

# **Vocational rehabilitation in patients with first-episode schizophrenia: The MORPHEUS project**

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**Nordic Conference in Work and Rehabilitation 2018  
Oslo, Norway**

# Agenda

Background

Organization

Methods

Results

Implications

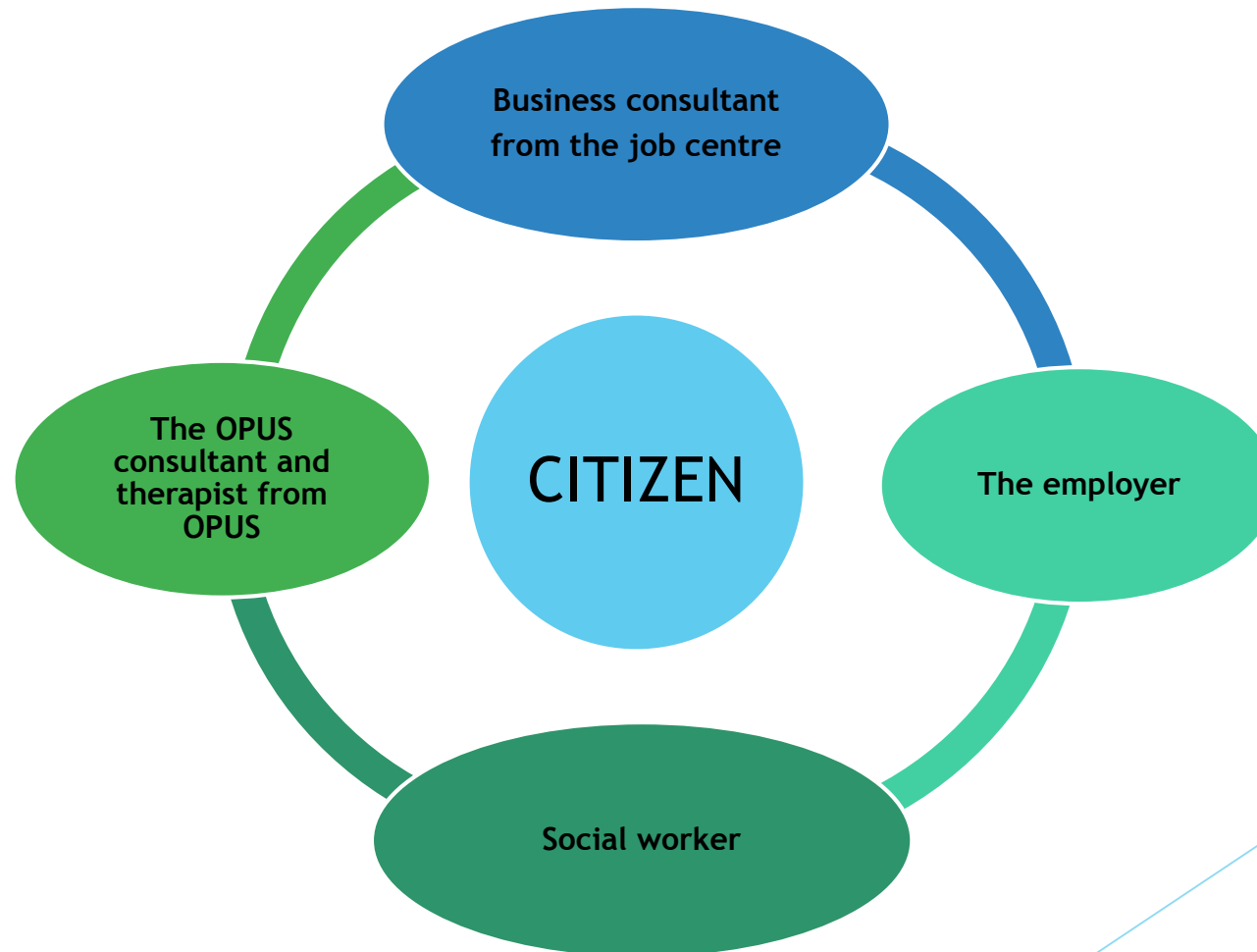
Cases

# NEUROCOM

**Cognitive training plus a comprehensive psychosocial programme (OPUS) versus the comprehensive psychosocial programme alone for patients with first-episode schizophrenia (the NEUROCOM trial): A study protocol for a centrally randomised, observer-blinded multi-centre clinical trial**

