schedule and checklist are included in the appendix titled “Learning SEE” for this chapter. The appendix presents three key learning components for new SEE specialists, including,

- Shadowing and Field Mentoring
- Using the SEE Team Manual and the NAVIGATE Team Members’ Guide
- Taking part in suggested activities (e.g., practicing skills in role plays) for new SEE Specialists

The Effects of Psychosis on Work and School

There is great variability between individuals in how long it takes them to get treatment after they have first begun to experience psychotic symptoms. Some people experience intense distress from psychotic symptoms, and seek help quickly. Many others, however, keep their distress to themselves, or lack awareness and insight into the problems they are experiencing. When the psychosis begins to have an impact on the individual’s school or work performance, however, family members and other people take notice, and treatment is often sought to understand and address the underlying problem. Therefore, for many individuals, problems in school or work functioning result in the person’s first involvement in treatment.

There are a number of reasons why a psychotic episode can interfere with school or work performance. *Hallucinations, delusions of reference* (such as believing that other people are talking about you when they aren’t, or that the radio or TV is talking directly to you), and *paranoid thinking or delusions* can be worrisome and distracting, making it difficult to focus on school or work tasks. Psychotic distortions related to either delusions or misinterpreting social cues can lead to poor social judgment or the failure to perform critical work or school tasks, resulting in performance problems.

Other symptoms and impairments associated with psychosis can also interfere with school or work. *Depression* is a very common symptom in people with the first episode of psychosis, one which often precedes the frank onset of psychotic symptoms (Häfner, Löffler, Maurer, Hambrecht, & Ander Heiden, 1999), which can interfere with work or school performance. Negative symptoms such as *apathy, anhedonia* (lack of experience of pleasure), and *reduced energy or stamina* are common in first episode psychosis, and can impair functioning at work or school. Finally, *cognitive impairment* is common in people with the first episode of psychosis, which can interfere with effective performance at work or school. As a result of all of these problems, unemployment and drop-out from school are common problems in people with a first episode psychosis, as well as for those individuals who go on to develop schizophrenia or schizoaffective disorder.

Having psychotic symptoms can clearly have a major impact on an individual’s ability to perform well at work or school. However, even after effective treatment has been provided and the major symptoms have been reduced or are in remission, a number of other factors can make returning to work or school challenging. Some of these factors are related to the nature of psychosis and the recovery process, while others are more related to attitudes and beliefs about mental illness held by the individual, his or her family, and society at large.

The experience of psychotic symptoms and the temporary loss of control over one’s thinking and behavior can shake even the most confident person’s sense of confidence in himself or

herself. The person may naturally doubt that he or she is capable of returning to work or school, and feel overwhelmed by the challenge of coping with the experience, and what it means to the person and his or her future. Lack of self-confidence can be compounded by the discriminatory and self-stigmatizing beliefs people often have about mental illness, such as the belief that having a mental illness, including a psychotic episode, makes it impossible for people to resume their lives and make a contribution to society. Alternately, the experience of psychosis can lead people to develop radically different and lower expectations of what they can accomplish in life, so that they may pursue school or vocational goals that are less ambitious and less personally meaningful to them.

In addition to having the inaccurate belief that people who have had a psychotic episode are unable to work or attend school, individuals (as well as their family members and even treatment providers) may believe that their ability to perform in these roles is very limited due to an high sensitivity to stress, and that a return to work or school is a goal that can be pursued in the long-term, but not in the short-term. Rather, they and others may believe that the immediate focus of treatment and rehabilitation should be solely on the stabilization of symptoms, the acceptance of having a mental illness, and learning illness self-management strategies, with attention turning to work or school only many months, or even years, later. The postponement of the search for work or re-involvement in school often robs individuals of their personal goals, and may lead to dependency and a passive stance towards life in general, fueled by the belief that the stress of working or attending school can tip the precarious balance the person has achieved, resulting in symptom relapses and hospitalizations. However, contrary to popular belief, people who have had an episode of psychosis are capable of returning to work or school, and can learn how to manage the stress that naturally accompanies many of life's most rewarding experiences (e.g., a challenging job, close relationships, having a family).

Although treatment of a first episode of psychosis can be effective in dramatically reducing or eliminating symptoms and associated impairments, some persistence in symptoms and associated impairments may nevertheless occur. For example, modest impairments in cognitive functioning are present at the first episode of psychosis, which are consistent over the course of several years following the first episode (Addington, Saeedi, & Addington, 2005), and can contribute to problems functioning at work or school. Negative symptoms such as anhedonia and apathy are often persistent following the stabilization of florid psychotic symptoms, which can pose a challenge to clients actively pursuing educational and vocational goals. Depression is also a common symptom following the treatment of a first episode of psychosis that can pose a problem to work and school functioning. Antipsychotic medications are effective in reducing or eliminating psychotic symptoms in most people with the first episode of psychosis, but some residual psychotic symptoms may nevertheless be present, which can interfere with functioning at work or school.

Another factor that can be a challenge for people returning to work or school after a psychotic episode is feeling embarrassed or self-conscious about things they did in those settings when they were experiencing psychotic symptoms. When people are experiencing psychotic symptoms their perceptions of themselves, others, and the world are often distorted. As a result of this, they may engage in strange, bizarre behaviors at work or school that in retrospect are a source of embarrassment, and which may make them reluctant to return. Even in the absence of psychotic behavior, difficulties performing well in school or at work can make people want to avoid being around others who saw them during their struggles.

One final factor that can be a disincentive for work after a first episode of psychosis is concern over the decision to apply for disability benefits, or the loss of disability benefits,

including medical insurance or supplemental disability income, or the refusal of applications for such benefits if the person returns to work. Concerns about how involvement in work or school may affect individuals' disabilities benefits are common, both among people who have experienced a first episode of psychosis as well as their family members. Counseling individuals and family members about the rules governing work, school, and disability benefits is an important part of the SEE program.

The challenges of returning to work or school are summarized in Table 1.

Table 1 - Challenges of Returning to Work or School Following a First Episode of Psychosis

Symptoms and Impairments	<ul style="list-style-type: none"> • Hallucinations • Delusions (e.g., delusions of reference) • Paranoia • Negative symptoms (e.g., anhedonia, apathy, loss of energy or stamina) • Depression • Anxiety • Cognitive difficulties
Psychological Barriers	<ul style="list-style-type: none"> • Loss of self-confidence • Self-stigmatizing beliefs • Fear of stress • Embarrassment over past behavior in school or work situations
Social/Societal Obstacles	<ul style="list-style-type: none"> • Public stigma about mental illness and inability to work • Lack of support for work or school from family due to fear of relapses • Lack of support for work or school from treatment providers due to fear of relapses • Concerns about loss of benefits or health insurance related to obtaining work

The Importance of Work and School

Despite the challenges of returning to work or school for individuals who have experienced a first episode of psychosis, resumed involvement in these roles are common goals for clients and their family members. The choice of whether to return work, school, or both is often influenced by the individual's involvement in these activities before the onset of psychosis. In order to put the psychotic episode behind them, many people want to resume their lives and relationships after the setback of the psychosis.

