

Slide 2: Why Focus on Employment?

Working is often mentioned by consumers in describing their recovery process. See:

Bailey, J. (1998). I'm just an ordinary person. *Psychiatric Rehabilitation Journal*, 22(1), 8-10.

Rogers, J. A. (1995). Work is key to recovery. *Psychosocial Rehabilitation Journal*, 18(4), 5-10.

Strickler, D. C., Whitley, R., Becker, D. R., & Drake, R. E. (2009). First person accounts of long-term employment activity among people with dual diagnosis. *Psychiatric Rehabilitation Journal*, 32, 261-268.

Strickler, D. C. (2014). Rebirth through supported employment. *Psychiatric Rehabilitation Journal*, 37, 151-152.

Most consumers want to work: See Slide 6.

Working is not the only adult role for adults in our society, but it is clearly very important. It is each person's choice whether or not he/she would like to pursue work, but mental health centers should make it possible if it is their choice.

Cost-effective alternative to day treatment: See:

Clark, R. E. (1998). Supported employment and managed care: Can they coexist? *Psychiatric Rehabilitation Journal*, 22(1), 62-68.

Show Introductory Video to Supported Employment.

Slide 3: Benefits of Steady Competitive Employment

Bond, G. R., Resnick, S. G., Drake, R. E., Xie, H., McHugo, G. J., & Bebout, R. R. (2001). Does competitive employment improve nonvocational outcomes for people with severe mental illness? *Journal of Consulting and Clinical Psychology*, 69, 489-501.

Burns, T., Catty, J., White, S., Becker, T., Koletsi, M., Fioritti, A., et al. (2009). The impact of supported employment and working on clinical and social functioning: Results of an international study of Individual Placement and Support. *Schizophrenia Bulletin*, 35, 949-958.

Bush, P. W., Drake, R. E., Xie, H., McHugo, G. J., & Haslett, W. R. (2009). The long-term impact of employment on mental health service use and costs. *Psychiatric Services*, 60, 1024-1031.

Drake, R. E., Xie, H., Bond, G. R., McHugo, G. J., & Caton, C. L. (2013). Early psychosis and employment. *Schizophrenia Research*, 146, 111-117.

Hoffmann, H., Jäckel, D., Glauser, S., Mueser, K. T., & Kupper, Z. (in press). Long-term effectiveness of supported employment: five-year follow-up of a randomized controlled

trial. *American Journal of Psychiatry*.

Kukla, M., Bond, G. R., & Xie, H. (2012). A prospective investigation of work and nonvocational outcomes in adults with severe mental illness. *Journal of Nervous and Mental Disease*, 200, 214–222.

McHugo, G. J., Drake, R. E., Xie, H., & Bond, G. R. (2012). A 10-year study of steady employment and non-vocational outcomes among people with serious mental illness and co-occurring substance use disorder. *Schizophrenia Research*, 138, 233-239.

Mueser, K. T., Becker, D. R., Torrey, W. C., Xie, H., Bond, G. R., Drake, R. E., et al. (1997). Work and nonvocational domains of functioning in persons with severe mental illness: A longitudinal analysis. *Journal of Nervous and Mental Disease*, 185, 419-426.

Slide 4: Is Work Too Stressful?

Marrone, J., & Golowka, E. (1999). If work makes people with mental illness sick, what do unemployment, poverty, and social isolation cause? *Psychiatric Rehabilitation Journal*, 23, 187-193.

Impact of unemployment for people with severe mental illness:

Eklund, M., Leufstadius, C., & Bejerholm, U. (2009). Time use among people with psychiatric disabilities: implications for practice. *Psychiatric Rehabilitation Journal*, 32, 177-191.

Hayes, R. L., & Halford, W. K. (1996). Time use of unemployed and employed single male schizophrenic subjects. *Schizophrenia Bulletin*, 22, 659-669.

Employment is not associated with increased psychiatric hospitalization:

Luciano, A., Bond, G. R., & Drake, R. E. (submitted). Does employment alter the course and outcome of schizophrenia and other severe mental illnesses? A systematic review of longitudinal research.

Slide 5: Impact of Unemployment in General Population

Warr, P. (1987). *Work, unemployment, and mental health*. Oxford: Oxford University Press.

