

# Best Practices for Employment for People with Serious Mental Illness

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Substance Abuse and Mental Health  
Services Administration

# Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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## **Shifting Culture to Improve Employment Outcomes and Access**

# What is IPS?

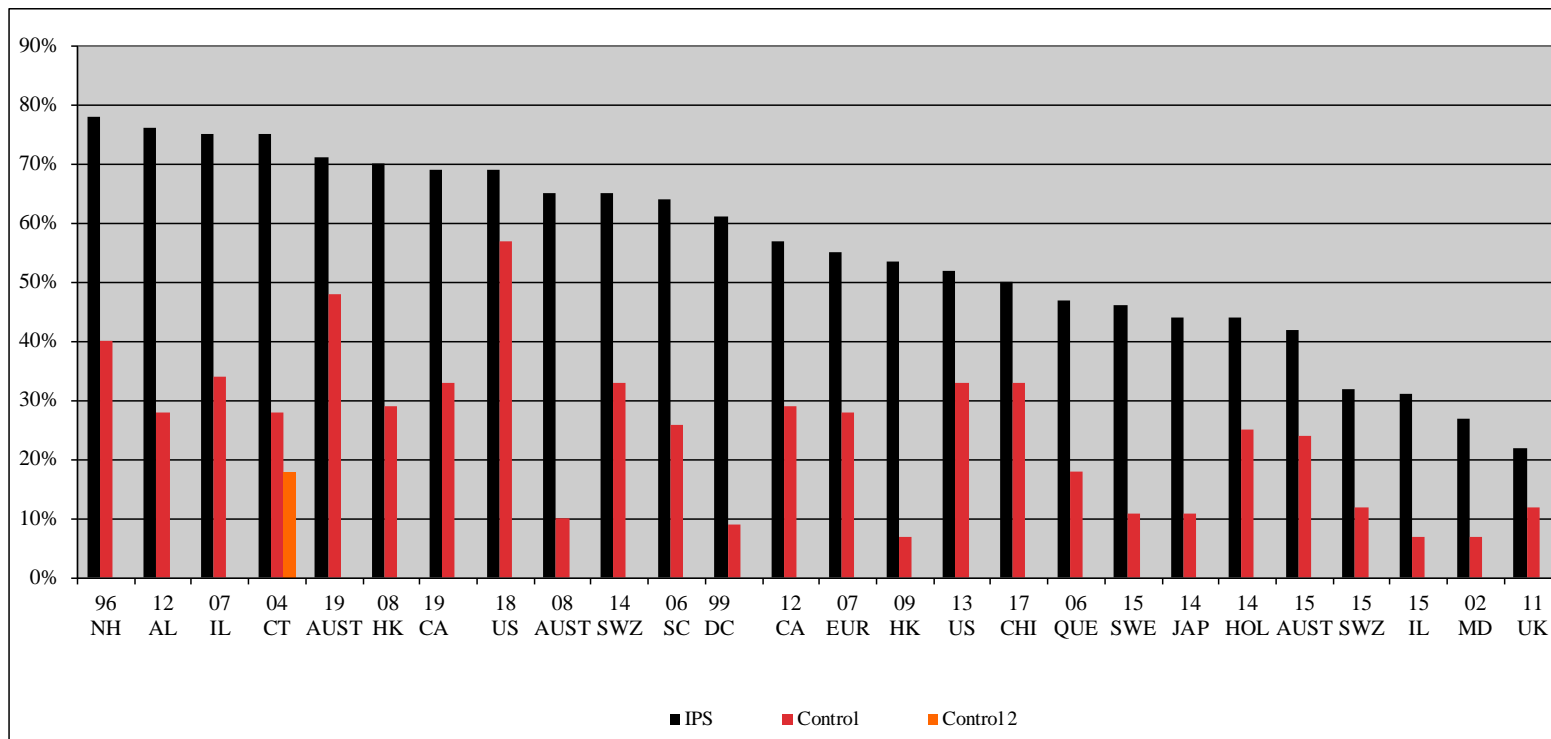
- IPS stands for Individual Placement and Support
- It is the most successful model of supported employment
- IPS is evidence-based and aims to help people with serious mental illness get and keep a job of their choosing, integrating them into the mainstream workforce

# IPS Principles

- Open to anyone who wants to work
- Focus on competitive employment
- Rapid job search
- Targeted job development
- Client preferences guide decisions
- Individualized long-term supports
- Integrated with treatment
- Benefits counseling included

Source: IPS Employment Center 11.2.2018

# Competitive Employment Rates in 26 Randomized Controlled Trials of IPS



Source: Bond, IPS Employment Center 06.18.19

- All of the studies show higher employment rates for IPS vs control groups, who received the standard vocational service provided by the agency studied, and the difference in employment rates was significant in all but one study, in which the difference was borderline significant.

# Creating the Assumption

- Employment is an outcome of good mental health treatment.
  - Source: Amy M. Kilbourne et al., *Measuring and improving the quality of mental health care: a global perspective*, 17 World Psychiatry 30, 31 tbl. 1 (2018)
- Employment is an intervention that improves mental health.
  - Source: Phillip W. Bush et al., *The Long-term Impact of Employment on Mental Health Service Use and Costs for Persons with Severe Mental Illness*, 60 Psychiatric Services 1024, 1030 (2009)

# How Can Employment Improve Mental Health?

## Clinical course

- Better control of symptoms
- Reduced hospitalization
- Reduced substance use
- Reduced use of mental health services
- Application of rehabilitation strategies

## Increased quality of life

- Increased income
- Improved self esteem
- Improved social networks
- Sense of purpose

Source: IPS Employment Center, *Individual Placement and Support – IPS: The Evidence-Based Practice for Employment* (last updated Nov. 2, 2018)



# Common Scenarios Indicating Failure to Embrace These Assumptions

- Employment specialists caseloads are not full
- Ambivalence about work – clients and staff
- Medical model – cultural emphasis on monitoring symptoms, medication adherence, and managing crises
- People are referred to IPS and mental health team members focus on non-work related goals
- Employment specialists caseload are too high
- Employment specialist spend more time engaging clients around employment than job developing

Sources: Deborah R. Becker et al., *Supported Employment Fidelity Review Manual*, Dartmouth Psychiatric Research Center (Dec. 2015); Patrick W. Corrigan and Stanley G. McCracken, *Place First, Then Train: An Alternative to the Medical Model of Psychiatric Rehabilitation* 50 Social Work 31 (2005); Amy Miller and David Lynde, *Evidence-Based Supported Employment*, Georgia Department of Behavioral Health and Developmental Disabilities

# Improving Outcomes and Access

- Maximizing the use of existing resources
- Cultural interventions

Source: Dean L. Fixsen et al., *Implementation Research: A Synthesis of the Literature*, University of South Florida (2005).

