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ORIGINAL ARTICLE

"Individual Placement and Support" boosts employment for early psychosis clients, even when baseline rates are high

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Abstract

Aim: Individual Placement and Support is an effective vocational intervention for increasing competitive employment for people with severe mental illness. Little is known, however, about its effectiveness in the context of early psychosis. This study assesses improvements in clients' employment in a phase of illness during which functional abilities often decline.

Methods: The trial design is an assessor-blinded randomized clinical trial, set in the context of a population-based Early Psychosis Intervention program in British Columbia, Canada. Participants were randomized either to 1 year of employment support added to treatment-as-usual, or the latter alone. Interviews at intake captured data regarding demographics, symptom severity, and employment; assessments at 6 and 12 months repeated queries about employment activities.

Results: A total of 109 clients were recruited. Employment rates in the Individual Placement and Support group increased over time, unlike the control group. Further, the number of days worked over the 12-month intervention period, compared to the 6 months prior to the study, improved for both groups, but the increase was greater among clients receiving IPS. Sensitivity analysis indicated the advantage in days worked was evident in the second half of the intervention period (6-12 months), but not the first half.

Conclusions: Employment rates, for younger clients in both early-psychosis groups, were high compared to older clients in later stages of illness. In this study, use of the Individual Placement and Support strategy further increased employment, despite the high baseline rates. Further research is needed to identify the optimal timing of employment support for these clients.

KEYWORDS

early psychosis, supported employment, vocational rehabilitation, young adults

1 | INTRODUCTION

When mental health clients ask for help in finding work, the Individual Placement and Support (IPS) strategy is the "gold-standard" for vocational counsellors. There are now 26 randomized controlled trials (RCTs; Bond, 2018): all but one show a significant and substantial

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advantage in employment outcomes. Clients receiving IPS services, compared to those receiving other employment-support services, have a "relative risk" of being employed of 1.6 to 1.8 (Frederick & VanderWeele, 2019), where the pooled employment rate rises from 22% among controls to 55%among clients receiving IPS (Drake, Bond, Goldman, Hogan, & Karkus, 2016; Modini et al., 2016). Other measures of employment outcome, for example, days worked or wages earned, are also substantially increased with IPS (Kinoshita et al., 2013).

The IPS literature, however, is based largely on older clients, in more established stages of illness. While the value of IPS combined with other interventions has been assessed in several other studies (Kane et al., 2016; Nuechterlein et al., 2008; Nuechterlein et al., 2020), there are only three RCTs that assess the incremental value of IPS per se over treatment-as-usual with younger clients. The first was a small pilot study in Australia: Killackey, Jackson, and McGorry (2008) found that 20 early-psychosis clients receiving IPS had significantly better employment outcomes than another 21 clients randomized to treatment-as-usual. For both groups, employment rates at entry to the study were low (9%). A second study (Bond, Drake, & Campbell, 2016) was a secondary analysis of younger clients who had participated in one of four earlier RCTs in different US cities, each of which offered 18 months of IPS services to the full age-range of clients. In the re-analysis, IPS clients below age 30—half of whom had a psychotic disorder—outperformed controls on all outcome measures, including any employment (82% vs 42%; $P < .001$). The only large RCT specifically among early-psychosis clients was conducted in a single urban site in Melbourne, Australia: Killackey and colleagues (2018) offered 6 months of IPS services, and found that clients receiving IPS worked more days than those in the treatment-as-usual control group, but the advantage did not persist over the following 12 months. The authors noted that baseline employment rates in the larger, later study were considerably higher than in their earlier, pilot study. They also suggested that the absence of durability of effect may have been due to a limited (six month) intervention, reflecting funding limitations.

Overall, there is limited evidence for effectiveness of IPS for early-psychosis clients, especially in the context of high baseline employment rates. As such, we set out to assess the employment outcomes arising from 12 months of IPS in our geographically-dispersed, population-based sample of early psychosis clients. Specifically, we hypothesized that, compared to the 6 months prior to enrollment in the study (hereafter termed "baseline"), the proportion of clients employed and the number of days worked would increase more among clients receiving IPS services than those in the treatment-as-usual control group.