Work is associated with a wide range of benefits for people with a mental illness, including people who are recovering from a first episode of psychosis. People who have experienced a first episode of psychosis often have limited incomes, and work, even part-time, can improve their financial standing. Another benefit of work is associated with the value attached to it by other people and the individuals themselves. People who work are, by definition, valued by

others because they get paid for their efforts. Feeling valued has a positive effect on anyone who works, but it may be especially meaningful to someone who has had the setback of experiencing a first episode of psychosis. Knowing that others value one's efforts, and are willing to pay for their time and skills, helps people feel valued, and may also lead to people valuing themselves more. Obtaining work for people with a major mental illness is associated with improved self-esteem as getting paid for work provides tangible evidence that they are valued, which helps them think more highly of themselves (Torrey, Mueser, & Drake, 2000).

In addition to increased income, the social value placed on work, and self-esteem, work may have clinical benefits as well. Work has been shown to have modest effects on decreasing psychiatric symptoms in persons with a mental illness, such as depression and hearing voices (Bond et al., 2001; Mueser et al., 1997). Work gives people something to focus on rather than their own thoughts and problems, which can provide a welcome relief.

Work can also help to fill a void in a person's life when they are engaged in little other meaningful activity. Everybody needs to have something to do, and a personal sense of purpose, to give their life meaning and to structure their time. Lack of meaningful stimulation can lead to worse symptoms and relapses. Thus, work can provide people with that critical sense of purpose that may otherwise be missing.

Getting back to school can also produce a range of benefits. Higher levels of education can improve one's standing in the job market, especially if the individual is interested in establishing a specific career. Going to school and getting a degree can provide people with a sense of purpose and something to do that meaningfully occupies their time. Involvement in school can also provide important social opportunities, such as re-establishing friendships, making new friends, or getting involved in social groups with common interests (e.g., in the arts, social issues, politics).

Re-enrolling in school, and achieving one's educational goals, can also have important implications for the self-esteem of individuals who are recovering from an episode of psychosis. People who have experienced a first episode of psychosis and then drop out of school often feel inferior and hopeless when they compare themselves to their siblings who have continued in school and obtained their desired degrees (Lewine, 2005). Helping these individuals return to school may protect them from the demoralizing effects of feeling surpassed by their siblings and peers who have achieved important educational milestones.

The benefits of returning to work or school are summarized in Table 2.

Table 2 - The Benefits of Work or School Following an Episode of Psychosis

- Improved financial standing when working competitively.
- Increased self-esteem and self-confidence, and reduced self-stigma.
- Reduced social stigma that people with mental illness can't contribute to society.
- Ability to get better paying jobs by obtaining more education.
- Reduced demoralization when educational goals are achieved similar to individual's siblings.
- Ability to develop rewarding career by obtaining higher or specialty degrees.
- Engagement in meaningful activity that gives person a sense of purpose.
- Modest reductions in symptoms.
- Social opportunities.

Overview of SEE and Summary

Supported Employment and Education (SEE) is an individually tailored approach to helping people with recent onset of psychosis return to work, school, or both. The goals of SEE are determined by the client, including the nature of work that is sought, school programs to enroll in, and the types of support provided by the SEE specialist. Broadly speaking, the SEE program can be divided into three phases: assessment (Education and Career Inventory), job search or enrollment in school, and follow-along supports.

The *assessment phase (Education and Career Inventory)* is not focused on a formal evaluation of the client's skills or aptitude, but rather on gathering important information to develop a shared understanding of the individual, their employment or school history, and their preferences with respect to school, types of work, and career. The time devoted to the Education and Career Inventory is generally relatively limited, and frequently takes place over the first month following the client's enrollment in SEE. Of course, assessment is an ongoing process throughout all of SEE, so that additional information about clients' work or school interests and skills can be ascertained throughout their participation in the SEE program.

The *job search or school enrollment phase* is aimed at providing practical assistance to the client in finding the type of job or school program that he or she is interested in participating in. This phase is "action oriented" for both client and SEE specialist, and does not involve just sitting around and talking, but actually doing what needs to be done to land a job or enroll in a school program. Examples of common activities in this phase include completing job applications, practicing job interview skills, going on job interviews with client, applying for school programs, and meeting with a school counselor or administrator.

The final phase of SEE involves providing *follow-along supports* that are aimed at giving clients practical assistance to facilitate good performance, prevent crises from arising, and

promote success at work or school. Follow-along supports may also involve helping the client, move onto another job or school program. Similar to the job search or school enrollment phase, the follow-on support phase is highly practical and "action oriented," with the SEE specialist providing a range of different supports to help the client achieve his or her educational or vocational goals. Examples of activities during this phase include on-the-job training or coaching, teaching the client better study skills, meeting with teachers or employers (with client permission) to discuss issues related to improving the client's performance, and assistance with locating or using transportation and managing money. In contrast to some traditional vocational rehabilitation programs, limitations are not imposed on the duration of time that clients can receive supports from their SEE specialist after they have obtained a job or are enrolled in school.

Finally, SEE does not operate in a vacuum, but rather is fully integrated with the person's other clinical services in the NAVIGATE program. Furthermore, significant others such as family members can play key role in helping clients achieve their vocational or educational goals, and thus they often collaborate in the SEE program by supporting their relative's pursuit of personal goals.

Chapter 2 – Principles and Logistics of Supported Employment and Education

Supported Employment and Education (SEE) has its roots in the supported employment model of vocational rehabilitation for persons with severe mental illness, which was developed in the late 1980s and early 1990s. We provide a brief history of the evolution of the supported employment model in order to put the SEE model in its proper context. Following this historical review, we will state the principles of the SEE model, as informed by the original supported employment model.

History of Supported Employment for Severe Mental Illness

The development of the supported employment model for severe mental illness was informed by two historical trends in rehabilitation. First, in the field of developmental disabilities, there was widespread disappointment with the results of vocational rehabilitation models designed to first train requisite work and interpersonal skills in order to prepare individuals for competitive employment. Rehabilitation approaches that focus on first training new skills, and then placing people in competitive jobs became known as *train-place* vocational rehabilitation models. For people with developmental disabilities, the “training” component of the train-place style programs often took place in sheltered workshops in which individuals were paid sub-minimum wages and worked alongside other persons with similar disabilities. Although the workshops were intended to provide training opportunities to prepare individuals for competitive employment, few people ever moved on to such jobs in the community, with the vast majority spending their working lives in sheltered workshops.