Slide 6: Competitive Employment for People with Severe Mental Illness

Evidence that most consumers want to work:

Bedell, J. R., Draving, D., Parrish, A., Gervery, R., & Guastadisegni, P. (1998). A description and comparison of experiences of people with mental disorders in supported employment and paid prevocational training. *Psychiatric Rehabilitation Journal*, 21(3), 279-283.

Drebing, C. E., Van Ormer, E. A., Schutt, R. K., Krebs, C., Losardo, M., Boyd, C., et al. (2004). Client goals for participating in VHA vocational rehabilitation: Distribution and relationship to outcome. *Rehabilitation Counseling Bulletin*, 47, 162-172.

Frounfelker, R. L., Wilkniss, S. M., Bond, G. R., Devitt, T. S., & Drake, R. E. (2011). Enrollment in supported employment services for clients with a co-occurring disorder. *Psychiatric Services*, 62, 545-547.

McQuilken, M., Zahniser, J. H., Novak, J., Starks, R. D., Olmos, A., & Bond, G. R. (2003). The Work Project Survey: Consumer perspectives on work. *Journal of Vocational Rehabilitation*, 18, 59-68.

Mueser, K. T., Salyers, M. P., & Mueser, P. R. (2001). A prospective analysis of work in schizophrenia. *Schizophrenia Bulletin*, 27, 281-296.

Ramsay, C. E., Broussard, B., Goulding, S. M., Cristofaro, S., Hall, D., Kaslow, N. J., et al. (2011). Life and treatment goals of individuals hospitalized for first-episode nonaffective psychosis. *Psychiatry Research*, 189, 344-348.

Rogers, E. S., Walsh, D., Masotta, L., & Danley, K. (1991). Massachusetts survey of client preferences for community support services: Final report. Boston: Center for Psychiatric Rehabilitation.

Woltmann, E. (2009). Development and evaluation of a consumer-directed decision support system to support shared decision making in community mental health. Unpublished dissertation, Dartmouth, Hanover, NH.

Evidence that <20% are currently working:

Lindamer, L. A., Bailey, A., Hawthorne, W., Folsom, D. P., Gilmer, T. P., Garcia, P., et al. (2003). Gender differences in characteristics and service use of public mental health patients with schizophrenia. *Psychiatric Services*, 54, 1407-1409.

Perkins, R., & Rinaldi, M. (2002). Unemployment rates among patients with long-term mental health problems: A decade of rising unemployment. *Psychiatric Bulletin*, 26, 295-298.

Rosenheck, R. A., Leslie, D., Keefe, R., McEvoy, J., Swartz, M., Perkins, D., et al. (2006). Barriers to employment for people with schizophrenia. *American Journal of Psychiatry*, 163, 411-417.

Salkever, D. S., Karakus, M. C., Slade, E. P., Harding, C. M., Hough, R. L., Rosenheck, R. A., et al. (2007). Measures and predictors of community-based employment and earnings of persons with schizophrenia in a multisite study. *Psychiatric Services*, 58, 315-324.

Access to employment services

Brown, J. D., Barrett, A., Ireys, H., Caffery, E., & Hourihan, K. (2012). *Evidence-based practices for Medicaid beneficiaries with schizophrenia and bipolar disorder*.

Washington, DC: Office of Disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

SAMHSA. (2009). <http://www.samhsa.gov/dataoutcomes/urs/urs2009.aspx>. Retrieved January 17, 2011

Slide 7: Evidence-Based Practice

Slide 11: Competitive Employment Rates in 21 RCTs of IPS

Bond, G. R., Drake, R. E., & Becker, D. R. (2012). Generalizability of the Individual Placement and Support (IPS) model of supported employment outside the US. *World Psychiatry, 11*, 32-39.

Drake, R. E., & Bond, G. R. (2014). Introduction: special issue on the Individual Placement and Support (IPS) model of supported employment. *Psychiatric Rehabilitation Journal, 37*, 76-78.

For most recent updates, see The IPS Employment Center website : www.ipsworks.org

Slide 13: Definition of Competitive Employment

Competitive employment - work in the community that anyone can apply for and pays at least minimum wage. The wage should not be less than the normal wage (and level of benefits) paid for the same work performed by individuals who do not have a mental illness.

Previous approaches were geared toward prevocational training such as work crews, work units, sheltered work (jobs in settings with others with mental illness, often doing piecework), and volunteer positions.

Is a successful approach that has been used in various settings by culturally diverse consumers, employment specialists, and practitioners.