2 | METHODS

This study was based on an assessor-blinded, prospective, randomized controlled trial. The protocol received ethics approval from the Fraser Health Research Ethics Board (#2014-119), and was registered with ClinicalTrials.gov (#2014-119 NCT03317132).

2.1 | Design

Random assignment defined two groups: clients receiving treatment as usual (TAU), or those receiving employment support, using the IPS model, added to TAU. The list for random assignment was prepared at the start of the study, prior to recruitment, using a random number table in permuted blocks of four: 50% were assigned to each group. Clients were added to the randomization list in order of the date of their consent by the Principal Investigator (D.E.), who informed clients and their case manager of the results of randomization after completion of intake assessment.

Sample size was determined by a hypothesized increase in competitive employment, from 50% to 75%. To achieve 80% power (1-tailed; $P < .05$), with 10% attrition, we required 45 clients per group. Thus, we set out to recruit 100 clients from our Early Psychosis Intervention (EPI) program, between April 2015 and March 2017.

2.2 | Participants

All participants in the study were enrolled in our EPI program, which is part of a geographically large health authority serving 1.8 million people. The program uses a "hub and spoke" organizational model where, at each of three regional "hubs," we provide assessment and intake services, as well as specialty services, for example, psychoeducation groups, family therapy, cognitive behaviour therapy. The EPI clinicians and psychiatrists at 12 community mental health centres comprise the "spokes," where the majority of regular services, for example, case management and psychiatric appointments, are provided. Weekly staff meetings in each of the three regional hubs were attended by the vocational counsellors.

The clinical staff in the "spokes," that is, the case manager or psychiatrist, provided a brief introduction of the study to their clients, and sought the client's permission to be contacted by research staff. Where the client agreed, they provided a blank copy of the consent form for review in advance. The case manager then contacted the research assistant (RA), who contacted the clients within 1 week. Full informed consent was gathered in the context of the intake interview, which was held within two weeks of the initial contact. Upon its completion, the principal investigator (D.E.) was notified, who then contacted the client regarding randomization outcome.

Consistent with IPS principles (Drake, Bond, & Becker, 2012), the inclusion criteria were quite broad: all interested and consenting EPI clients, aged 18 to 30, were eligible for the project. As such, the intent of IPS and this study was to be over-inclusive, that is, to extend an invitation for employment support to a much larger number of clients than would accept that invitation.

2.3 | Assessments

Interviews, conducted at intake, six and twelve months, were conducted by trained Master's-level research assistants who were blinded

to group assignment. At each interview, they queried employment activities in the previous 6 months, as well as current symptom severity. Gift cards were provided at each of the three interviews, to acknowledgement clients' time and effort to participate.

Clients' symptom severity was queried using the semi-structured interview for the Brief Psychiatric Rating Scale (BPRS; Ventura, Nuechterlein, Subotnik, Gutkind, & Gilbert, 2000). Each of the 24 BPRS items was rated from 1 (absent) to 7 (severe); subscales assessing positive and negative symptoms of psychosis, as well as dysphoria, are each comprised of five items. Diagnoses were extracted from the clinical record.

Where clients failed to respond to multiple requests for the follow-up interviews, we assembled employment outcome data from the clinical record. Early Psychosis programs often have a rich source of clinical data, from client and family visits, as charted by multiple clinicians comprising an interdisciplinary team. In light of an emphasis on both functional and symptomatic recovery, employment activities are documented in the clinical record in much detail. Where clients actively withdrew consent, however, we did not use the clinical record.

2.4 | Intervention

Clients randomly assigned to the IPS group received 1 year of employment support from one of two experienced vocational counsellors, whose offices were located in the three hubs. Both IPS workers provided services in a range of locations, both within and outside of the mental health centres. Three of the 12 mental health centres served a substantially rural population. The vocational counsellors regularly communicated with the clinical staff, both individually and at the weekly team meetings at each hub. They also met weekly with the IPS supervisor who was responsible for all the IPS services in the health authority.

