

NAVIGATE Director Manual

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NAVIGATE Program for First Episode Psychosis

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NAVIGATE Psychopharmacological Treatment Manual

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NAVIGATE DIRECTOR'S MANUAL

Please Read First:

NAVIGATE is a comprehensive intervention program for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and recovery. More broadly, the NAVIGATE program helps consumers 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 the social world. The NAVIGATE program includes four different treatments, each of which has a manual: NAVIGATE Psychopharmacological Treatment Manual, Supported Employment and Education, Individual Resiliency Training (IRT), and Family Education. There is also a Team Members' Guide that describes the overall NAVIGATE structure and how team members work together, and a manual for the Director of the NAVIGATE team.

The manual you are reading now focuses on the role of the NAVIGATE Director.

INTRODUCTION AND OVERVIEW: ESTABLISHING NAVIGATE IN YOUR ORGANIZATION

The NAVIGATE program is organized into four interventions, each with their own manuals and materials, which were designed to be feasible in real-world settings and to make it first episode psychosis treatment a viable option for community based organizations. The director will work with leaders of the organization to determine how best to set up the program within that organization. This will include staffing, locating space, and resolving billing issues. It is important that the director has a good understanding of what he or she is trying to accomplish so that it can be conveyed to the relevant administration.

The director is responsible for implementing the NAVIGATE program within the organization. The director will be involved at all levels in that he or she will work with the overall agency director, NAVIGATE team members, supervisors of the NAVIGATE interventions, and individual supervisors. It is advisable to develop written contracts with the agency leadership around specifics of the integration of the NAVIGATE program into the agency so that the structures are clear from the beginning and for future reference. The director will also work with the NAVIGATE

team around different issues and will have ongoing contact with clients and family members.

Each state has different public-private providers. The NAVIGATE director and agency director work together to develop a billing model. This manual has been developed to act as guide for the director to ensure that he or she is aware of all issues and tasks that need to be addressed.

The following is an overview of the director's roles and responsibilities. There is a chapter in this manual to address each item.

1. Logistics

Oversee the start-up of the NAVIGATE intervention.

2. Outreach

Develop an outreach plan for educating, advertising and providing lectures/talks to potential referral sources.

3. Referrals

Oversee referral process.

4. Forming the team

Oversee the development of the team.

5. Leading the team

Build and maintain team spirit.

Educate team members about first episode (FE) clients.

Manage team meetings.

Oversee the shared-decision making model and measure outcomes.

6. Conducting Team Meetings

7. Establishing Positive Clinical climate

Oversee the implementation of a clinical setting suitable for FE clients.

8. Engaging the client and family

Oversee the FE clients' transition to the NAVIGATE intervention.

9. Providing clinical supervision

Oversee the supervision of the Family Education clinician, the IRT clinician(s) and SEE specialist(s).

10. IRT Supervision

11. Family Education Supervision

12. SEE supervision

CHAPTER 1: LOGISTICS

This section will describe the practical tasks necessary to get the project up and running. You or others in your agency may already be doing many of these things and others may need to be planned and set up. This is just a guide to issues that need to be addressed. This section attempts to address as many possible start-up issues that could arise. It is recommended that you use Appendix 1 to make your own start up list so that you can think through all practical issues before you start.

Many, if not all of these tasks, will need to be reviewed in conjunction with the agency director or other administration staff. However, the NAVIGATE director will most likely have to keep track to ensure that these logistics are being adequately managed. It is not necessary that the logistics are identical to what is described below, but rather that everything below has been considered. Start-up tasks vary from site to site and include: space requirements, communications, information technology, staffing, risk management, and record management (See Appendix 1-startup checklist).

- A. The need for space will be determined based on staffing and patient volume.

- B. Regular meetings will occur with the clinic director, the agency director, the medical director and other relevant administrators of the overall clinic or program to ensure that the director is able to manage the NAVIGATE program. It may be important to have written contracts as to how the NAVIGATE program will operate within the clinic so that there are terms of reference to continue to guide the integration of the NAVIGATE program within the clinic.

- C. Clear methods of communication need to exist within the clinic. Depending on how your clinic currently operates, individuals such as the receptionist need direction in terms of protocol for the new NAVIGATE program. There are several options to consider for communication. For example, have a cell phone dedicated to the NAVIGATE intervention; have a dedicated phone line; ensure that the clinic's switchboard is aware of the NAVIGATE intervention; consider an after-hours phone line. Alternate scenarios will be considered that are relevant for each potential setting (i.e., is 24 hour

coverage mandatory, or can programs only be available during office hours).