# Strategies Using Existing Resources

- Clarify roles and responsibilities
- Expand awareness
- Maximize enrollment
- Shared outcomes

Source: Dean L. Fixsen et al., *Implementation Research: A Synthesis of the Literature*, University of South Florida (2005)

# Whose Job Is Employment?

- State authorities: mental health, vocational rehabilitation, Medicaid
- Community mental health provider
  - IPS Team: Supervisor, employment specialist
  - All direct care staff and their supervisors: therapists, case managers, community support workers, recovery support specialists, all assertive community treatment team members, PSR staff, psychiatrists, nurses, social workers, psychologists, occupational therapists, etc.
  - Quality manager
  - Human resources department
  - Etc.

Sources: IPS Employment Center, *Individual Placement and Support – IPS: The Evidence-Based Practice for Employment* (last updated Nov. 2, 2018); Deborah R. Becker et al., *Supported Employment Fidelity Review Manual*, Dartmouth Psychiatric Research Center (Dec. 2015)

# Whose Job Is Employment? Part 2

- Vocational rehabilitation counselor
- Job seeker
- Employer
- IPS trainers
- Fidelity reviewers
- Contract monitors
- Etc.

Sources: IPS Employment Center, *Individual Placement and Support – IPS: The Evidence-Based Practice for Employment* (last updated Nov. 2, 2018); Deborah R. Becker et al., *Supported Employment Fidelity Review Manual*, Dartmouth Psychiatric Research Center (Dec. 2015)

# Roles and Responsibilities

- Spelled out clearly
- Routinely discussed
- Modeled

Sources: Deborah R. Becker et al., *Supported Employment Fidelity Review Manual*, Dartmouth Psychiatric Research Center (Dec. 2015); Dean L. Fixsen et al., *Implementation Research: A Synthesis of the Literature*, University of South Florida (2005).

# Roles and Responsibilities- Part 2

- Embedded into organization:
  - Job descriptions
  - Performance measures
  - Quality monitoring
  - Treatment planning and clinical review meetings
  - Clinical documentation
  - Contracts
  - Initial and annual training
  - Policies, procedures, protocols
  - Marketing
  - Etc.

# Integration of Roles and Responsibilities

- Role and responsibility documents
- Work flow charts
- Solution-focused team meetings
- Solution-focused inter-agency meetings
- Shared performance measures
- Shared accountability for outcomes
- Celebration of shared outcomes

Source: Dean L. Fixsen et al., *Implementation Research: A Synthesis of the Literature*, University of South Florida (2005).



# Cultural Interventions that Increase Awareness, Enrollment, and Outcomes

- Tell success stories at every opportunity
- Embed roles and responsibilities into organizational structures and practices
- Set the expectation that all clients will want to work at some point
- Engagement around employment is ongoing
- Engagement around employment is everybody's job!
- Track and publicize referral sources
- Track and publicize outcomes by treatment team

Sources: University of Kentucky, *Individual Placement and Support (IPS) Supported Employment Toolkit*, (Jan. 2018); Bazelon Center, *Advances in Employment Policy for Individuals with Serious Mental Illness* (Oct. 2018)

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## **Thinking Skills for Work Program: Cognitive Enhancement and Supported Employment for People with Serious Mental Illness**