Since IPS services were a new component in our EPI program, we commissioned two fidelity audits, at the end of Years One and Two of the study. The results of the each audit were used to improve the quality of IPS services. The fidelity auditor was trained by the IPS Centre in Dartmouth, New Hampshire, and has extensive experience with IPS fidelity reviews. He utilized the Supported Employment Fidelity Scale (Bond, Peterson, Becker, & Drake, 2012) which has 25 items, grouped into ratings of staffing, organizational features, and service details, each of which is scored on a 1 to 5 Likert-type scale. Total scores at or above 115 are considered Exemplary; 100 to 114 are rated as Good; and 74 to 99 earn a Fair rating.

During the study, both groups continued to receive treatment as usual (TAU). For the control group, there were no constraints on the use of other employment support services.

2.5 | Analyses

The two primary outcomes for this study are employment status and days worked over the course of the study, compared to the 6 months prior to enrollment in the study ("baseline"). Employment status was defined by obtaining a competitive job, and attending for at least 1 day of paid work, during each of the six-month periods. The number of days worked did not distinguish between partial and full days.

Using SPSS Version 21, we initially assessed group differences in demographic, employment, and clinical characteristics using chi-square and t-tests. In evaluating group differences in employment over time, we protected against Type I error using omnibus tests of significance. Specifically, we used a General Linear Model to assess changes in employment status, and a log-transformed repeated-measures ANOVA to assess changes in days worked, across three time blocks: the 6 months prior to enrollment, and the two subsequent six-month periods (0-6 months, and 6-12 months). Where either of these omnibus tests was significant, we proceeded to examine group differences, again using chi-square and t-tests. All analyses used two-tailed significance tests.

3 | RESULTS

As shown in Figure 1, 109 of the 176 EPI clients referred (62%) to the study provided consent to participate. Of the 67 who were not enrolled, only three were deemed too ill to participate. When clients did not speak English, services were provided through a translator; in only one case could we not provide a translator who was satisfactory to the client.

3.1 | Sample characteristics at intake

As shown in Table 1, the large majority of participants were male, and in their early 20s. Prior to the study, clients had had an average of approximately two paid jobs, and had worked for approximately 2 years in their lifetime. Clients who were currently employed were eligible for the study, as they were seeking better jobs: slightly, but not significantly, more clients in the control group were employed upon enrollment. Approximately half of clients in each group had schizophrenia-spectrum diagnoses. Table 1 shows, that, overall, there were no significant group differences in characteristics at intake.

3.2 | Sample retention

Overall, outcome data were available on 91% of participants, as shown in Figure 1. Attrition usually occurred due to an active withdrawal of consent: seven clients, when contacted for a follow-up assessment, indicated they wished to discontinue their participation in the study. Two other clients were lost to both the clinical program and the research study; a third client was deceased for reasons unrelated to the study. Assessing differential attrition, there were no differences in age, sex, education, diagnosis, baseline employment status, or symptom severity between participants with and without outcome data (all $P > .10$).

Whereas few clients actively withdrew consent, a large number failed to respond to multiple requests for follow-up interviews. In