D. Determine the volume of patients that the clinic can handle. The director will have to become aware of the options for patient volume and the potential consequences on the clinic's infrastructure. Issues to consider include:

1. The organization needs a flow of patients in order to be sustainable.
2. Recommendations for caseload volume will be site specific.
3. Target numbers for sustainability of the staff are addressed at start up.
4. Depending on the agency, determine how many clients will be enrolled in the program and the rate for adding new clients.
5. Appropriate numbers in caseloads for required productivity need to be in place. This means that the director has to project caseloads and accrual of clients. The director determines how many people will be in the program at certain intervals (i.e., start-up, 6 months). At the beginning of the program, Clients who are not first episode clients may be good sources of practice for NAVIGATE team members to practice the skills they are learning.

E. Staffing

1. The director is aware of how to optimally divide staff time between NAVIGATE and regular clinic duties for those who are not dedicated to NAVIGATE.
2. Non-dedicated staff requires a target number of individuals to see. This is to be documented in a contract.
3. Staffing is allocated for Family Therapy (FT), Individual Resiliency Training (IRT), and Supported Employment/Education (SEE) hours at start-up and 6 months. Depending on the organization, there will be individuals with dual roles (e.g., the director will also be the family therapist).
4. Protected time is established from the point when NAVIGATE begins. In the initial weeks, this can be dedicated to meetings to plan start-up and role development. It will be important to establish the number and frequency of meetings that will be required in both the early phase (when patient numbers are fewer and more time is needed for

startup planning) and then again at a later date once an acceptable quota of patients are enrolled. Developing a chart of projected meetings for supervision, for family supervision and for regular meetings with agency directors will help with staff organization (See Appendix 6- Example of a weekly schedule for NAVIGATE meetings). The team meeting is especially important for communication among NAVIGATE staff members, developing person-centered treatment plans, coordinating services, and for passing along information

5. A system for addressing inappropriate referrals will be established in conjunction with usual practices.
6. Seasonal variations for staffing needs (i.e., some sites will find a high intake in Nov-Dec when college students may become aware that they are failing; high intake in Sept and Jan for high school students and perhaps low in take in the summer) are managed.
7. Plan to manage staff time so that access to NAVIGATE clinical training can be accessed (both on site and when on conference calls).

CHAPTER 2: OUTREACH

The goal of outreach is to recruit clients to participate in the NAVIGATE intervention. Outreach will promote community awareness of the NAVIGATE treatment program and will be tailored to a wide variety of audiences. The director will dedicate approximately five hours per week to outreach and will use different methods to approach the community with two important messages. The first message is that early intervention for psychosis is important. You need to convey (to both the public and to the mental health community) the importance of these young people getting the treatment they deserve as soon as possible. The second message is that your program will be able to offer help to these young people who are developing psychosis for the first time. The plan is to help the director make an outreach plan and to keep track as efficiently as possible.

A. The Outreach business plan allows the director to:

1. Plan where he or she can target their advertising.
2. Keep a record of the audience to be targeted.
3. Describe the kinds of activities that can be done.
4. Provide a timeline for completion of tasks.
5. Evaluate the benefits of advertising and educational efforts and of providing lectures/talks.(See Appendix 2-business plan.)

B. The steps for planning Outreach include:

1. Developing a list of people and places to target. These include potential referral sources as well as public organizations. (See Appendix 3 -potential referral sites) Ensure pertinent contact information is added. Use this as the guide for education, advertisements and for providing lectures/talks. After initial contact, all of the referral sources can be ranked in terms of their likelihood to be excellent, good or poor (with respect to being a referral source).
2. A timeline is developed for the Outreach. A template for efficiently contacting potential resources and for providing follow-up to inquiries could be used. (See Appendix 4-Outreach contact template).
3. The Outreach business plan is used as an ongoing plan such that each month appropriate notes are made for future use. Activities that were

less successful are noted as such and successful activities are re-scheduled for the future. At the same time, the contact sources are updated with respect to which ones were useful and which ones were less useful for recruitment. It will be important to learn who may be more or less helpful in your area. For example, in a family physician's office, it may be more helpful to target the social worker or nurse who is more involved in disposition (rather than the actual MD).