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# The Morpheus project



# Goals of MORPHEUS

Overall: Inclusion and counteracting stigma

- ▶ The participants achieve an actual attachment to the labour market or educational system
- ▶ The participants experience an early, more qualified and coordinated process than earlier experienced
- ▶ The participant experience an increased cognitive functioning and quality of life

# Schizophrenia is no longer a chronic disease for the majority of the patients

*20 % recover completely*

*60% has to live with minor impairments and some risk of psychotic relapse*

*20% has a more chronic condition suffering from remaining symptoms and high risk of psychotic relapse*

# Key features for the target group related to vocational rehabilitation and education

- Schizophrenia can increase stress
- Sz often contains remaining symptoms such as cognitive and social cognitive disturbances, easily provoked hallucinations or delusions, negative symptoms, low level of anxiety and low self esteem.
- Extended amount of time in the process of returning to work or study
- Coping with stress and articulating normalization is important
- The aim is to improve functioning in various cognitive and vocational areas, and to help the transfer of knowledge from the vocational effort to everyday life (bridging)

# Methods

- ▶ Individual placement and support (IPS)
- ▶ Integrated teamwork between outpatient treatment (OPUS) and the job centre
- ▶ Competence dialogue
- ▶ Psychoeducation of the employers
- ▶ Group therapy (bridging)



# Teaching employers and educational institutions

- ▶ Psychoeducation about schizophrenia and its impacts of everyday- and worklife
- ▶ Strategies and methods of cooperation

# Cases - Employers

- ▶ "Hopefully he isn't dangerous?"
- ▶ "Do you want me to buy him 2 brooms?"
- ▶ "I didn't consider her very bright, so I didn't actually speak to her..."
- ▶ "In the beginning he came sneaking into the shop without making eye contact and without saying a word. Now, one month later he's smiling."

# The Competence Dialogue

The conversation takes place in a CBT-frame, linking cognitive strengths and weaknesses to experienced difficulties and competencies in vocational life.

Identifying supportive strategies or developing new coping strategies and problem solving skills.

Assessment of homework or focus points till next competence dialogue.

- ▶ The dialogue takes place approximately 4 weeks after the start of the internship
- ▶ The participant and the employer both rate the questions asked from 1 to 5
- ▶ Headlines:
  - ▶ General working capacity
  - ▶ Cognitive competencies
  - ▶ Social skills and communication
  - ▶ Work related improvement
  - ▶ Work life balance

Modified from WBI: Work Behavior Inventory Scale

# The Competence Dialogue

## Knowledge of thinking

1. Awareness of strengths and weaknesses
2. Tools of strategies



**Progression in  
job or study**



## Regulation

3. When and where to use certain strategies

# Group therapy-8 sessions

- ▶ The road to a healthy work life (rules, laws and possibilities)
- ▶ Psychoeducation: Coping with remaining symptoms and cognitive disturbances-training and compensatory strategies
- ▶ Introduction to CBT, MCT and ACT: Rule your thoughts!
- ▶ Social skills: At work
- ▶ Normalization: Coping with stress and low self-esteem

# Results (2014-2017)

## *143 participants*

- ▶ 33 participants has started studying
- ▶ 18 are ready for flexible jobs
- ▶ 9 have gone back to ordinary full-time jobs
- ▶ 11 moved away
- ▶ 8 has retired early
- ▶ 34 are in internships
- ▶ 30 are too ill at the moment to participate
  
- ▶ 78 employers

# Implications

- ▶ The methods can be transferred to other diagnoses for instance OCD, autism, anxiety and depression
- ▶ There is a need for bringing knowledge about the implications of psychological vulnerability into the job centers to ensure "best matches"
- ▶ A better understanding between the psychiatry and the municipality is an ongoing process
- ▶ Creating better relationships between "the systems" ensure a totally person-centered practice that is faster, more efficient and speeds up the rehabilitation process in general

# Quotes from the participants

▶ **“To feel better takes a lot of patience....It feels like a huge lie for a long time to tell yourself that you are okay!”**

▶ **“I take pictures of every dish I have to prepare, otherwise I can't remember what they are going to look like...”**

▶ **“Every morning, it feels like an elephant is sitting on top of me -and I can't always make it go away...”**

▶ **“When I was in distress, I could suddenly see black bears in the corner of the bookshop...”**

▶ **“In the beginning I couldn't ride my bike to my internship because of my anxiety.  
Today I'm starting a new education!”**



▶ **“I was scared to walk to the canteen but now I have already been there 3 times this month...”**



# Thank you for your time!



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