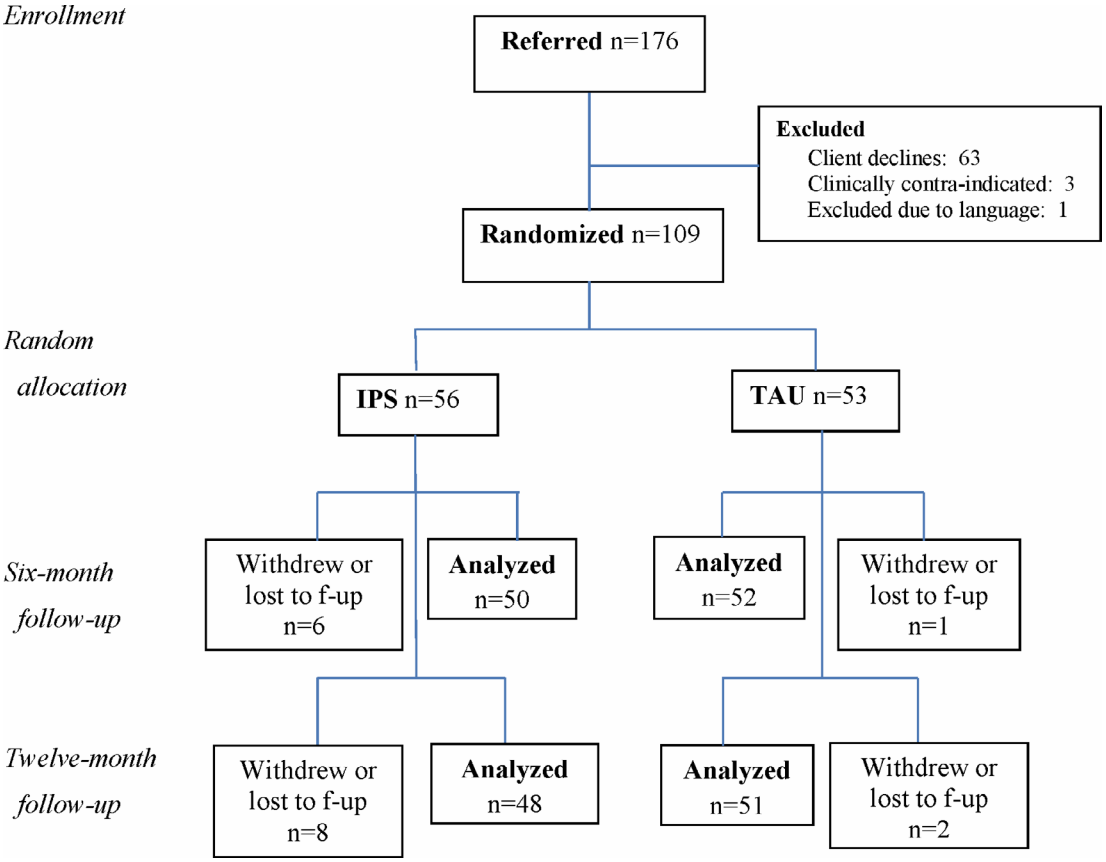

FIGURE 1 CONSORT diagram

TABLE 1 Demographic and clinical characteristics at intake, by group

	IPS (n = 56)	TAU (n = 53)	*t*	X^2	d.f.	Prob.
Sex: male (n, %)	45 (80%)	45 (85%)		0.39	1	.53
Age: mean (SD)	23.4 (3.5)	22.7 (3.3)	1.07		107	.29
Education: mean years (SD)	12.1 (2.8)	12.2 (2.3)	−0.16		102	.87
Employment						
No. previous jobs	2.5 (1.3)	2.2 (1.5)	1.22		103	.23
Months worked (lifetime)	25.9 (30.5)	24.2 (25.2)	0.30		89	.77
Employed at intake	4 (7%)	7 (14%)		3.23	4	.52
Symptom severity: **BPRS**						
Total score	38.1 (10.8)	36.1 (7.1)	1.13		107	.26
Dysphoria	11.6 (6.1)	10.2 (4.9)	1.24		105	.22
Positive symptoms	6.9 (3.4)	7.4 (3.7)	0.56		105	.54
Negative symptoms	8.8 (3.0)	9.2 (3.9)	0.81		101	.57
Diagnosis						
Schiz.-spectrum[a]	27(48%)	28 (53%)				
Bipolar	11(20%)	9 (17%)				
Major Depression	4 (7%)	6 (11%)			1.217	.88
Psychosis NOS	10 (18%)	7 (13%)				
Other[b]	4 (7%)	3 (6%)				

Abbreviations: BPRS, Brief Psychiatric Rating Scale; IPS, individual placement & support; NOS, not otherwise specified; TAU, treatment as usual.

[a]Schizophrenia-spectrum: includes schizophreniform (n = 5), schizophrenia (n = 41) & schizo-affective disorder (n = 9).

[b]Includes substance-induced psychosis (n = 5); delusional disorder (1); Aspergers (1).

these cases, the employment outcomes were based on chart extracts, prepared by the PI, based on an average of 39 clinical notes for each six-month follow-up period. Documentation of both client and family contact was charted by the case manager, psychiatrist, and other members of the interdisciplinary team, as well as by the employment counsellor (for the IPS group). Employment outcomes for the first six-month period were derived from the clinical record of 31 participants (28.4%); 12-month employment outcomes were drawn from the clinical chart for 46.8% (n = 51) of clients. A validity check, where employment outcome data was available from both sources (in-person assessment and the clinical record) for 10 randomly-selected clients drawn from both groups, found 80% agreement in employment status, and a Pearson correlation of 0.947 for the number of days worked.