4. Be familiar with the clinic's catchment area. It is helpful if the catchment area has around 300,000-600,000 people, although NAVIGATE programs can be established in both smaller and larger catchment areas.

C. Identify the target population for Outreach.

1. The first list is potential referral sources that are the most likely to refer FE clients. This includes: family physicians, mental health clinics, addiction centers, emergency rooms etc.
2. The second list includes educational establishments that have counseling and psychiatric sources such as colleges and universities. Counseling services at secondary schools are included here as well.
3. The third list is public and community sites that allow information about the program to be conveyed to the general public. This includes: public libraries, community and recreation centers, and sports and entertainment venues.
4. For each list, the most appropriate method of contact is determined.

D. Prepare material suitable for your specific catchment area.

1. The first step is to develop relevant fliers, brochures and posters for the clinic.
2. The second step is to develop a range of other materials such as electronic advertisements (including online advertisements and website development). Hardcopy advertisements include: posters, public transit boards, flyers, business cards, mail-outs and newspaper postings; and verbal advertisements including news stories, publicity and word of mouth.
3. Add NAVIGATE information onto your program's website if there is one.

- E. Distribute brochures and flyers by mail, fax, or electronic mail to all of the potential referral sources. For example, family physicians are a key referral source and the easiest way to inform them is through a mail out of brochures. For other mental health agencies, the most appropriate way is to mail out a brochure, followed by a personal call offering additional program information, and the opportunity to receive more material and/or a formal or informal presentation. Distribution of brochures and flyers is dictated by the agency and/or location and is documented in the business plan.
- F. All potential referral sources are contacted so that they can be informed about the program. The strategy is as follows: Following a mail out of a brochure, a personal call to the source is made. The primary purpose of the call is to find out if this is an appropriate referral source and, if so, whether they will be a major or more minor referral source. The second purpose is to ensure that sources have as much information as possible in order to make referrals.
- G. Positive and negative responses to the Outreach are documented within the business plan in order to help the ongoing plan. Returned educational material is used to update the list of education sites.
1. Calculated costs of preparing and distributing materials can be done by documenting referrals recruited through advertising by asking potential referrals: "Where did you hear about NAVIGATE?"
 2. Use the cost required to advertise and the number of recruited participants to evaluate the effectiveness of advertising. Update the business plan with positive and negative experiences.
- H. Key resources are asked if they would like a talk or presentation. These resources are the ones that are most likely to send referrals e.g., college counseling services or inpatient services.
1. The need for other talks comes from inquiries made about education and advertising outreach which will provide a list of potential sources for lectures/talks.
 2. Lectures/talks provide the audience with relevant information about early psychosis, FE clients, and the NAVIGATE intervention; provide information about the referral process; and invite questions and comments from the audience.

3. Relevant information: Each site produces its own presentation material. An example PowerPoint presentation has been provided.
4. Referral process: Each site develops its own referral process according to agency protocol.
5. Comments are used to evaluate the effectiveness of the lecture/talk and are added to the outreach business plan.
6. Consider the possibility of holding a symposium that provides Continuing Medical Education (CMEs) on first episode treatment or collaborate with a group who would be interested in doing such a symposium. A range of staff could then be invited e.g., staff from all college counseling centers in locations with a high density of colleges.

I. Acknowledge referral sources , which can be helpful in sustaining communication with these sources and maintaining visibility of NAVIGATE as a viable referral option. This can be done in several ways:

1. Ensure that sources get feedback on their referral. If the referral is not suitable, it is helpful to let them know why not so that more appropriate referrals can be made in the future
2. Let them know the outcome of the referral. This may already be part of the clinic's practice.
3. Thank the source for their referral regardless of suitability.

CHAPTER 3: REFERRALS

Referrals will often come in directly aimed at the NAVIGATE program; however, it is possible that alternative referrals will arrive at your clinic who are also suitable for the NAVIGATE program. For each agency it will have to be worked out how you will access referrals. It may be that all referrals come to a central place and you will be able to access all of them and ask them for participation in the study. It may be that you have access to referrals that you have recruited but may have to go to other clinicians in your clinic to ask them if they have any potential subjects. It may be that all first episode referrals are allocated to clinicians and you have to approach all clinicians to access subjects for ETP. Once it is clear how you will have access to suitable referrals you will have to design a streamlined approach that is able to receive and process referrals, recruit acceptable candidates, and refer unacceptable candidates to more relevant services. This is essentially dictated by the agency's resources, but general suggestions are described below. In designing this approach, consider the current protocol for screening referrals at your agency and determine the required steps to incorporate the NAVIGATE program.