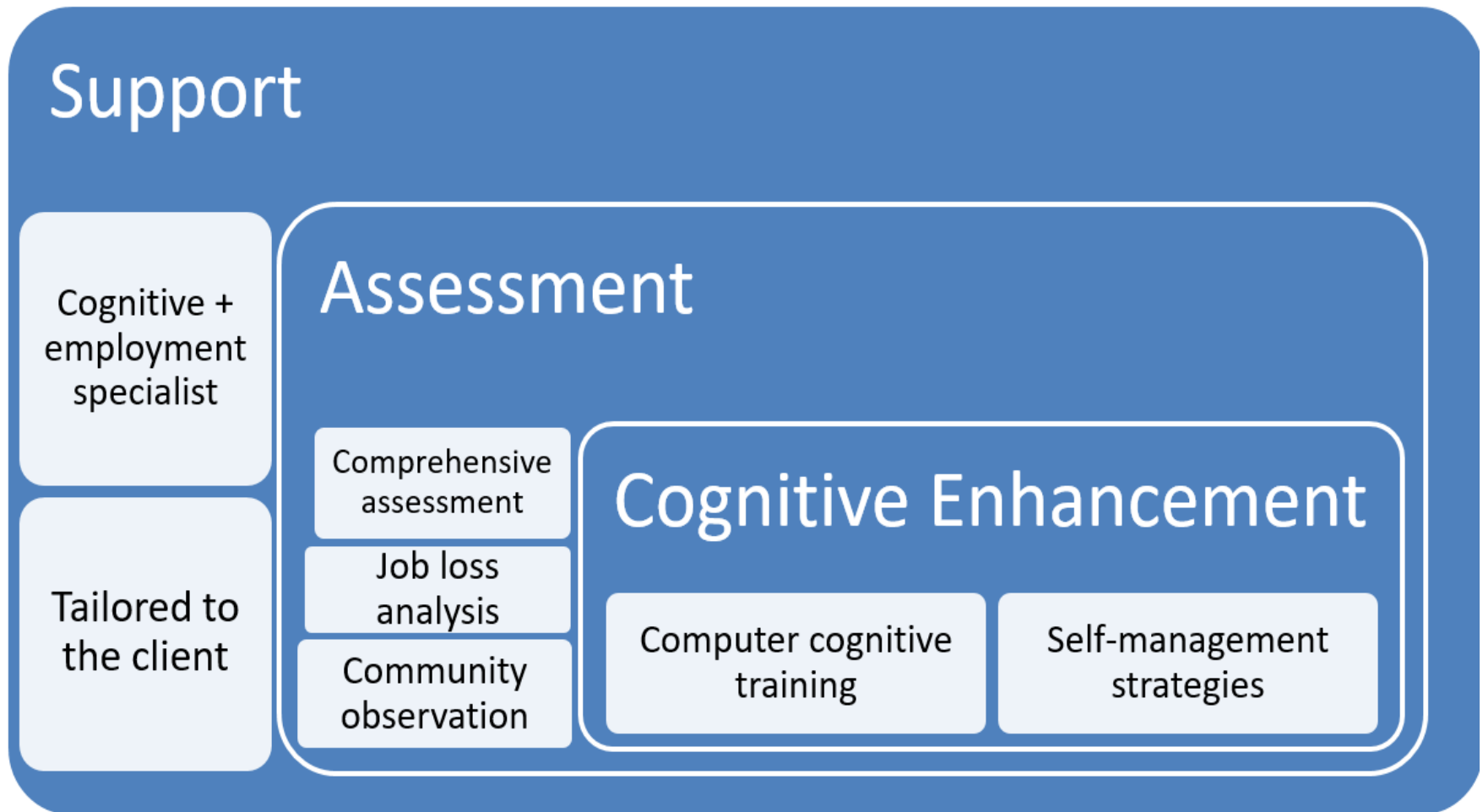
# Goals of TSW

Improve cognitive abilities

Enhance confidence and reduce negative thinking

Optimize getting and keeping competitive jobs

# How TSW Works



Source: *Thinking Skills for Work Cognitive Enhancement for Successful Employment*, McGurk & Mueser, Guilford Press, in press.

# The Three Cognitive Components of the Thinking Skills for Work Program



Computer  
cognitive  
training



Strategy  
coaching with  
cognitive  
training



Teaching  
cognitive self-  
management

1

2

3

# TSW Computer Cognitive Training (CCT) Equipment, Materials and Personnel



Computer



Cognitive Software



Participant

## Thinking Skills for Work: An Integrated Program for Cognitive Remediation and Supported Employment

### Program Manual

Susan R. McGurk, PhD., and  
Kim T. Mueser, PhD.

Program Manual



Cognitive Specialist:  
facilitates 24  
lessons of CCT  
including strategy  
coaching

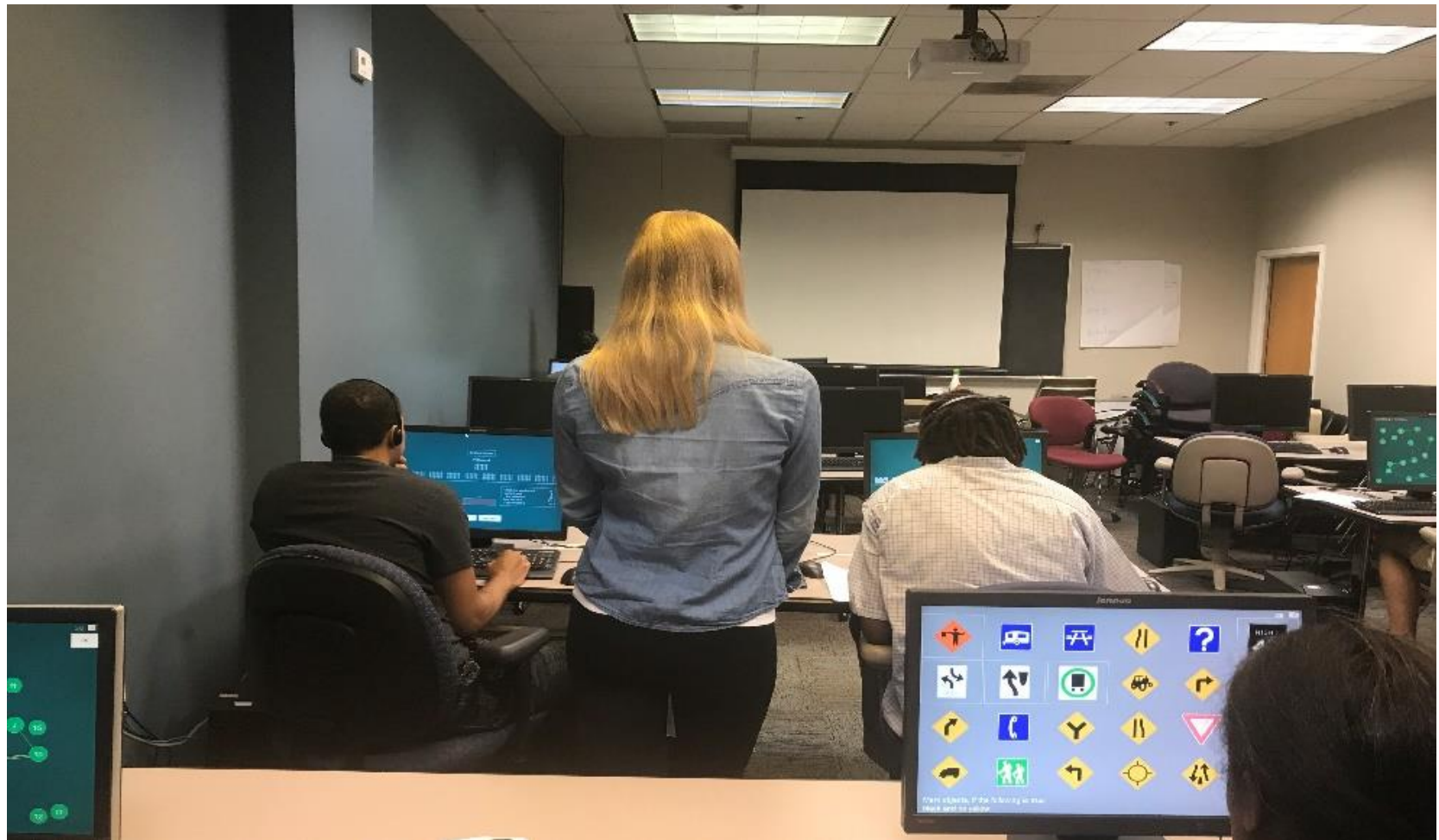
Computer Cognitive Training Curriculum Session 1