3.3 | Intervention

Employment support services were implemented according to IPS guidelines. Clients in the IPS group received an average of 7.5 (SD = 6.3) sessions of employment support. Those in the control group reported 1.1 (SD = 2.5) sessions of other employment support, for example, from the provincial Ministry employment office, or other employment counsellors.

Two fidelity checks, conducted by a trained independent auditor, suggested "Good" implementation. The first audit, conducted at the one-year mark, received a rating of 100. The auditor recommended, inter alia: improving collaboration with other vocational support programs; increasing the clinical program's emphasis on competitive employment, and devoting more effort to cultivating contacts with community employers. The second fidelity report, 1 year later, provided a rating of 110, and noted improvement in seven different service components. One important area of improvement was an increased focus on the development of relationships with local employers.

3.4 | Employment outcomes

Figure 2 illustrates the proportion of clients who held a competitive job during the 6 months prior to the study, compared to the subsequent six-month periods while in the study. Examining the proportion employed, the General Linear Model (GLM) analysis of group differences over time found no main effect for group (Wald χ^2 = 0.41, *df* = 1, *P* = .52) or time (Wald χ^2 = 3.01, *df* = 2, *P* = .22). The GLM did, however, identify a significant effect for the interaction of group by time (Wald χ^2 = 9.93, *df* = 2, *P* = .007), indicating a larger increase in employment for the IPS group over time. As shown in Table 2, pair-wise chi-square tests at each point in time found that more clients in the IPS group were employed during the 6 to 12 month period, compared to controls (Fisher's exact χ^2 = 5.02, *P* = .02); group differences in employment rates were not significant in the first follow-up period.

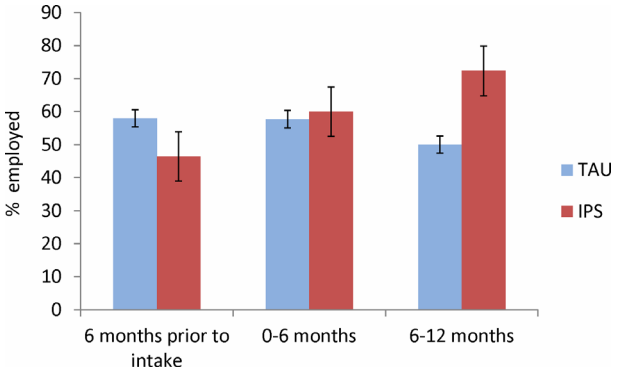

FIGURE 2 Group differences in employment status, over time. Generalized linear model (proportion employed): no main effect for group (Wald χ^2 = 0.41, *df* = 1, *P* = .52) or time (Wald χ^2 = 3.01, *df* = 2, *P* = .22), but significant effect for interaction of group by time (Wald χ^2 = 9.93, *df* = 2, *P* = .007)

TABLE 2 Employment over time, by group

	IPS (n = 56) TAU (n = 53)			
Proportion employed	**n %**	**n %**	**c^2**	**d.f. Pr**
During six mos. prior to intake	2646.4	2958.0	1.42	1.23
Intake to 6-mo. follow-up	3060.0	3057.7	0.06	1.81
6- to 12-mo. follow-up	3472.3	2550.0	5.02	1.02
Days worked	**Mean (SD)**	**Mean (SD)**	**t^a**	**d.f. Prob.**
During six mos. prior to intake	13.5 (27.4)	19.8 (27.4)	−1.32	103.19
Intake to 6-mo. follow-up	22.2 (31.9)	21.7 (29.5)	0.08	100.79
6- to 12-mo. follow-up	36.1 (40.7)	27.1 (42.9)	2.20	93.03

Abbreviations: IPS, individual placement & support; TAU, treatment as usual.

[a]Using log-transformations (n + 1).