The points below are included to ensure that the director reviews all possible ways to address this issue so that it can be done smoothly and easily.

- A. Receive and process referrals. Referrals that arrive by standard mail, fax and electronic mail are directed to staff that are trained to identify relevant NAVIGATE referrals. Referrals that arrive by telephone will be identified for relevance.
- B. Relevant referral sources are contacted and informed of the NAVIGATE program.
- C. Decisions are made about those who will not be part of the NAVIGATE program. Referrals who do not meet criteria for having a FE psychosis need alternative services either in the present clinic or at an alternative one.
- D. Determine the consultation process for potential referrals.

- E. Identify different ways referrals may be made (e.g., referral sources, directly from clients and families and internal sources). Each site will be different and will outline their own acceptable ways for receiving referrals.
- F. Develop site specific recommendations on how to deal with different sources of referrals (i.e., family, clients, and professionals).
- G. Develop directions on how to advise families about NAVIGATE involvement.
- H. Develop clinic guidelines on how to expedite the process for NAVIGATE relevant clients.

CHAPTER 4: FORMING THE TEAM

The next step is to put together the team. The team will need a psychiatrist/prescriber, a family worker (who may actually be the director, too), one or two IRT specialists, and a SEE specialist. The director's role will vary depending on whether existing or new staff are recruited to these additional roles. This role for the director will vary depending on whether there are existing staff who will take on these roles or new staff will be recruited to these roles. Team members should be enthusiastic about working on this project and having the opportunity to increase early detection and treatment within this young population. Team members should be enthusiastic about working with this young population and being part of this project.

- A. Your site may have employees who have dual roles in the organization. The director works with each staff member to make sure the NAVIGATE intervention is not neglected.
- B. Provide internal employees with information and education about the NAVIGATE intervention in order to stimulate interest and to provide feedback about the initiative.
- C. Identify individuals within the organization who have specific skill sets and an interest in early intervention. These are individuals either with relevant expertise, or those who have the potential to develop the required expertise relatively easily. In addition to usual clinician skills and qualities, such as empathy and unconditional positive regard, clinicians who work with young people experiencing a first episode of psychosis need the ability to be non-judgmental about the FE client or their family. The clinician understands the difficulties and challenges that the FE client and their family are experiencing and recognizes that these are very different from the experiences of an individual with a more chronic course of schizophrenia. The clinician hopes that recovery is possible and that, despite having developed a psychotic illness, every individual has the potential to lead a productive life.
- D. Clearly define each staff member's responsibilities and duties.
- E. Take into account the diversity of first episode clients and encourage creative staff to participate.

CHAPTER 5: LEADING THE TEAM

Now that the team is together, the director has the job of leading the team. This role involves educating the team so that they best understand their roles and the importance of early intervention. The director offers leadership and guidance to the team while ensuring that individuals recognize their importance so that they can contribute to the best of their abilities.

- A. Build and maintain team spirit.
 - 1. The team philosophy focuses on the best possible outcomes for FE clients.
 - 2. Work with team members to set realistic goals when working with FE clients.
 - 3. Maintain team spirit by reducing employee fatigue and avoiding staff burnout.
 - 4. Mandatory breaks, overseeing of caseloads and momentary respite from duties helps maintain team spirit.

- B. Offer education about FE clients and how to work optimally with them. Prescribed books and resources should be available to all team members and can be added as required.
 - 1. Non-stigmatizing language should be used at all times. Avoid terminology that may not have a meaning for these young people such as: somatic, avolition, anhedonia etc. Staff should not use language such as schizophrenic, first break, or family burden. Language conducive to FE clients includes fully explaining all complex clinical terms and the use of neutral terms to describe processes (e.g., health center, client, emotional and behavioral changes etc). Normalizing language reduces anxiety and distress in FE clients (e.g., “individuals like yourself often experience symptoms of psychosis”, “I have been told by other people with psychosis that...”).
 - 2. The client may already have preconceived attitudes about early intervention, psychosis, mental health treatment and substance use. However, what is more likely is that they have not sought treatment before and do not have much sense of what treatment is all about. FE clients often feel that early intervention is not necessary and that their symptoms will dissipate over time. This attitude can be altered by

informing the client and their family/guardian about the importance of early intervention in delaying and/or preventing further symptoms and functional decline.