1) Comparisons (Attention) subtest b: # Correct: _____ Average working time per task: _____ sec.	4) Eyewitness (Visual Memory) subtest a: # Correct: _____ Correctness in percent: _____
2) Memory (Verbal Memory) subtest p: # Correct: _____ Correctness in percent totals: _____	5) Stop (Reaction Time) subtest a: Shortest error: _____ sec. Longest error: _____ Average deviation in seconds totals: _____
3) Connect (Psychomotor Speed) subtest a: Clicked _____ times. _____ were right _____ were wrong _____ were missing _____ seconds per click	6) Money (Problem Solving) subtest f: # Correct: _____ Correctness in percent totals: _____

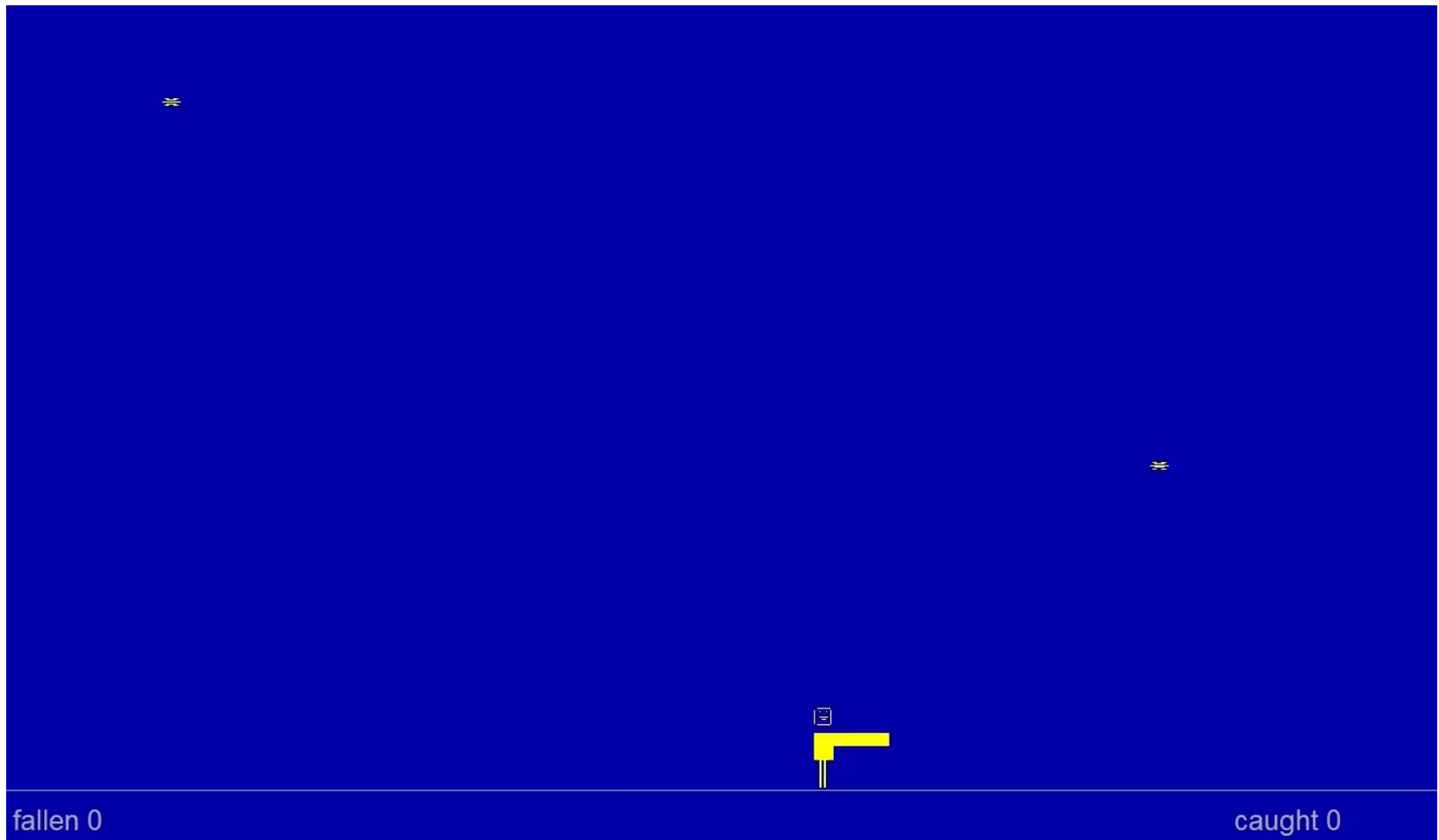
TSW Cognitive  
Exercise Curriculum



# Facilitator Provides Suggestions to Improve Performance and Strategy Coaching

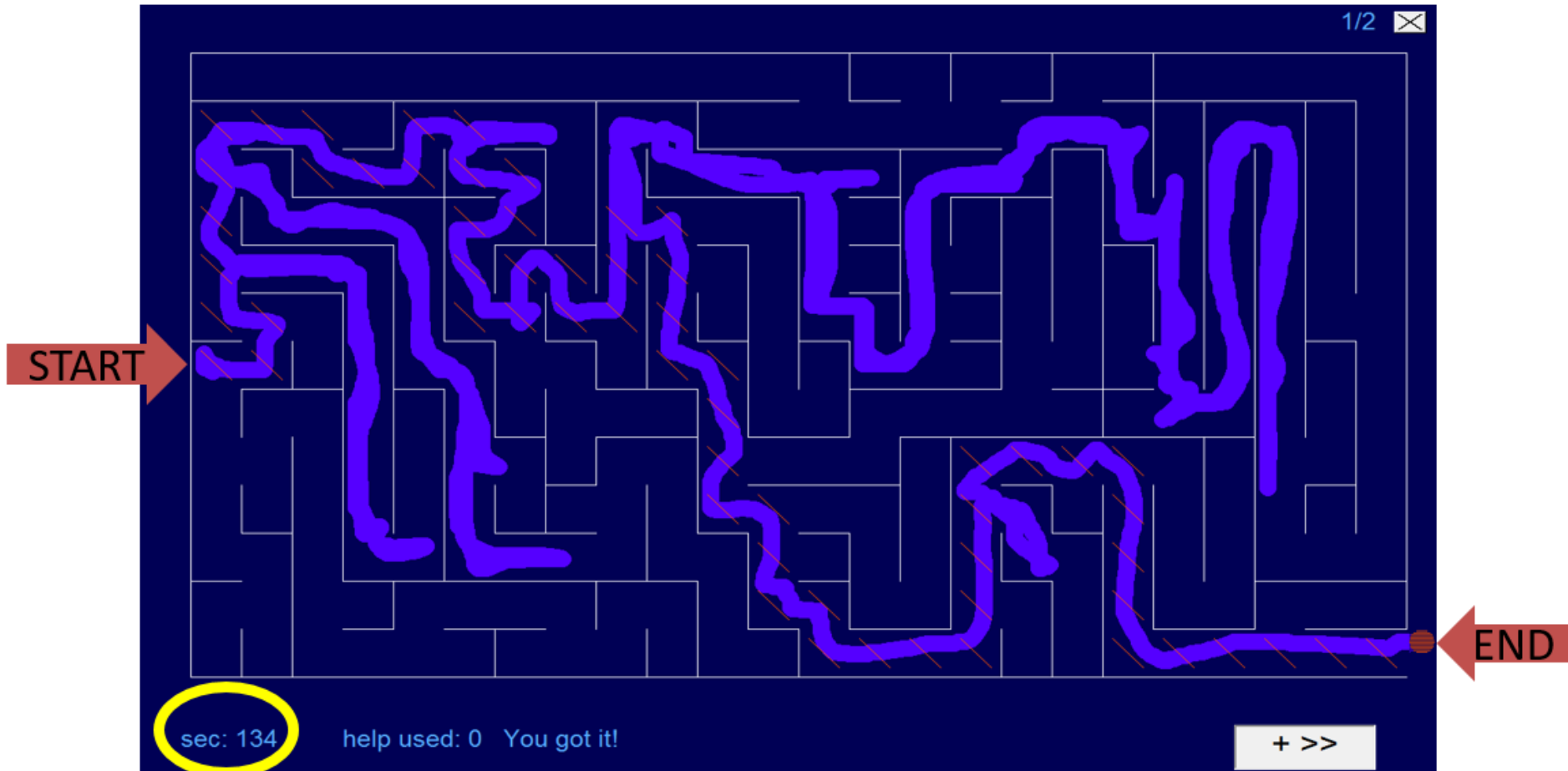


# Example of Cognitive Exercise “Falling Stars”

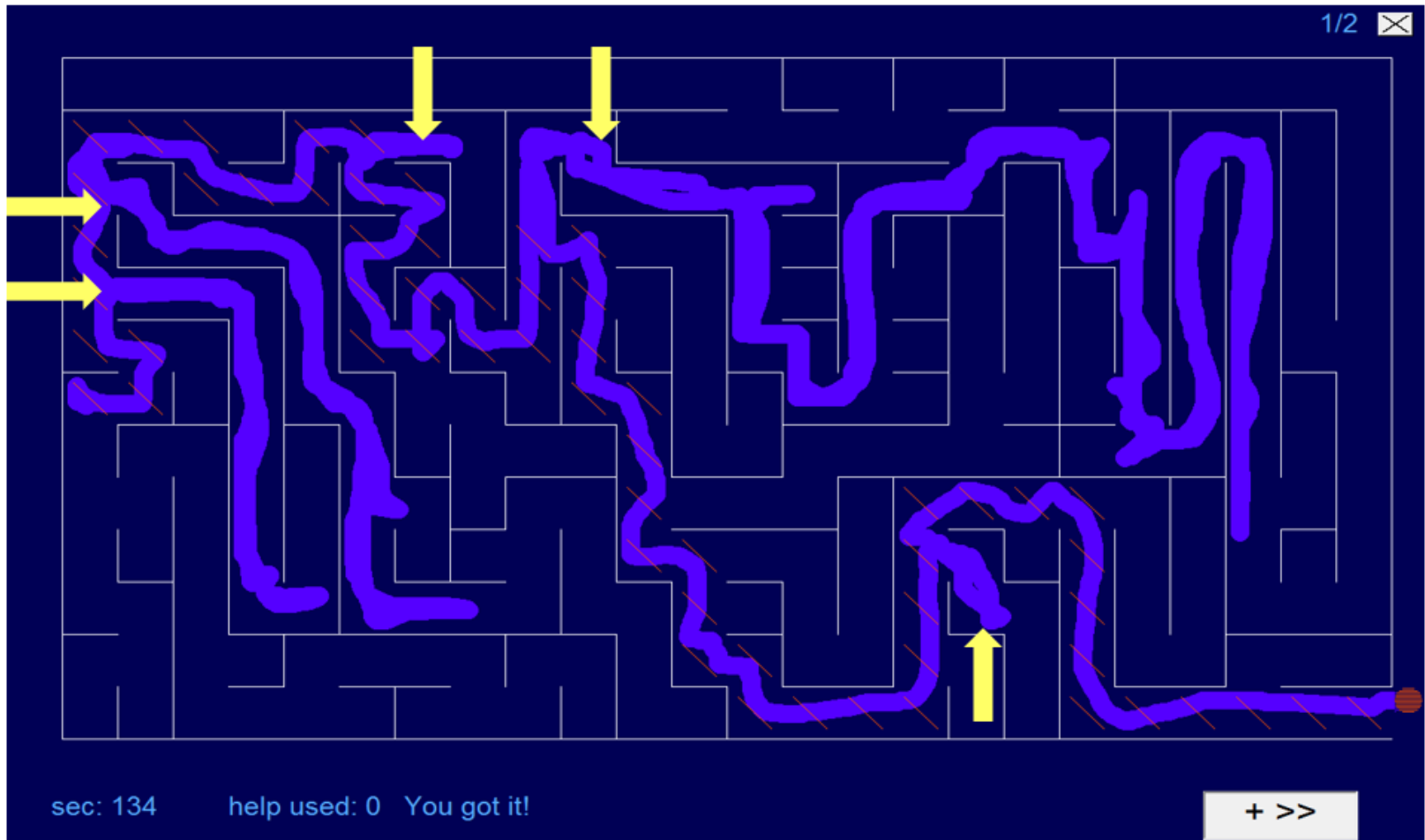




