Disclaimer

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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
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.
• Employment is an outcome of good mental health treatment.

• Employment is an intervention that improves 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

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

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.

Whose Job Is Employment? Part 2

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

Roles and Responsibilities

• Spelled out clearly
• Routinely discussed
• Modeled

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

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

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

Support

Cognitive + employment specialist

Tailored to the client

Assessment

Comprehensive assessment
Job loss analysis
Community observation

Cognitive Enhancement

Computer cognitive training
Self-management strategies

The Three Cognitive Components of the Thinking Skills for Work Program

1. Computer cognitive training
2. Strategy coaching with cognitive training
3. Teaching cognitive self-management
TSW Computer Cognitive Training (CCT) Equipment, Materials and Personnel

Thinking Skills for Work: An Integrated Program for Cognitive Remediation and Supported Employment
Program Manual
Susan R. McGurk, PhD., and Kim T. Mueser, PhD.

Cognitive Specialist: facilitates 24 lessons of CCT including strategy coaching

TSW Cognitive Exercise Curriculum
Example of Cognitive Exercise “Falling Stars”
Example of a Cognitive Exercise Planning Task

START

sec: 134  help used: 0  You got it!

END
Arrows Indicate Errors in Planning
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”).
• 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
• 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.
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.

NIMH funded trial: 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.
• 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.
• 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.
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.
• 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
• 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!
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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