To address the growing push for the integration of persons with developmental disabilities into the workforce and into society at large, and because of the apparent failure of the train-place approach to help people secure competitive jobs, an alternative approach to vocational rehabilitation was developed based on the opposite of the train-place philosophy: the *place-train* approach. In this approach, emphasis is first placed on helping the individual secure a competitive job in the community, while providing the supports necessary to learn, perform, and retain the job. The place-train approach became known as *supported employment*, and was shown to be both feasible and effective at helping individuals with developmental disabilities work at competitive jobs in integrated settings in the community (Wehman, 1981; Wehman & Moon, 1988).

A second influence on the supported employment model for persons with severe mental illness was the Assertive Community Treatment (ACT) model for severe mental illness, originally developed in Madison Wisconsin (Stein & Santos, 1998). The ACT model was developed in response to a subset of persons with severe mental illness who failed to utilize community-based psychiatric services, and who were thus prone to frequent relapses, rehospitalizations, and emergency room visits. In order to address the needs of these challenging clients, the ACT program was developed, guided by the central philosophy that if the client would not come to the mental health center for the treatment, the ACT team would bring the treatment to them, in their natural settings in the community.

The ACT model functions by having an interdisciplinary treatment team that assumes full responsibility for a group of clients with severe mental illness, with most services provided in

the community rather than at the mental health center. ACT teams operate with shared caseloads and with more intensive staffing, such as a 1:10 staff member to client ratio, as opposed to traditional case management in which a ratio of 1:25 staff member to clients or higher is common. ACT teams provide a wide range of services to people on their teams, such as visits by a nurse member of the team, monitoring of symptoms and medication adherence, and counseling and rehabilitation. ACT teams also provide a host of practical supports for basic needs such as housing, medical attention, and shopping. Research on ACT has shown that it is effective at reducing psychiatric hospitalizations, stabilizing housing in the community, reducing symptom severity, and improving satisfaction and quality of life (Bond, Drake, Mueser, & Latimer, 2001). The ACT model demonstrated that outreach into the community and the provision of practical supports were effective strategies for engaging and retaining clients in treatment.

In the early 1990s, a model of supported employment for persons with severe mental illness was developed by Becker and Drake (Becker & Drake, 1993), drawing from the lessons learned in the developmental disabilities field, and the success of the ACT model at engaging challenging clients in treatment and helping them stabilize their lives. Following the basic approach of supported employment for people with developmental disabilities, the supported employment model for persons with severe mental illness developed by Becker and Drake emphasizes a place-train approach to helping clients obtain competitive work in integrated community settings as soon as possible after joining the program, with the provision of training and other supports as needed after a job has been successfully obtained. An additional feature that was added to the supported employment model for persons with severe mental illness is that vocational services are closely integrated with clinical services that the client is receiving, preferably at the level of the employment specialist serving as a regular member of the client's treatment team. Close coordination between clinical care and supported employment was deemed important in order to ensure that the entire treatment team supports the client's vocational goals, and to ensure good communication between clinical and vocational service providers regarding issues such as symptoms and medication side effects.

The supported employment model developed by Becker and Drake drew from the ACT model in recognizing the value of providing psychiatric rehabilitation services in natural community settings. In supported employment for persons with severe mental illness, this influence is reflected by an emphasis on providing most vocational services in the community rather than at the mental health center. While meetings between employment specialists and clients occasionally take place at the mental health center, most contacts occur in community settings, such as the client's home, a coffee shop, or at the person's place of employment. The emphasis on providing services in the community conveys to clients and employment specialists alike that the task of finding and keeping employment is one that fundamentally must take place in the community and not in the office. Therefore, if the goal of supported employment really is to help people get and keep jobs, most of the time spent between the employment specialist and the client should be in the community.

The principles of supported employment have been standardized (Becker & Drake, 1993; Becker & Drake, 2003) and studied in multiple controlled trials (Bond et al., 2008). More recently, these principles have been adapted for people who have just experienced a first episode of psychosis (Killackey, Jackson, & McGorry, 2008; Nuechterlein et al., 2008), and have added the goal of helping clients continue their studies because of the special relevance of educational attainment in this population, as described in Chapter 1. In the next section we describe logistical aspects of providing SEE, followed by a description of the principles that govern SEE.

The Principles of Supported Employment and Education

The principles of SEE, adapted from the principles of supported employment (Becker & Drake, 2003), are described below.

Principles of Supported Employment and Education (SEE)

1. All clients in the NAVIGATE program can participate in the SEE Program
2. SEE and clinical services are integrated on the NAVIGATE team
3. SEE focuses on competitive work when work is the goal, and integrated education when school is the goal
4. Comprehensive assessment
5. Respect for clients' personal preferences
6. Benefits counseling
7. Rapid job or school search begins after enrollment in SEE Program
8. Follow-along supports are provided after attaining a job or enrolling in school

1. All Clients in the NAVIGATE Program Can Participate in the SEE Program

No one can accurately predict which individuals with a first episode of psychosis will be successful in returning to work or school when they are provided with the necessary supports. Many individuals with persistent symptoms or cognitive difficulties are nevertheless able to achieve their work or educational goals. For these reasons, preconditions or eligibility criteria, such as adherence to medication, stable psychiatric symptoms, or the absence of cognitive impairment, are not a requirement for participation in SEE. If the client's symptoms appear to be temporarily exacerbated, a consensus may be reached, including the client's preferences, to temporarily suspend SEE services, but formal eligibility criteria for participation in SEE are not imposed on clients.

All NAVIGATE team members, especially the SEE specialist, are challenged to suspend their preconceptions or beliefs regarding the necessary attributes that clients with a first episode of psychosis need in order to return to work or school. Rather than attempting to focus on who will or will not be successful, the NAVIGATE team is called on to focus on how they can help each client find and make progress towards his or her personal career goals. In order to build a sense of motivation and hope for people experiencing a first episode of psychosis, and their families, it is critical for all NAVIGATE team members to develop the belief that all clients are capable of returning to work or school. If the NAVIGATE team members believe in each client's inherent ability to recover, they will be successful in conveying their sense of hope to clients and their family members.

Another important fact supporting this principle is that many people who have had a first episode of psychosis continue to have significant strengths and abilities that will help them to be successful in their field of interest. Focusing more on symptoms and other aspects of psychopathology, rather than on a client's strengths and abilities, can distort the picture of the individual's true potential for returning to work or school. Helping clients become aware of their strengths and talents, and making members of the NAVIGATE team aware of them, will both build optimism and inform the process of helping the client return to work or school.