Defined in Rehabilitation Act Amendments of 1986 (Federal Register, Aug 14, 1987).

Slide 14: Evidence-Based Principles

The eight IPS principles are described in many IPS publications, such as:

Swanson, S. J., & Becker, D. R. (2013). *IPS supported employment: a practical guide*. Lebanon, NH: Dartmouth Psychiatric Research Center.

Evidence for the principles have been examined several times, such as in:

Bond, G. R. (1998). Principles of the Individual Placement and Support model: Empirical support. *Psychiatric Rehabilitation Journal*, 22(1), 11-23.

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

Slide 15: Eligibility Is Based on Consumer Choice

The idea of work readiness is a deeply ingrained belief among professionals:

“My clients are more symptomatic than those in typical supported employment programs.”

“We will alienate employers if we place consumers who are not ready.”

“We need to stabilize clients first.”

Responses:

Most factors used to screen consumers don't do very well in predicting who can work (Anthony & Jansen, 1984).

This is especially true for standardized tests.

Clinicians are not very accurate in picking out who is not ready, either.

Screening is antithetical to the work climate that effective supported employment programs develop.

Kansas study: In interviews at successful employment programs, staff focus on consumer success stories in working; staff from unsuccessful programs preoccupied with consumer deficits, how they are too symptomatic, have poor skills, and are lower functioning (Gowdy et al., 2003). Staff expectations may have a lot to do with success.

Alcohol use deserves special mention. Although many programs exclude people for this reason, a review of 5 studies found that dually disordered clients did no better or worse than clients without alcohol problems (Sengupta, 1998). Other studies also support the view that people with dual disorders benefit from IPS. Needless to say, alcohol use should be taken into account in job matching, as should all client characteristics.

The IPS model subscribes to the value, as John Beard from Fountain House espoused, that everyone deserves a chance to work, regardless of history or background (Beard, Propst, & Malamud, 1982).

References:

- Anthony, W. A., & Jansen, M. A. (1984). Predicting the vocational capacity of the chronically mentally ill: Research and implications. *American Psychologist*, 39, 537-544.
- Beard, J. H., Propst, R. N., & Malamud, T. J. (1982). The Fountain House model of psychiatric rehabilitation. *Psychosocial Rehabilitation Journal*, 5(1), 47-53.

- Gowdy, E. A., Carlson, L. S., & Rapp, C. A. (2003). Practices differentiating high-performing from low-performing supported employment programs. *Psychiatric Rehabilitation Journal*, 26, 232-239.
- Mueser, K. T., Campbell, K., & Drake, R. E. (2011). The effectiveness of supported employment in people with dual disorders. *Journal of Dual Disorders*, 7, 90-102.
- Sengupta, A., Drake, R. E., & McHugo, G. J. (1998). The relationship between substance use disorder and vocational functioning among persons with severe mental illness. *Psychiatric Rehabilitation Journal*, 22(1), 41-45.

Slide 16: Competitive Employment Is the Goal

Vocational programs employing stepwise approaches with preparation such as skills training, prevocational training, and transitional employment are not effective in helping people achieve competitive employment:

- Bond, G. R. (1992). Vocational rehabilitation. In R. P. Liberman (Ed.), *Handbook of psychiatric rehabilitation* (pp. 244-275). New York: Macmillan.
- Bond, G. R., Drake, R. E., Becker, D. R., & Mueser, K. T. (1999). Effectiveness of psychiatric rehabilitation approaches for employment of people with severe mental illness. *Journal of Disability Policy Studies*, 10, 18-52.
- Dincin, J., & Witheridge, T. F. (1982). Psychiatric rehabilitation as a deterrent to recidivism. *Hospital and Community Psychiatry*, 33, 645-650.
- Penk, W., Drebing, C. E., Rosenheck, R. A., Krebs, C., Van Ormer, A., & Mueller, L. (2010). Veterans Health Administration transitional work experience vs. job placement in veterans with co-morbid substance use and non-psychotic psychiatric disorders. *Psychiatric Rehabilitation Journal*, 33, 297-307.

Rapp and Goscha (2011) have documented the dispiriting, demeaning and infantilizing culture fostered by day treatment centers that organize services around training clients for some future life outside the day center. Research findings on the conversion of 6 different day treatment programs to supported employment in New Hampshire, Rhode Island, and Massachusetts have been consistent (summarized in Bond, 2004). These studies have found better employment outcomes, especially for regular attenders of day treatment; no increase in negative outcomes (no increase in hospitalizations, dropouts, symptoms, homelessness, etc.).