- a. FE clients often associate psychosis with an incurable illness that leads to schizophrenia and being labeled as psychotic. An optimistic outlook by the treatment team and repeating the benefits of early intervention helps reduce this attitude.
 - b. FE clients are informed of current mental health treatments and common treatment myths.
 - c. FE clients often hold attitudes about substance use that may be false (i.e., substance use helps deal with symptoms), inaccurate (i.e., taking a drug once caused the problems) and unproductive (i.e., psychotropic medications are dangerous).
3. Team members are informed about a variety of behaviors that first episode clients may exhibit. These behaviors may be manifestations of previous experiences with mental health services, environmental influences or the response to current symptoms. Team members are supportive and attentive to the behaviors and exhibit tolerance and accommodation with first episode clients.
- a. FE clients may appear guarded, mistrustful and resistant to the NAVIGATE intervention. Remain optimistic and reinforce the clients' involvement in the shared decision making model as a way of overcoming behavioral roadblocks.
 - b. Understand that FE clients' past successes and set-backs in treatment help prepare for future behavioral obstacles. A way of asking the FE clients about past experiences is to ask the following questions: what has gone well in previous treatment and what was not helpful or what did you not like about previous treatment?
 - c. FE clients are often unstructured (i.e., arrive late for appointments) and require a certain degree of flexibility by team members in order for the NAVIGATE intervention to be successful.

C. Shared decision making model

1. Team members practice a shared-decision making model and the importance of combining evidence-based medicine with input from the FE client and the family. The shared decision making model uses input from the NAVIGATE team (including the psychiatrist and the different therapists) as well as the FE client and the family when planning future treatment. This means that treatment planning is based on several different things. These are: (i) the expertise of the treating clinician and/or treating team, (ii) information that is available in books and articles i.e. evidence based, and (iii) input from the patient and family who offer valuable information into what will work for them, what they are prepared to do, their own knowledge and the context they are in. Client choice plays a major role in planning the different aspects of treatment. Input from the client's support system can also have input.
2. Measure outcomes by clearly defined tasks, objectives and goals (that the team and the client have agreed upon) and revisit these periodically to evaluate the effectiveness of the NAVIGATE intervention.

CHAPTER 6: CONDUCTING TEAM MEETINGS

Team meetings are where decisions and planning will take place. Initially, when there are fewer clients, meetings can be used for the initial planning and for reviewing training. There should always be the opportunity for review of all aspects of the NAVIGATE program at the team meeting. Everyone should view these meetings as a vital component of the program.

- A. Meetings are scheduled weekly and everyone is expected to attend. Team members will include: the director, IRT clinician(s), SEE specialist(s), family therapist(s), psychiatrist(s) and administrative worker(s). A meeting agenda, with action items, can be used to provide structure and efficient use of time. An example meeting agenda has been provided (See Appendix 5 - meeting agenda).
- B. The team meeting is the opportunity for all staff to meet together to develop appropriate person-centered treatment plans for all clients in the program.
- C. There is time to develop plans for new clients, address crisis situations and conduct a regular review of ongoing clients.
- D. The psychiatrist serves a very important role in NAVIGATE. The psychiatrist is likely to be the person clinically responsible for each NAVIGATE client. At some sites he or she may be involved in leading the team meetings. It may be more common for the NAVIGATE director to lead the team meetings with significant input from the psychiatrist and other NAVIGATE team members. If the psychiatrist is not able to attend, the director informs the psychiatrist of any decisions made regarding the client's care.
- E. Each person has a specific role which is important for participation in the team meeting. Address any issues that prevent individuals from attending meetings.
- F. The meeting provides the opportunity to coordinate services and to pass along information to the NAVIGATE team members.

- G. The goal is to keep the team together (which involves troubleshooting problems as they arise).

- H. Additionally, a monthly meeting with the CEO and/or the agency director is held to troubleshoot any concerns that are beyond the scope of the director. Once the NAVIGATE program is well established, the meetings can be reduced to once every three months.

CHAPTER 7: CREATING A POSITIVE CLINICAL CLIMATE

If we are to encourage young people to come for early treatment, we need to create a welcoming atmosphere. There are some ideas for the director to create a welcoming climate, however, it should be acknowledged that directors may have limited ability to make changes.