SEE specialists work with clients at all stages of their career readiness, ranging from clients who are ready to start school or work tomorrow, to those who have concerns about their career paths, or feel ambivalent about their future altogether. As discussed earlier, many clients have the hope or dream of gaining employment or finishing their degree, but their experience with a

psychosis may have clouded their dream with fears and concern about their ability to achieve those important goals. The SEE specialist works with these clients to explore their fears and uncertainties, to work through their ambivalence, and to instill hope and confidence that change is possible by working together. The SEE specialist also helps to normalize the ambivalence that clients experience about returning to work or school, and helps them develop strategies to work through that ambivalence and to develop personal confidence by tapping into the wide range of available resources, including personal resources such as strengths, family support, community resources, treatment resources, and education and information about the management of their psychiatric disorder.

After a client has enrolled in the SEE program, the presence of symptoms and other illness-related problems does not signal the need for a delay in the process of looking for appropriate work or school. Rather, with these individuals the focus of attention is not only on identifying whether the client is getting the treatment he or she needs, including medication, but also on developing strategies for coping with symptoms, cognitive difficulties, and other illness-related challenges, in order to perform as well as possible on the job or at school. Helping clients learn how to cope with illness related problems, or improving pharmacological treatment of those problems, is often a source of collaborative work between the SEE specialist and the other members of the NAVIGATE team.

All NAVIGATE clients should be offered the chance to meet with the SEE specialist (preferably within two weeks of enrolling in NAVIGATE), even if they are unsure or ambivalent about pursuing employment or education goals in the short term. For clients who meet with the SEE specialist and do not want to initially participate in SEE services, the SEE specialist should let them know that they may ask to start SEE services at any point if they change their minds and ask permission to check back with them in a couple of months

Case Example

“Randall” is receiving SEE services, and has identified an interest in the fields of heating, ventilation, and air conditioning. Randall graduated from an alternative high school program that provided limited coursework and training in his field of interest. He did participate in an internship in a related field following graduation from his high school. Shortly after completing the internship Randall experienced a psychotic episode, received treatment, and enrolled in NAVIGATE. During the first few meetings with Randall, both the SEE specialist and Individual Resiliency Training (IRT) clinician learned that Randall continues to experience significant symptoms, despite having started antipsychotic medications several weeks ago. Specifically, Randall reported hearing voices that tell him he is worthless and that it would be best for everyone if he just disappeared. Despite the content of the voices, a suicide assessment indicated that Randall did not pose a significant suicide risk at this point. When talking with Randall about those voices, the IRT clinician learned from him that his voices are much more intense when he is exposed to loud background noise. The IRT clinician began teaching Randall effective strategies for coping with his voices, including reducing his exposure to noise, using headphones to distract himself from listening to the voices, and positive self-talk in response to voices when he is unable to distract himself. Randall described these strategies as effective at reducing distress and distraction related to the voices. In working with Randall on his career profile, the SEE specialist incorporated the new information about Randall’s coping skills for dealing with hallucinations. Randall and the SEE specialist began to explore possible jobs in his field of interest which would minimize his exposure to loud machines such as oversized compressors or ventilation fans running.

2. SEE and Clinical Services are Integrated on the NAVIGATE Team

SEE services are most effective when they are fully integrated with the clinical services the client is receiving for his or her psychiatric disorder. Integration of vocational and clinical services is defined as regular meetings between the SEE specialist and other treatment providers for the client. In NAVIGATE, there are multiple opportunities for integrating vocational and clinical work through regular NAVIGATE team meetings that include the SEE specialist as a member of the team.

There are several reasons why the integration of vocational and clinical services leads to better outcomes than when services are provided by separate agencies that typically have limited coordination. First, having the SEE specialist function as a member of the NAVIGATE team assures that the client's work and school goals are understood by the team as an important focus of treatment. This minimizes the possibility of attention to these goals being postponed in order to first address what may be perceived as more important clinical issues, such as medication adherence, substance abuse, or psychotic symptoms.

Second, the SEE specialist is often privy to important information about the client's functioning in the community that other NAVIGATE team members may not be aware of. Since the SEE specialist spends time in the community with the client, interacting with prospective employers or educators, he or she has a unique opportunity to see how the client functions in "real-world" settings outside of the mental health center. The SEE specialist may become aware of medication side effects, problematic symptoms, or inconsistent adherence to medication over the course of providing job or school supports, and these concerns can be brought to the NAVIGATE team for discussion and resolution. For example, the client may stop taking medication regularly because of its sedating side effects. If this is discovered sufficiently quickly after starting a job or school by the SEE specialist, or inquiries in advance identify it as a potential problem, a change in the client's medication regimen (e.g., when medication is taken) could reduce the sedation, facilitate medication adherence, and promote better work or school performance while minimizing the chances of a relapse. Similarly, the SEE specialist may become aware of symptoms that are interfering with the job or school search process, or performance at school or work. Discussion of these problems with the NAVIGATE team could lead to the IRT clinician working with the client in order to teach more effective coping skills for minimizing the negative effects of those symptoms, as in the case of Yvonne described above.

Third, integrating clinical and vocational services has the added advantage of providing more feedback and potential job or school leads to the client and SEE specialist from the other NAVIGATE team members. When it comes to finding a job or enrolling in a school program, often two (or more) heads are better than one; therefore getting the whole NAVIGATE team on board with the importance of a client's specific school or work interests may lead to the brainstorming of more possible options for helping the client achieve his or her personal goals.

Case Example

When "Wesley" started the NAVIGATE program, he met with his SEE specialist and received information about the SEE program. Wesley chose to work on his educational goals first, which began with obtaining a GED, because he had not yet completed high school. In the next meeting of the NAVIGATE team, the SEE specialist updated all of the team members on Wesley's progress towards his current career goals, including the next step of getting a GED. While this may seem like a small bit of information to the team, it is important to consider how regular communication among NAVIGATE team members regarding Wesley's progress towards his educational goals can lead to strong support from the whole team. When services are not integrated, and other members of the client's

treatment team are not aware of the individual's vocational or educational goals, they may miss opportunities to support the person's efforts to achieve their goals, or inadvertently discourage them from pursuing their goals. For example, one clinician could tell Wesley that it is good that he is taking a break from school until he has a chance to get the symptoms of his mental illness under better control. A simple statement such as this could cause Wesley to wonder whether his goal of obtaining a GED this year is realistic, leading to ambivalence about his decision to return to school. Similarly, another team member could tell Wesley that it is good that he is not working or going to school until he has established that he has a disability that makes him eligible for SSDI benefits. Wesley might feel confused and wonder whether he should suspend any thoughts of obtaining a GED this year because he has a disability and he should instead be planning for his disability income rather than his education.