Employment outcomes defined by the number of days worked over time are also provided in Table 2. The large degree of variability in days worked, before and during the study, prompted the use of log-transformations (n + 1) in analysing group differences over time. A repeated-measures ANOVA found a significant effect for time (*F* = 3.79, *df* = 2, *P* = .02) and for group-by-time interaction (*F* = 3.59, *df* = 2, *P* = .03), but not for group (*F* = 0.32, df = 1, *P* = .57). Figure 3 shows that both groups increased the number of days worked, but that the increase was larger for the IPS group than for controls. Table 2 shows that the difference was significant in the second, but not the first, follow-up period.

4 | CONCLUSIONS

Consistent with a large number of IPS studies with older clients, this controlled trial found that IPS services among early-psychosis clients over 1 year provided increases in employment, even though base

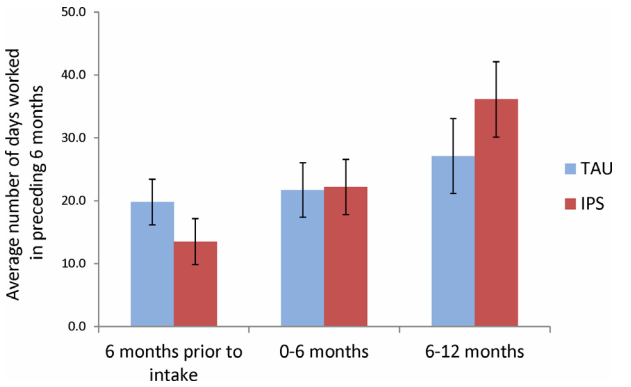

FIGURE 3 Group differences in days worked, over time. Repeated-measures (log [days-worked +1]) ANOVA: significant effect for time ($F = 3.79$, $df = 2$, $P = .02$) and for group-by-time interaction ($F = 3.59$, $df = 2$, $P = .03$), but not group ($F = 0.32$, $df = 1$, $P = .57$)

rates were much higher (50%) than seen with older client groups. Notably, the benefits of IPS appeared to accrue in the second half of the study; no group differences were present in the first 6 months. Of note, clients in this study, and those of both Killackey (2008, 2019) and Bond et al. (2015) found that IPS support led to remarkably similar levels of employment: the relatively consistent 70% to 80% employment rates may reflect an upper limit among younger, early-psychosis clients seeking competitive work, although that ceiling would be influenced by many other factors beyond any IPS intervention.

The benefits of IPS in this study were achieved in the context of a geographically-dispersed population, with services organized within an unusual organizational (hub-and-spoke) model made necessary by a large and mixed catchment area. Beyond standard assessor-blinded RCT methodology, the strengths included independent assessment of the fidelity of implementation, and the provision of IPS services provided by highly skilled vocational counsellors with extensive experience.

Of the trials of IPS provided to EPI clients exclusively, both this study and that of Killackey et al. (2019) examined employment outcomes in six-month blocks. Where high baseline rates of employment were evident in both studies, it is interesting that, in the Australian study, IPS provided early benefits to clients; conversely, our IPS clients did not experience early benefits but did out-perform controls in the later portion of the study. A further replication would do well to assess clients' employment outcomes at multiple points while receiving IPS, as well as after its completion, and thus identify optimal timing of IPS services.

Like most studies, this project had limitations. This study assessed the implementation of a new service component (IPS), provided by experienced IPS vocational counsellors, in an established clinical program. While the first fidelity audit indicated a "Good" rating, the fidelity nonetheless improved. The effects of increased fidelity, documented in the second audit, may have contributed to the higher employment rates in the 6 to 12 month period. A second limitation of this study is that we have assessed only the immediate effects of IPS; a further assessment, 12 months after clients completed IPS, is now underway. Third, the need to utilize chart extracts to procure employment outcomes limited, to some extent, the blinded nature of the methodology. The final limitation is not of this study itself, but of the partial coverage of vocational recovery: many clients were interested in specialized support for their return to education, rather than employment; that, unfortunately, was outside the scope of this study.

The clinical implications of this trial, and the small number of similar studies, suggest that IPS can aid functional recovery soon after symptomatic recovery for many EPI clients. In so doing, the spirit of early intervention suggests that broad recovery may prevent later decline for many clients.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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REFERENCES

Bond, G. R. (2018). New IPS research findings. Presentation at IPS Learning Community annual meeting, May 22, 2018, Nashville, TN.