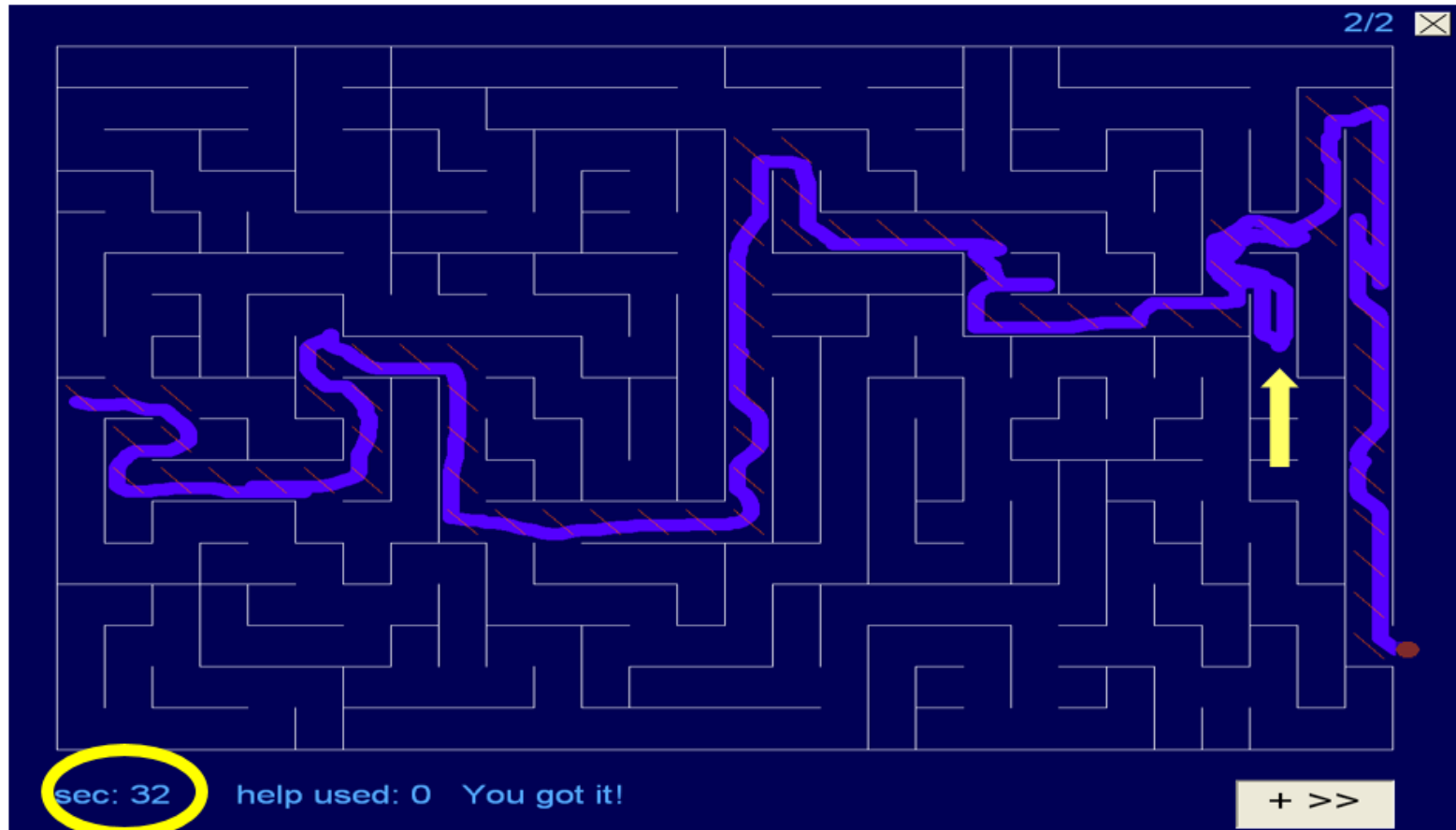
# Example of a Cognitive Exercise Planning Task



# Arrows Indicate Errors in Planning



# Performance is Improved Following Strategy Coaching for Planning



TSW Module 7: Part IV  
TSW Module 7: Part IV

Only 1 error and much improved time to completion

# Cognitive Self Management Strategies

- Help people get the most of out of supported employment services
- Optimize work performance
- Help people “work around” cognitive challenges
- Can improve cognitive functioning
- Optimize work performance for everyone, including people who do not experience cognitive challenges



*A memory spot:* handy  
storage of daily use items;  
decreases tax on memory

# Examples of Cognitive Self-Management Strategies

- Paraphrase something someone just told you (such as directions) in order to be sure that you heard it correctly and can remember it
- Reduce distractions in the environment in order to improve concentration (e.g., turning off TV or radio when working)
- Organize one's work or living space in order to avoid losing things or wasting time looking for them
- Prioritize work tasks using a checklist, develop a work routine
- “Sell oneself” during a job interview by highlighting personal strengths
- Recognize, challenge, and change inaccurate, negative, self-defeating thinking (e.g., “No one will ever hire me,” “I’m going to get fired”, “I can’t learn this job”)

# Job Search and Job Support Consultation

- During the job search, CS may recommend particular self management strategies and/or plan for the use of others when a job is attained
- Upon job attainment, the ES, CS and client meet to discuss specific tasks and the potential use of self management strategies to optimize job performance