3. SEE Focuses on Competitive Work When Work is the Goal, and on Integrated Education when School is the Goal

People with major mental illness are often told that they are not capable of working competitive jobs, and for years clients who were interested in work had few alternatives to sheltered workshops paying below minimum wages, populated by other people with disabilities, and little chance for advancement. These jobs held no future for clients, and provided little opportunity for social integration in the community. Finally, it is worth remembering that mental health clients express a clear preference for competitive jobs in integrated community settings (Provencher, Gregg, Mead, & Mueser, 2002). People with mental illnesses were also thought of as having lower intelligence or ability to do well in education, and for years clients were discouraged from furthering their education in schools, classrooms and colleges.

There is ample support that despite the common belief that people with a first episode of psychosis cannot withstand the pressures of competitive work or school as they are recovering, with appropriate supports success in these areas is possible (Killackey et al., 2008; Nuechterlein, et al, 2020). In accordance with the preferences for people in SEE who are interested in work, the focus of SEE is on helping them find jobs. In deciding to do this, the client's individual goals and preferences are once again established and honored.

Clients may have their own misconceptions about competitive employment or education. For example, they may believe that only people who want to work full-time should apply for competitive jobs, or that they cannot earn enough money through competitive employment to support themselves. Additionally, clients may believe that they will not be able to obtain competitive employment if they have the mental illness or if they let a potential employer know about their mental illness. When clients are presented with accurate information about these misconceptions, they are often able to better develop their employment goals, and to determine the most effective ways of pursuing them.

4. Comprehensive Assessment

A comprehensive assessment conducted at the beginning of the SEE program, and updated throughout, is critical to establishing the client's goals for the program and the effective delivery of SEE services for all phases of the employment and education process. Comprehensive assessment includes an understanding of clients' strengths that can be critical to helping them achieve their personal goals. Strengths may include personal attributes (e.g., hard-working, sense of humor, openness to trying new things), skills (e.g., work related, computers, playing a musical instrument, being a good conversationalist), or resources (e.g., supportive family or friends). A comprehensive assessment also includes a review of the

client's work history, including job losses and reasons for job losses, as well as educational experiences, including any difficulties experienced.

The client's educational and work goals are also elicited, explored, and sometimes developed during the assessment. Efforts that the client has made towards achieving goals are noted, as well as any barriers the client has encountered. Not all clients in the NAVIGATE program have goals at the beginning of their participation in SEE. It is assumed that for these clients, goals will gradually develop over the course of working with the SEE specialist.

Understanding the client's clinical functioning (e.g., symptoms, cognitive difficulties, medication and side effects) and social supports (family support, friends) is an important part of comprehensive assessment. While the SEE specialist may obtain some information about the client's functioning in these areas during the assessment for the SEE program, even more information will usually be available from other NAVIGATE team members as well as family members or other supporters in the client's life with the client's consent.

The initial assessment is usually conducted over the course of several meetings following the orientation to the SEE program. It is especially useful if at least one meeting can take place in the client's home, as pertinent information can be gleaned from that setting. Although a comprehensive assessment may require several weeks to complete, it should not delay the search for work or school placement beyond one month after joining the program for most clients (see Rapid Job or School Search principle below). Assessment continues to be performed even after beginning the job or school search, or starting work or school.

Last, comprehensive assessment should be conducted not only at the beginning of the client's participation in the SEE program, but also throughout the entire program. For example, when the client gets a job or begins a school program, additional assessment may be necessary to determine what supports the client may need to succeed. In addition, in some circumstances it may be desirable to set aside time to reevaluate the client's goals for participating in a SEE program as those goals may have changed. This may occur in a variety of circumstances, including when the client has achieved his or her goal and new goals may need to be set, when the client has had difficulty achieving the goal despite significant effort towards it, and when the client appears to not be invested in achieving the goal (e.g., lacks follow-through on even small steps towards the goal) and alternative goals may need to be explored.

5. Respect for Clients' Personal Preferences

People with psychiatric illness are often told what types of work or education would best suit them. All too often, they have been given little choice as to the type of jobs where they can work, the hours they can work, and their potential for advancement in the job. With respect to education, people are often directed to participate in programs that are strictly for people with disabilities, where they frequently are exposed to unchallenging curriculum and a lack of inspiration to live up to their academic potential. In short, clients' personal preferences regarding school and work have frequently been ignored or invalidated.

In the SEE program, clients determine their own long-term educational or employment goals, and the steps (objectives or short-term goals) to achieve those goals. In addition, clients' preferences for how those goals will be achieved are respected by the SEE specialist. Respecting the personal preferences of clients in terms of the type of job desired, the work hours, the degree of social contact, or the nature of the educational program that the person wants to enroll in, are important principles in SEE.

Case Example

“Trudy” is interested in working in women’s clothing and fashion. The SEE specialist works with Trudy to explore her preferences regarding the specific types of work she would like to do in the women’s fashion business. The SEE specialist helps Trudy sort through the different options related to working in the fashion business. For example, Trudy may want to work in sales, design, inventory management, stocking clothing racks, or setting up clothing displays. She may want limited contact with the public, or she may prefer to have lots of contact with potential customers. Trudy may want to work only a few hours a week or half time for even more. Trudy may want to work as part of a team on her job, or more independently at the workplace. Understanding the specific preferences that Trudy has for the type of job, what she would like to be doing, and the hours, are critical to providing effective SEE services.

Research has shown that when clients in supported employment obtain jobs that match their vocational interests, the amount of time that they work is approximately twice as long as people who obtain jobs that do not match their vocational interests (Becker, Drake, Farabaugh, & Bond, 1996; Mueser, Becker, & Wolfe, 2001).

Clients in SEE services exercise choices regarding their preferences for how to conduct a job or school search. Some clients decide that it is best to have their SEE specialist initially make in-person contact with a potential educator or employer on their behalf. For these clients, this approach is the most comfortable. Other clients decide that they do not want a potential educator or employer to know that they are receiving SEE services, and they do not want their SEE specialist to have any contact with these individuals. These clients feel most comfortable approaching employers or school personnel alone, and receiving behind the scenes support from their SEE specialist.

Throughout the course of SEE services, clients may change their preferences about how to use “disclosure.” A client may initially decide to search for jobs or schools without having the SEE specialist make any contacts with employers or educators and then may change their mind after three months. Clients may secure a job or start an education program, having made all the contacts on their own, and then change his or her mind about disclosure when they need assistance from the SEE specialist to resolve a complicated situation at work or school.