Bond, G., Drake, R., & Campbell, K. (2016). Effectiveness of Individual Placement and Support supported employment for young adults. *Early Intervention in Psychiatry*, *10*, 300–307. https://doi.org/10.1111/eip.12175

Bond, G., Drake, R., & Luciano, A. (2015). Employment and educational outcomes in early intervention programmes for early psychosis: A systematic review. *Epidemiology & Psychiatric Sciences*, *24*, 446–457. https://doi.org/10.1017/S2045796014000419

Bond, G., Peterson, A., Becker, D., & Drake, R. (2012). Validation of the revised Individual Placement and Support fidelity scale (IPS-25). *Psychiatric Services*, *63*, 758–763. https://doi.org/10.1176/appi.ps.201100476

Drake, R., Bond, G., & Becker, D. (2012). *Individual Placement and Support: An evidence-based approach to supported employment*. New York: Oxford University Press.

Drake, R. E., Bond, G. R., Goldman, H., Hogan, M., & Karkus, M. (2016). Individual Placement and Support services boost employment for people with serious mental illness, but funding is lacking. *Health Affairs*, *35*, 1098–1105. https://doi.org/10.1377/hlthaff.2016.0001

Frederick, D., & VanderWeele, T. (2019). Supported employment: Meta-analysis and review of randomized controlled trials of Individual

Placement and Support. *PLoS One*, *14*(2), e0212208. https://doi.org/10.1371/journal.pone.0212208

Kane, J., Robinson, D., Schooler, N., Mueser, K., Penn, D., Rosenheck, R., … Heinssen, R. (2016). Comprehensive versus usual community care for first-episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *American Journal of Psychiatry*, *173*, 362–372A. https://doi.org/10.1176/appi.ajp.2015.15050632

Killackey, E., Jackson, H., & McGorry, P. (2008). Vocational intervention in first-episode psychosis: Individual Placement and Support v. treatment as usual. *British Journal of Psychiatry*, *193*, 114–120. https://doi.org/10.1192/bjp.bp.107.043109

Killackey, E., Allott, K., Jackson, H., Scutella, R., Tseng, Y., Borland, J., … Cotton, S. (2019). Individual Placement and Support for vocational recovery in first-episode psychosis: Randomised controlled trial. *British Journal of Psychiatry*, *214*, 76–82. https://doi.org/10.1192/bjp.2018.191

Kinoshita, Y., Furukawa, T. A., Kinoshita, K., Honyashiki, M., Omori, I., Marshall, M., … Kingdon, D. (2013). Supported employment for adults with severe mental illness. *Cochrane Database of Systematic Reviews*, *2013*(9), CD008297. https://doi.org/10.1002/14651858.CD008297.pub2

Modini, M., Tan, L., Brinchmann, B., Wang, M. J., Killackey, E., Glozer, N., … Harvey, S. (2016). Supported employment for people with severe mental illness: Systematic review and meta-analysis of the international evidence. *British Journal of Psychiatry*, *209*, 14–22. https://doi.org/10.1192/bjp.bp.115165092

Nuechterlein, K., Subotnik, K., Turner, L., Ventura, J., Becker, D., & Drake, R. (2008). Individual Placement and Support for individuals with recent-onset schizophrenia: Integrating supported education and supported employment. *Psychiatric Rehabilitation Journal*, *31*, 340–349. https://doi.org/10.2975/31.4.2008.340.349

Nuechterlein, K., Subotnik, K., Ventura, J., Turner, L., Gitlin, M., Gretchen-Doorly1, D., … Liberman, R. (2020). Enhancing return to work or school after a first episode of schizophrenia: The UCLA RCT of Individual Placement and Support and workplace fundamentals module training. *Psychological Medicine*, *50*, 20–28. https://doi.org/10.1017/S0033291718003860

Nuechterlein, K., Subotnik, K., Gutkind, D., & Gilbert, E. (2000). Symptom dimensions in recent-onset schizophrenia and mania: A principal components analysis of the 24-item brief psychiatric rating scale. *Psychiatry Research*, *97*(2), 129–135. https://doi.org/10.1016/S0165-1781(00)00228-6

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