# Research on the TSW Program

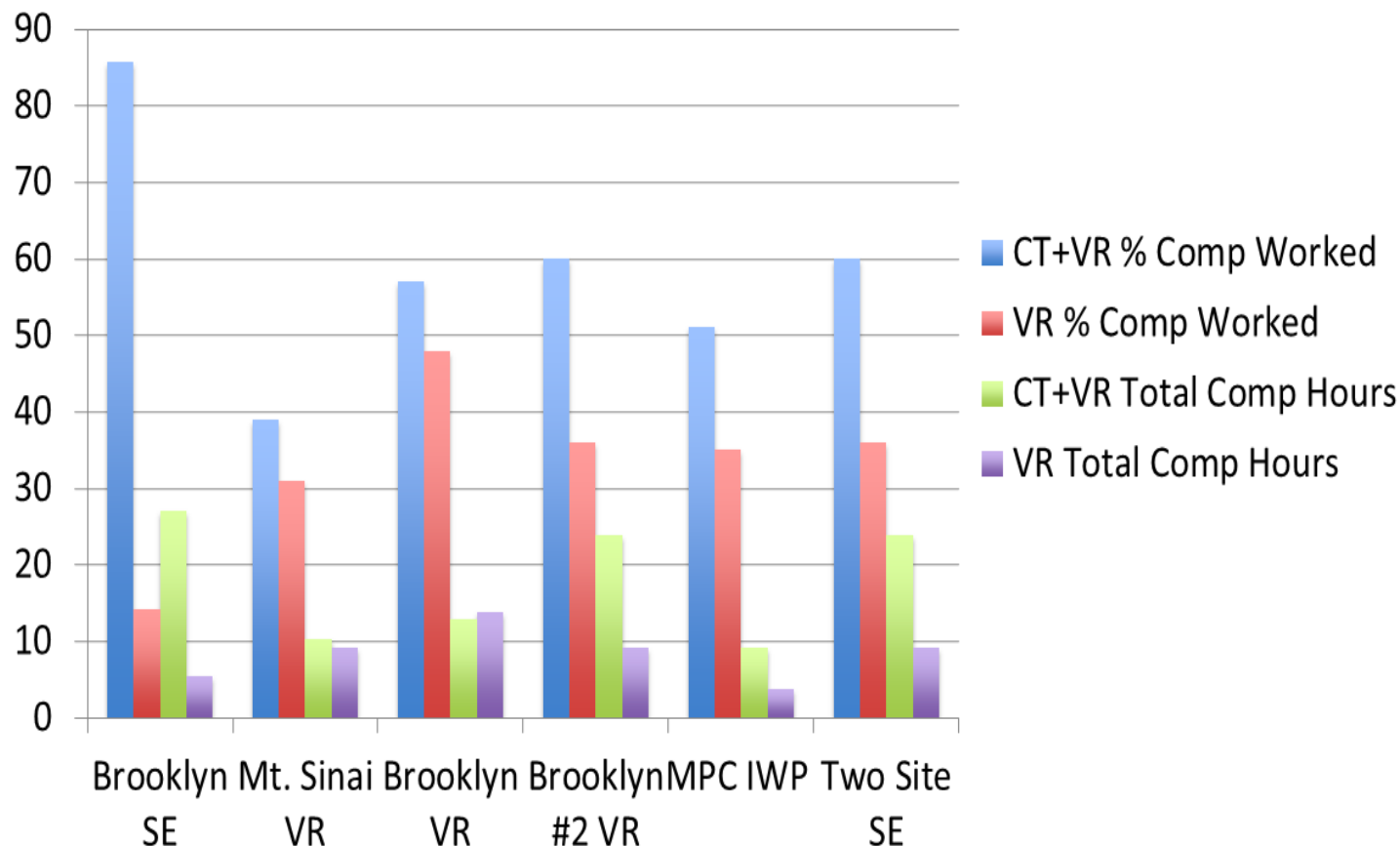
- 6 randomized controlled effectiveness trials (RCTs) conducted by McGurk, Mueser, and colleagues evaluated the TSW program in persons with SMI
- Schizophrenia most common diagnosis
- Across all studies, rates of participation in TSW program were high (>70%)
- Follow-up periods 24 to 36 months
- All studies found greater improvements in cognitive functioning and employment for participants who received VR + TSW than VR alone

# Research on TSW, Continued

- TSW is the only intervention added to SE that improves work outcomes
- E.g., adding social skills training , CBT, or MI did not improve work in SE
- Strength of research-it is true effectiveness research-includes people with a broad range of clinical challenges
- Implementation in NY, NH, IL, OR, KS, MA, CA, CT, etc.



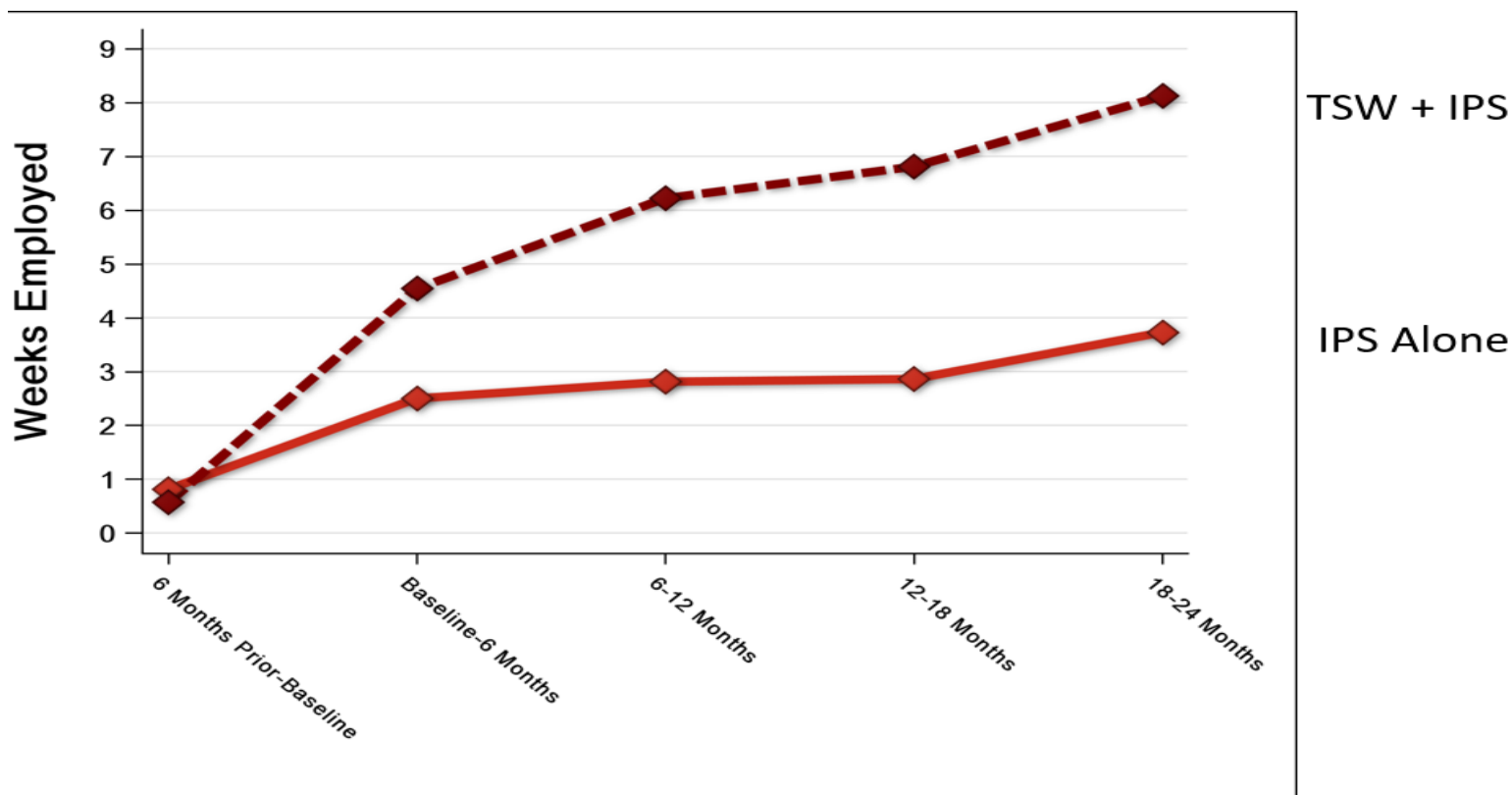
# Competitive Work Outcomes From Six Randomized Controlled Trials of TSW Involving People with Serious Mental Illness