6. Benefits Counseling

All participants in SEE need to have accurate information about employment income, educational costs, or managing benefits when financial planning. People make better decisions about their employment or their educational future when they have more accurate information about their choices, potential outcomes, and the implications of their decisions. Few people would take a new job, or a similar job, all things being equal, if the new job paid less money or did not provide any kind of health insurance. This is a dilemma similar to the one encountered by many people with the first episode of psychosis when they consider starting work.

Some clients in the NAVIGATE program may still be in the process of thinking about whether to apply for income and or health assistance programs, while others may have started to receive these types of benefits, while others may already be receiving benefits. Still other clients may want to avoid applying for or participating in benefits programs completely. All of these choices may have advantages and disadvantages to them, and often there is no perfect choice for clients regarding whether or not to apply to benefits programs and if so, which ones.

For the purposes of the NAVIGATE program, we define benefits counseling as helping individuals and their family members or other supporters (included with the permission of the client) to make their own decisions about what role, if any, the use of disability benefits will play in helping clients to achieve their career goals related to employment and education. This assistance includes providing clients with accurate information about the types of disability benefit programs that exist on federal, state and local levels, the eligibility and application processes for these programs, and information about work incentive programs and other options for people who receive benefits. This information is based on each individual client's unique circumstances and customized to their situation.

Some of the common benefits programs that clients may encounter include *Social Security Disability Insurance (SSDI)*, *Supplemental Security Income (SSI)*, *Medicare* (federally-based health insurance), *Medicaid* (state health insurance), *state-based income programs* (a variety of names), and *housing assistance programs* (e.g., Section 8). It is important for SEE specialists to have a basic working knowledge about all these programs, and especially the work incentive provisions for these programs.

People with a severe mental illness who receive benefits may have fears and concerns about losing their benefits, or working and ending up with less monthly income, which can serve as a powerful disincentive to seeking competitive employment or involvement in educational programs. Helping clients and family members access information about work incentives and educational incentive programs can provide critical benefits. Once again, as in establishing work or school goals and preferences, the client is the key decision-maker about applying for benefits, while the role of the SEE specialist, along with other members of the NAVIGATE team, is to help the client obtain accurate information to assist him or her in this decision. As decisions about applying for benefits can have broad implications not just for the client, but also for family members and for the reimbursement of services provided by the NAVIGATE team, the decision to apply for benefits is one that needs to be made in a shared decision-making framework that involves the whole treatment team, the client, and if appropriate family members or other significant persons.

7. Rapid Job or School Search Begins After Enrollment in SEE Program

Traditional vocational rehabilitation programs have often required an extensive period of time for conducting in-depth situational assessments and prevocational skills training. SEE focuses on helping people obtain jobs and enroll in school programs as soon as possible after joining the program. Research has shown that more rapid job-search is associated with better long-term work outcomes than when job search and attainment are delayed (Bond, Dietzen, McGrew, & Miller, 1995).

Early on in the client's participation in the SEE program it is useful for the specialist to find out *when* the individual would like to achieve his or her work or educational goals and objectives. Regarding educational goals the client may have, discussion should address how the timing of courses and enrollment in specific education programs will affect the length of time required to achieve educational goals and objectives. If the client expresses a desire to postpone the search for work or getting back into school for a significant period, the SEE specialist explores this preference, seeks to understand the concerns the client may have, and addresses them when possible.

Case Example

"Samuel" had his first psychotic episode when he was 18 years old, in the middle of his senior year in high school. Although Sam's parents noticed something seemed to be

troubling him when his grades declined during the first quarter and he started avoiding people, and talking strangely, it still took a couple of months to get him into treatment at the NAVIGATE program, by which time he had dropped out of high school. When Sam's symptoms had been stabilized, he indicated that he was interested in returning to school, but was worried about returning too soon because of concerns about his ability to handle the stress of school and the possibility of having a relapse of his psychotic symptoms. The SEE specialist normalized Sam's concerns, and assured him that they would work together towards his goals in a manner and pace that he felt comfortable with. He also informed Sam that several parts of NAVIGATE could help address his concerns. Specifically, regularly taking prescribed medication can prevent relapses of psychotic symptoms. In addition, a personalized relapse prevention program will be created for Sam in either the Family Education program or the Individual Resiliency Training (IRT) program (or a combination of the two). Sam will also be taught specific strategies for managing stress, including coping with any persistent symptoms, in the IRT program. All of these treatment strategies will enable Sam to build his resiliency and cope effectively with the inherent stress associated with pursuing normal, healthy, challenging, and personally meaningful goals.

With respect to employment, a general recommended timeframe for initiating the job-search is that most clients are expected to begin having face-to-face contact with potential employers in their communities within 30 days of starting SEE services. This is a guideline, and not a hard and fast rule. Some clients may already be interviewing for jobs when they start SEE services, while others may need more time to develop their specific goals and preferences, or to work through their ambivalence about employment.

The purpose of the 30-day guideline is to establish a reasonable time for the SEE specialist to stay on track and not contribute to delaying the job-search for clients who are genuinely interested in obtaining work or finding an appropriate school program. Clients may delay looking for a job or enrolling in school because of their fear of rejection, lack of belief in their ability to get a job or do well in school, or embarrassment about problems at work or school during the height of the episode. Helping clients prepare for job interviews, and having some direct experience interacting with prospective employers or teachers, can often help to correct the negative beliefs some clients may have about work or school. On the other hand, if the search for a job or school is postponed, it can reinforce the person's negative beliefs.

Attempting to commence looking for jobs or re-enrolling in school early on during SEE can have the advantage of helping the SEE specialist identify and challenge negative thoughts and beliefs that the client may have about his or her prospects of landing a job, keeping a job, or being able to meet the demands of school. The SEE specialist may be able to directly challenge the client's inaccurate, negative, self-stigmatizing beliefs about his or her ability to return to work or school, and support his or her self-efficacy. The SEE specialist should also coordinate efforts with the client's IRT clinician, who can address self-stigmatizing and self-defeating beliefs that often occur following a psychotic episode in the IRT module "Processing the Psychotic Episode."

One of the most important reasons for initiating the job-search or educational placement as soon as possible after the client joins the SEE program is that motivation to work or return to school are often highest during the early period of recovery from a psychotic episode, when the individual is attempting to resume his or her life as soon as possible. Since clients' motivation to work or attend school may fluctuate over time, providing work or school-oriented services aimed at helping them achieve their goals when they want them can capitalize on this motivation.