- A. Establish a welcoming environment for FE clients and family members in a clinic atmosphere that appears relaxed and comfortable. The ideal setting is a non-institutionalized clinic, or even a home visit during the initial engagement phase of the NAVIGATE intervention.
- B. Clients and family members are met at the front desk for the initial appointment.
- C. First episode clients and their family members will often appear hesitant to seek help if the clinic appears to be in a state of chaos. If the clinical atmosphere is not able to change to accommodate help-seeking populations, it should be disclosed to the client prior to the initial visit. This will avoid the 'state of shock' that results when a first episode client encounters an unconventional or unknown environment.

CHAPTER 8: ENGAGING THE CLIENT AND FAMILY

- A. Prepare the client and their family for the visit by informing them of: the clinical environment, education about first episode psychosis, the responsibilities and duties of the NAVIGATE team members, and the process of NAVIGATE. The orientation sheets for the NAVIGATE program and for the Family Program will be helpful. (See IRT and Family Education manuals.)

- B. Meet the client and their family at the front desk, introduce yourself and explain your role in the NAVIGATE intervention. It will be helpful to have materials for clients and families that describe each team member's role in the NAVIGATE intervention along with contact information for that person.

- C. Engage the client and family:
 - 1. Ask the client and families about their primary concerns and discuss previous mental health experience.
 - 2. Describe the NAVIGATE program and how it may be useful for the client and family.
 - 3. Emphasize hopefulness for recovery in both the client and family.
 - 4. Discuss the client's current activities and what he or she would like to be doing; i.e. plans and aspirations.

CHAPTER 9: CLINICAL SUPERVISION

One of the key roles of the director is to supervise the IRT and SEE therapists. The director will also provide the family supervision unless they have the dual role of director and family worker. In this case, it may be helpful to receive supervision from someone in your agency who has experience in working extensively with families of persons with schizophrenia. Directors should obtain manuals for the IRT and SEE intervention and familiarize themselves with both. They should also refer to the manuals during supervision.

Some key issues are outlined below:

- A. The supervision process is defined at the local site level.
- B. Each site requires the director to have different levels of education in order to supervise IRT, SEE and to provide or supervise Family Education. This is dictated by the site and state licensing board.
- C. Differences between clinical supervision and administrative supervision will be highlighted. Director's role will involve administrative supervision in order to have authority over the clinicians.
- D. The director will be able to get, or to provide clinical supervision for 2-3 hours per week.
- E. Guidelines for supervision of the different interventions (i.e., SEE, IRT, and Family Education) is provided in the respective manuals. Regular supervision will be site specific, target skill development, and be outlined in the respective manual.
- F. The director will be responsible for helping team members manage their cases and for including all team members in the weekly team meetings.
- G. In some agencies, peer supervision may serve as an adjunct to clinical supervision.

CHAPTER 10: INDIVIDUAL RESILIENCY TRAINING (IRT) SUPERVISION

The Director of the NAVIGATE program provides weekly supervision to the Individual Resiliency Training (IRT) clinician. If there are two clinicians, they can be supervised together.

- A. The tasks involved in providing supervision to the IRT supervisor include
 1. Reviewing all clients receiving IRT.
 2. Reviewing progress the client's personal goals.
 3. Reviewing the strengths of each client related to his or her goals as well as the challenges he or she experiences.
 4. Reviewing the current standing of each client in the program.
 5. Ensuring that IRT services are fully integrated with other NAVIGATE services (i.e., with Individualized Medication management, Supported Employment and Education, and Family Education).
 6. Helping clinician(s) develop skills related to providing IRT.

- B. The supervisor usually begins by asking a series of check-in questions when reviewing IRT clients, including the following:
 1. What IRT module is the client working on?
 2. What is the client's recovery goal(s)?
 3. What steps have been taken towards achieving the recovery goal(s)?
 4. What is the client's attendance rate?
 5. Are home assignments being completed?
 6. Are there any problems that currently need to be addressed?
 7. How is IRT being coordinated with other services in the NAVIGATE Program?

- C. After the check-in and addressing any crisis situations, the supervisor and IRT clinicians collaboratively decide what is most helpful for the remaining time in supervision. The main options are:
 1. Planning for the next IRT module.
 2. Using Step-by-Step Problem solving or giving suggestions for a problem or challenge identified during the check-in, using the following steps when feasible:
 - a. Defining the problem
 - b. Eliciting possible strategies/solutions from the clinician(s)

- c. Evaluating strategies/solutions
 - d. Clinician chooses strategy/solution to try
 - e. Clinician makes a plan to try the strategy or solution
 - f. Clinician plans to follow up on how the strategy/solution worked during the next supervision meeting
3. Asking a clinician to give a case presentation.
 4. Reviewing an IRT skill or clinical strategy for continuing the training of the clinician. Supervisors are encouraged to model new skills and to engage clinicians in role plays to practice the new skills during the supervision meetings

CHAPTER 11. FAMILY EDUCATION SUPERVISION

Supervision of the Family Education clinician follows the same general steps as IRT supervision. If there are two family clinicians, they can be supervised together.