All studies show significantly better competitive work rates in TSW+VR/SE than VR/SE only; highest work rates found when rehabilitation model is SE

# Thinking Skills for Work + IPS Compared to IPS Alone in People with Serious Mental Illness

The graph indicates that the number of people working in the TSW+IPS continued to increase throughout the 24 month follow-up as compared to the IPS alone group



Source: McGurk et al., *Cognitive Enhancement Treatment for People with Mental Illness Who Do Not Otherwise Respond to Supported Employment: A Randomized Controlled Trial*, American Journal of Psychiatry, 172(9):852-61, 2015.

NIMH funded trial:1 R01 MH077210-01

# State Funding of TSW

- In some states, TSW services are funded by mental health agencies:
  - through the state's supported employment Medicaid code
  - through a community support or other skills training Medicaid code
  - or, as group or individual skills training, e.g., community support, psychosocial rehabilitation, individual therapy, etc.—depending on the state's Medicaid service definitions
- Eligibility to bill as supported employment for TSW is because people providing TSW are trained in supported employment, and, TSW is embedded in the supported employment program
- Eligibility to bill TSW as community support, psychosocial rehabilitation, or individual therapy (depending on service definitions) would be justified by the generalizability of the skill beyond work into other functional areas.

# Summary

- TSW is a standardized package of cognitive restorative task practice and self-management services embedded in vocational services
- TSW improves cognition and work, including in people who have failed to respond to high fidelity supported employment
- Current research seeks to streamline, personalize, and scale up the TSW program

Cheryl Bates-Harris

Senior Disability Advocacy Specialist

## Successfully Navigating Vocational Rehabilitation

# First - Let's Count the Barriers

- Negative attitudes and social stigma result in prejudice and discrimination EVEN from helping professionals
- Lack of confidence
- Fears around loss of benefits
- Fear of disclosure
- Hiring practices that screen out applicants with poor employment histories
- Reductions in type of services that actually work

# Added Unnecessary Hindrances

- Work readiness
- Not work ready
- Not stable enough
- Not in Treatment
- Co-occurring conditions

# Vocational Rehabilitation

- Publicly funded state federal partnership in all states and territories to provide services to those with physical or mental impairments that result in substantial impediments to employment.
- Its process:
  - Apply
  - Be found eligible
  - Meet with a counselor
  - Become an active partner in the process.



# The Rehabilitation Act Assumes Employability

- Assumes individuals with disabilities, even those with the most significant disabilities, are capable of achieving an employment outcome given the proper services and supports.
- Individuals with serious mental illness are presumed eligible, and, if they have signed the application for services, presumed to want to seek employment.

# Individualized Services and Supports

- There should not be a “cookie cutter” approach to employment for anyone, including individuals with mental illness.
- It may take time for a person to understand what type of job and schedule works best for them.
- VR needs to engage flexible strategies to identify and support work goals

# Individualized Services and Supports- Part 2

- Medication is NOT a requirement for services or work
- Ability to function – get up, get out, respond to schedule and supervision
- Individuals may need rights training and instruction in self-advocacy, which may include peer mentoring.

# Individuals with SMI Need

- Career assessment and career counselling - not psychiatric evaluations
- Interest inventories – self assessment and strengths exploration
- Identification of goal – not “realistic” goals
  - Identification of the individual’s vocational goals

# Services VR Can Provide

- Education or vocational training
- Apprenticeships
- On the job training
- Volunteering
- Interview practice and resume writing
- Other services as needed to reach the individuals' vocational objective

# Collaboration with Other Support Systems

- American Job and Workforce Centers
- Mental health treatment programs and job clubs
- Employment Networks and the Ticket to Work Program
- Independent Living Centers and peer mentoring
- School and other education systems
- Medicaid and health insurance systems

# Customized Employment

- Competitive integrated employment
- Uses a strength based model to determine employment possibilities
- A pre-negotiated job agreement which meet the needs of employer and suits the interests and skills of the employee
- Relies on natural supports and on the job training

# Traditional Supported Employment

- Integrated work for individuals with the most significant disabilities:
  - For whom competitive employment has not historically occurred or
  - Has been interrupted or intermittent and
  - Who, because of the nature and severity of their disability need intensive supported employment services and extended services



# Partnership Plus with the Ticket to Work

- Vocational Rehabilitation hands off to Employment Network through the SSA's Ticket to Work Employment Networks (ENs)
- The goal is employment stability through retention and promotion
- ENs will provide support for 60 months or longer to ensure employment success.
- Their touch points are less obvious and less visible to employer and coworkers.

- Work Pays!
- When people with disabilities work everyone wins!

# Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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