8. Follow-along Supports Are Provided After Attaining a Job or Enrolling in School

Many vocational programs focus primarily on helping people with a disability obtain employment, with less attention to what happens after the job start. In these programs, after a job has been obtained, some supportive services may be provided for a limited period of time, which are eventually stopped, with the case being closed as "successful." This may be a useful practice for people with disabilities that are relatively static in nature (e.g., a person who has lost a limb), but fails to address the needs of people with a psychiatric disability, for whom symptoms and impairments often fluctuate over time. Given that both the symptoms of mental illness and the course of recovery are nonlinear in nature, it is important that vocational and educational services help people not only get started in jobs or educational programs, but also provide the supports necessary to enable them sustain progress and succeed in those programs.

The SEE specialist is the key person responsible for providing ongoing follow-along educational or environmental supports to clients. The nature of follow-along supports, as with all SEE services, is that they are individualized and adjusted to fit client's goals, preferences, and challenges. In both the educational and employment areas, follow-along supports can be adjusted in intensity and frequency based on client's situation and need.

Case Example

"Yvonne" recently enrolled at a community college program as part of her goal to obtain an associate degree in early childhood education. While both Yvonne and the NAVIGATE team members are excited about her starting the program, providing SEE supports are especially important for Yvonne's first day of school, considering her high level of anxiety about returning to school. For example, Yvonne made arrangements for a friend to drive her to community college and drop her off at 8 a.m. to complete her registration and get to her class, which starts at 11 a.m. During the first hour there, Yvonne learns that there is a \$100 health fee that must be paid before students can be registered, with her class starting in just two hours. Yvonne has limited experience with this type of problem, and easily gets frustrated. Knowing the importance of the first day of registering for classes, the SEE specialist has made arrangements to meet with Yvonne on campus for a cup of coffee at 10 a.m. to see how things are going. Instead of feeling overwhelmed and not ready for school, which could lead to an impulsive decision like leaving the campus and missing her first day of class, Yvonne knows that she has the support of her SEE specialist on her first day of school. Yvonne and her specialist do some problem solving together and develop a plan that enables her to pay her health fee without missing her first day of class.

As illustrated in Yvonne's case, it is important for the SEE specialist to be available to address obstacles or barriers that may unexpectedly crop up on the first day of a job or school, or when the client begins a new task at work. For many individuals, it is not sufficient for the SEE specialist to simply encourage the client to call if a problem comes up. By checking in regularly with the client about school or work, and being available for new job or school starts, the SEE specialist doesn't have to rely entirely on the client requesting his or her help.

Although the SEE specialist is the key person who coordinates and carries out follow-along job supports, other members of the NAVIGATE team who have contact with the client are in important positions to support the client's pursuit of educational or vocational goals. In order to accomplish this, the SEE specialist must use the integrated team approach to help develop a coordinated plan for how all team members can support the client as they begin a new venture such as starting work or school. We return to the case of Yvonne to illustrate this point below.

Case Example

Two days before starting school Yvonne saw her psychiatrist, who was aware of her educational plans. During their meeting, the psychiatrist inquired about Yvonne's anticipated return to school, and whether she was looking forward to it. The psychiatrist also took the opportunity to check with Yvonne about her plan for managing her medications while at school. Would Yvonne carry her medications with her? Would she prefer to change the timing of the dosage of medication so she wouldn't have to take medications while at school? As everyone on the NAVIGATE team knew, helping Yvonne manage her anxiety at school would be critical to her being successful there, and completing her degree. In order to ensure that Yvonne had some skills for coping with anxiety at school, her IRT clinician worked with her to learn some stress management and relaxation strategies. Yvonne and her IRT clinician had begun this work several weeks before, so that by the time she was ready for her first day of school, she had learned a couple of strategies that she found helpful in reducing her tension and anxiety.

Follow-along supports are available to all NAVIGATE clients, regardless of their preferences or choices regarding disclosing their psychiatric disability to the school or employer. Naturally, when clients choose not to disclose their disability, follow-along supports are provided behind-the-scenes, and can occur during times such as breaks for work, in parking lots, over lunch, or while providing transportation during the first day to or from work or school. For many clients, the intensity of follow-along supports decreases gradually over time, as clients learn more and more of the self-management strategies necessary to address their concerns and perform well on the job or at school. However, many clients continue to benefit from some ongoing contact on a regular basis with their SEE specialist, even long after they have successfully landed a job or enrolled in a school program.

Logistics of Supported Employment and Education

All clients who participate in NAVIGATE are assigned a SEE specialist who works with them individually to set their educational or employment goals, and who serves as a regular member of the NAVIGATE treatment team. In keeping with the principles of supported employment, the role of the SEE specialist is to focus solely on helping the client achieve his or her vocational and/or educational goals. Thus, the SEE specialist should not carry other clinical responsibilities on the team, such as providing case management or family education. The rationale for having the SEE specialist focus only on employment and education is to avoid having that person's attention shifted to other matters which may be viewed as more pressing at any one point in time, but could ultimately jeopardize his or her ability to achieve desired vocational or educational goals.

The SEE specialist provides the full range of vocational and educational services to clients, including Education and Career Inventory, identification of client goals, job/school search, and provision of ongoing supports. This is distinguished from other programs in which some service providers do job development while others provide supports to employed clients. Having the same specialist perform all aspects of the SEE program ensures continuity between the different components of the program, and enables the SEE specialist to develop a strong working alliance and holistic familiarity with the client over time.

A typical caseload of first episode psychosis clients for a SEE specialist is 15 to 20 clients. The SEE specialist participates in weekly NAVIGATE team meetings, and serves as a regular member of the team, updating other members on clients' progress towards vocational and educational goals, any obstacles encountered, providing relevant clinical information (such as

medication side effects or the worsening of symptoms). During team meetings the SEE specialist also obtains feedback from other members of the NAVIGATE team regarding the client's strengths and challenges, as well as job leads, school programs, and strategies for dealing with obstacles to helping the client meet his or her goals. Additionally, while participating in the weekly team meetings, the SEE specialist promotes the value and role of education and employment in team discussions about all clients in NAVIGATE services.

Weekly supervision between the SEE specialist and the NAVIGATE director should occur regularly. It is important for this supervision to take place, even if the SEE specialist also works in a larger supported employment program that serves a broader range of persons with severe mental illness. The SEE program is similar but not identical to supported employment programs, and therefore it is important that the unique characteristics of first episode clients be recognized and incorporated into the SEE work performed by the specialist, as well as assuring that supervision regarding the educational component of SEE is also provided. Additionally, it is important for the NAVIGATE director to assure that the SEE specialist is an integrated member of the team and works collaboratively with all other NAVIGATE services to help clients achieve success in education and employment.