- A. The tasks involved in providing supervision to the Family Education clinician include
1. Reviewing all clients receiving IRT.
 2. Reviewing progress that the client is making in their or her goals (e.g., the goals identified in IRT), and if the family has identified goals, reviewing their progress towards them.
 3. Reviewing the strengths of the family as well as the challenges they experience.
 4. Ensuring that Family services are fully integrated with other NAVIGATE services (i.e., with Individualized Medication management, Supported Employment and Education, and IRT).
 5. Helping clinician(s) develop skills related to providing Family Education.
- B. The supervisor usually begins by asking a series of check-in questions when reviewing cases of the families who are receiving Family Education, including the following:
1. What educational module is the family working on?
 2. What is the client's recovery goal(s)? Has the family identified goals? If so, what are they?
 3. What steps has the client taken towards achieving his or her recovery goal(s)? If relevant, What steps has the family been taking towards their goals?
 4. What is the families attendance rate?
 5. Are home assignments being completed?
 6. Are there any problems that currently need to be addressed?
 7. How is Family Education being coordinated with other services in the NAVIGATE Program?

- C. After the check-in and addressing any crisis situations, the supervisor and Family Education clinician(s) collaboratively decide what is most helpful for the remaining time in supervision. The main options are:
1. Planning for the next Family Education module.
 2. Using Step-by-Step Problem solving or giving suggestions for a problem or challenge identified during the check-in, using the following steps when feasible:
 - a. Defining the problem
 - b. Eliciting possible strategies/solutions from the clinician(s)
 - c. Evaluating strategies/solutions
 - d. Clinician chooses strategy/solution to try
 - e. Clinician makes a plan to try the strategy or solution
 - f. Clinician plans to follow up on how the strategy/solution worked during a supervision meeting in the next week or two
 3. Asking a clinician to give a case presentation.
 4. Reviewing a Family Education skill or clinical strategy for continuing the training of the Family clinician. Supervisors are encouraged to model new skills and to engage clinicians in role plays to practice the new skills during the supervision meetings

CHAPTER 12: Supported Employment and Education (SEE) Supervision

- A. The director of the NAVIGATE program provides weekly supervision to the Supported Employment and Education (SEE) specialist.
- B. The director should be aware of the following SEE principles and look for opportunities to reinforce the following of the principles and for opportunities to address situations where the principles are not being followed.
1. Zero exclusion for participation in SEE services (i.e., all clients interested in work or school can participated in SEE and should be offered an opportunity to do so).
 2. Client's preferences are respected (e.g., some clients may be interested in jobs and others in education; for those interested in jobs, they vary in the types of jobs they want; for those interested in education, they vary in the type of education; some clients want to disclose their mental illness to prospective employers or school personnel while others do not).
 3. Focus on competitive work and mainstream education.
 4. Rapid job or school search should begin within a month after the client expresses his or her preferences.
 5. Follow along support should be provided after clients obtain work or enroll in school.
 6. SEE services are fully integrated with other services the client is receiving in NAVIGATE and in the wider community
- C. SEE supervision should be provided for at least one hour once a week.
- D. SEE specialists who are members of a larger Supported Employment team may also receive supervision from the supervisor of that team.
- E. The tasks involved in providing supervision to the SEE specialist include
1. Reviewing all clients in SEE.
 2. Reviewing progress towards the SEE goals of each client.