Flow of Supported Employment and Education

While SEE services are person-centered, it is still important for SEE specialists to have a broad view of the general flow of SEE services, much like an experienced mountaineering guide who has a good idea of what an expedition looks like, but does not know the specifics of how each individual trip will work out. We provide a description of the general flow of engaging clients in SEE and assisting them in achieving their work or educational goals.

After a client has enrolled in NAVIGATE services, as soon as possible the SEE specialist meets with him or her in person for 20 minutes to provide an overview of SEE services to help determine the client's interest in the program. If the client is interested, then the SEE specialist meets with him or her to review the information contained in the SEE Orientation Sheet. The orientation of the client to SEE services should be completed within two weeks of the client expressing an interest in the SEE program.

When the SEE specialist has oriented the client to the SEE program, they begin completing the Career and Education Inventory together. This inventory helps clients and SEE specialists develop a shared, comprehensive understanding of the client's individual circumstances, strengths, talents, background, and interests. A key task in working through the Career and Education Inventory is the development of specific, personally meaningful goals for education and employment. SEE specialists should summarize pertinent information in the Career and Education Inventory for the NAVIGATE team to ensure their support of the client's goals and full integration of the NAVIGATE services. The Career and Education Inventory should be completed, and specific goals for SEE should be identified, within one month of the orientation session.

After the client has developed specific goals for education or employment, the SEE specialist and the client begin the job or school search process together. This phase has a number of activities to be completed, including benefits counseling, developing preferences for the job or school search process (including disclosure), searching for employers or educators, and clients completing applications and participating in interviews that may lead to hiring or enrollment. On average, SEE specialists and clients move from identifying specific

employment and education goals to in-person interviews for school or work, within one month of completing the Career and Education Inventory.

The SEE specialist assists the client, as needed, to be successful in interviews for school or work, and then moves to providing follow-along supports when the client obtains employment or starts school. When clients are not successful with obtaining employment or locating education programs after three months of active searching, the SEE specialist works with the client and the whole NAVIGATE Team to re-evaluate the job and school search process. The SEE specialist starts providing follow-along supports as soon as clients are hired at jobs or enrolled in school. During this phase, the SEE specialist constantly assesses how the client is doing and continuously works with him or her to maximize functioning or performance at work or school, and when appropriate to set new goals such as job advancement or further education.






The following tables present illustrations of how the flow of SEE services should go in general, including some time frames. Of course, while this is a general flow of SEE services, all SEE services should be based on the client’s needs, pace and goals.

SEE Flow Illustration

SEE Specialist Activities	Approximate Time Frame
Client Enrolls in NAVIGATE	Then, as soon as possible—max of two weeks
Meet with client to determine willingness and interest in SEE services	Then, within two weeks
Complete SEE Orientation	Then, within one month
Complete Career and Education Inventory, develop specific work or school goals	Then, within one month
Assist client in achieving specific work or school goals <ul style="list-style-type: none"> • Provide or arrange for Benefits counseling • Develop plan for approaching employers and educators (includes disclosure decision) • School or job search • School or job development • Client applications and interviews 	Then, within three months or ↓
If client starts work or school <ul style="list-style-type: none"> • Provide follow-along supports • Evaluate client satisfaction • Develop new goals as needed 	If client does not start work or school <ul style="list-style-type: none"> • Revisit school or job search plans • Schedule NAVIGATE Team review Work with client to make changes in plan to improve effectiveness

This diagram demonstrates what the flow of SEE services may look like for a client named “Sam” who is working with a SEE specialist named “Heather.”

SEE Flow Illustration Example

SEE Specialist Activities	Approximate Time Frame
Sam enrolled in NAVIGATE Services on August 29. The NAVIGATE director informed team members including Heather.	Then, as soon as possible—max 2 weeks 
Heather met with Sam on September 3, in Heather's office. Sam indicated he was interested in working on his education.	Then, within two weeks 
Heather and Sam met two times, on September 14 and 17. They reviewed the material in the SEE Orientation handout and discussed how they would work together.	Then, within one month 
Heather and Sam met three different times (twice at his apartment) to complete the Career and Education Inventory on September 21, 24 and 28. Sam set a goal to take classes related to working as a home health aide.	Then, within one month 
<p>Heather invited in the clinic expert on benefits counseling. Sam discussed benefits counseling on October 1 with Sam's parents and the NAVIGATE family specialist (with Sam's consent) and the clinic expert on benefits applications. Sam decided to apply for Social Security Disability and Medicaid while applying for classes. Heather and Sam also discussed how they would search for schools, Sam gave permission to Heather to share information about him and be present during meetings with admissions officers and other personnel at prospective colleges. Sam agreed to look online for information about local schools.</p> <p>On October 8, Sam and Heather visited two local community colleges with home health aide courses. On October 15, Sam and Heather met at the college he liked best and together visited the library and met with people at the Student Disability Services office. Sam visited a class on his own. On October 21, Sam applied to take a course starting in January and was accepted.</p>	Then, within three months 
On November 12, Heather and Sam met at the school library; they planned where to get materials and books, and started working on his study schedule and plans. Sam's first day of class was on January 5. They set up two more meetings in December and one on January 4. Further follow-up support was provided based on Sam's needs throughout the semester.	

SEE Fidelity Scale

The SEE specialist should document each meeting with the client, family member, and potential or actual employer or school personnel. Fidelity ratings will be based on upon the key ingredients of SEE, including zero exclusion, providing community based services, rapid job and school search, provision of follow along supports, and honoring the client's goals and preferences. The SEE Fidelity Scale (see Appendix) is designed to measure the extent to which SEE specialists are implementing treatment as intended by the model and to provide SEE specialists with ongoing feedback about implementation of SEE with their clients. The SEE Consultant or the SEE supervisor complete the fidelity scales based on observing SEE sessions, reviewing contact sheets. Feedback from the fidelity scale can be used during supervision to help SEE specialists stay faithful to the model and to assess strengths and weaknesses that can be addressed during supervision, leading to better client outcomes.

Summary

SEE services in the NAVIGATE program are most effective when they are available to all clients, and when all clients are encouraged and supported in participating in the services. Effective SEE specialists work in a hopeful, recovery-based manner that honors and respects each individual client's school and work preferences. SEE services are designed to empower individuals with accurate information, to help them develop a sense of their own strengths and resiliency, including their talents and coping skills that will serve them well at work and school. Providing most SEE services in the community, and continuing to provide ongoing supports after successful attainment of work or enrollment in school, gives clients the practical assistance they need to pursue and achieve their educational and employment goals. Finally, the integration of SEE services with all aspects of the client's clinical treatment in the NAVIGATE program maximizes the chances of success by ensuring that the team supports the client's vocational or educational goals, and that clinical services are sensitive and responsive to the client's goals, needs and preferences.