3. Reviewing the strengths and challenges of each client related to their SEE goals.
4. Reviewing the current standing of each client in the program, including the phase of SEE services (i.e., engagement and assessment, goal, development, employment or school search, follow-along supports).
5. Ensuring that SEE services are fully integrated with other NAVIGATE services.
6. Reviewing the SEE specialists' contacts with clients to make sure that needed services are provided in a timely manner, consistent with SEE principles, and in the most effective environments (i.e., most SEE services should be provided in the community; for example, when possible, follow along supports should be provided at or near the client's school or place of employment client or in a library or neighborhood coffee shop, etc).
7. Accompanying SEE specialists into the field to further their SEE skills and provide feedback on those skills (e.g., conducting a job development meeting, helping a client complete a home assignment, practicing job interview skills, exploring accommodations at a school).
8. Tracking and using client outcomes to set goals for improvements in SEE services (e.g., tracking how many clients are engaged in competitive employment and/or enrolled in school)

**Appendix 1:
NAVIGATE Director Start-Up List**

___ Secure adequate space for meeting referrals, doing assessments, providing all interventions, and attending weekly team meetings

___ Secure Computers and telephones for NAVIGATE team members

___ Arrange for Information Technology (IT) support

___ Make sure of administrative and clerical staff to support the NAVIGATE initiative

___ Hire clinical staff to provide the NAVIGATE interventions (prescriber, IRT Clinician(s), Family Education Clinician, and SEE specialist)

___ Get support for risk management, including security personnel, legal services and crisis response plans.

___ Plan for securely storing client information and sensitive data.

___ Set up meeting times for all meetings (e.g., weekly team meeting, IRT supervision, SEE supervision, meeting with Agency director and/or CEO

___ Ensure that all team members have relevant copies of manuals and handouts to use in IRT, Family, and SEE

___ Other: _____

**Appendix 2:
Outreach Business Plan**

Time period when the plan will be carried out: _____

	Completed	Notes
Administrative Activities		
Developing and Obtaining Marketing Materials		
Contacting Potential Sources of Referrals		
Professional organizations		
Community associations and churches		
High schools		
Colleges and vocational programs		

Presentations in the community		
Presentations at conferences		
Mailings		
Other activities:		

**Appendix 3:
Table of Potential Referral Sources and Advertising Sites**

Primary Care Providers	
General physicians, family doctors	
Pediatricians	
Emergency Departments	
Hospitals	
Addiction Services	
Post-high school settings	
College Counseling Services	
Technical School Counseling Services	
High School and Middle School Settings	
Public School Counselors	
Private School Counselors	
Gifted Program Counselors	
Special Needs Program Counselor	
Places to Advertise	
Public libraries	
School libraries	
Student Centers	
Community Centers	
Recreational complex (e.g., basketball courts, hockey arenas)	
Other	

Appendix 4: Outreach Contact Template

1. Introduce yourself as the Director of the NAVIGATE Program, and the agency or clinic you are associated with.
2. Explain that your agency/clinic works with people who are experiencing a first episode of psychosis or who recently experienced one. Be prepared that the person you are contacting may not be familiar with psychosis.
3. Explain what a first episode of psychosis is and what people with a first episode usually present with, such as
 - Loss of contact with reality for either a short or long period of time
 - Suspicion that people want to harm them
 - Hallucinations (hearing, seeing, or feeling things which other do not)
 - Delusional thoughts or false beliefs
 - Grandiosity and elevated mood
 - Verbally or behaviorally disorganized

These symptoms occur in the absence of a drug which could cause them (marijuana, meth, cocaine, alcohol).
4. Inquire about whether the organization sees people similar to this (e.g., “Does your organization see people who may meet this description?” or “Does this sound like students/clients/parishioners you have seen before?”)
5. Ask about the person’s interest in receiving more information about your agency/clinic and the NAVIGATE program. What kind of material would be most useful for their organization (e.g., “Would you be interested in an educational package, advertisement package or a lecture or presentation?”)
6. Ask for contact information and where to send the material and/or who to contact for further information.

**Appendix 5:
Example of a Weekly NAVIGATE Team Meeting Agenda**

1. Action items from last meeting.
2. NAVIGATE Team Member Reports on all clients
 - A. Prescriber (medication issues and symptom management)
 - B. Family Education Clinician (Family engagement and involvement, family issues or concerns)
 - C. IRT clinician(s) (Individual engagement and involvement, difficulties processing the experiences of the psychotic episode, substance use concerns)
 - D. SEE specialist (employment/educational attainment, individual difficulties)
 - E. Director (referrals, new clients, updated business plan, administrative responsibilities)
3. Confirmation of Supervision Schedule
4. New business
5. Next meeting date and time

**Appendix 6:
Example of A Weekly Schedule for NAVIGATE Team Meetings and Supervision**

Mon	Tues	Wed	Thurs	Fri
9-10AM Team meeting		9-10AM Family Education supervision	11-12PM IRT Supervision	9-10AM SEE Supervision