- Bailey, E. L., Ricketts, S. K., Becker, D. R., Xie, H., & Drake, R. E. (1998). Do long-term day treatment clients benefit from supported employment? *Psychiatric Rehabilitation Journal*, 22(1), 24-29.
- Becker, D. R., Bond, G. R., McCarthy, D., Thompson, D., Xie, H., McHugo, G. J., et al. (2001). Converting day treatment centers to supported employment programs in Rhode Island. *Psychiatric Services*, 52, 351-357.
- Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*, 27, 345-359.

- Drake, R. E., Becker, D. R., Biesanz, J. C., Torrey, W. C., McHugo, G. J., & Wyzik, P. F. (1994). Rehabilitation day treatment vs. supported employment: I. Vocational outcomes. *Community Mental Health Journal*, 30, 519-532.
- Drake, R. E., Becker, D. R., Biesanz, J. C., Wyzik, P. F., & Torrey, W. C. (1996). Day treatment versus supported employment for persons with severe mental illness: A replication study. *Psychiatric Services*, 47, 1125-1127.
- Gold, M., & Marrone, J. (1998). Mass Bay Employment Services (a service of Bay Cove Human Services, Inc.): A story of leadership, vision, and action resulting in employment for people with mental illness. In *Roses and Thorns from the Grassroots* (Vol. Spring). Boston, MA: Institute for Community Inclusion.
- Rapp, C. A., & Goscha, R. J. (2011). *The strengths model: a recovery-oriented approach to mental health services* (2nd ed.). New York: Oxford.
- Torrey, W. C., Becker, D. R., & Drake, R. E. (1995). Rehabilitative day treatment versus supported employment: II. Consumer, family and staff reactions to a program change. *Psychosocial Rehabilitation Journal*, 18(3), 67-75.

Studies comparing IPS to sheltered work show a sharp advantage for IPS:

- Drake, R. E., McHugo, G. J., Bebout, R. R., Becker, D. R., Harris, M., Bond, G. R., et al. (1999). A randomized clinical trial of supported employment for inner-city patients with severe mental illness. *Archives of General Psychiatry*, 56, 627-633.
- Gold, P. B., Meisler, N., Santos, A. B., Carnemolla, M. A., Williams, O. H., & Kelleher, J. (2006). Randomized trial of supported employment integrated with assertive community treatment for rural adults with severe mental illness. *Schizophrenia Bulletin*, 32, 378-395.

Slide 17: IPS Is Integrated with Mental Health Treatment

Integration is important because you are treating “the whole person.” Studies have found if you broker services, communication breaks down and important tasks are not done in a coordinated fashion. Because vocational rehabilitation and mental health are often funded by different sources, mental clinicians and employment specialists often are employed by different agencies with little coordination. Stein and Test (1980) articulated the concept of a multidisciplinary team providing services for a range of client needs. The IPS model adopted this principle and the evidence strongly supports this approach as a critical component of the model.

- Cook, J. A., Lehman, A. F., Drake, R., McFarlane, W. R., Gold, P. B., Leff, H. S., et al. (2005). Integration of psychiatric and vocational services: A multisite randomized, controlled trial of supported employment. *American Journal of Psychiatry*, 162, 1948-1956.
- Drake, R. E., Becker, D. R., Bond, G. R., & Mueser, K. T. (2003). A process analysis of integrated and non-integrated approaches to supported employment. *Journal of Vocational Rehabilitation*, 18, 51-58.

Stein, L. I., & Test, M. A. (1980). An alternative to mental health treatment. I: Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, 37, 392-397.

Swanson, S. J., Courtney, C. T., Meyer, R. H., & Reeder, S. A. (2014). Strategies for integrated employment and mental health services. *Psychiatric Rehabilitation Journal*, 37.

Slide 18: Personalized Benefits Planning Is Provided

Fear of losing benefits is the single most common barrier to seeking employment (MacDonald-Wilson, Rogers, Ellison, & Lyass, 2003). For this reason IPS programs provide accurate individualized information regarding the consequences of starting a job or increasing employment earnings through increasing hours or a raise. Individualized benefits planning is associated with increased earnings from employment (Tremblay, Smith, Xie, & Drake, 2006). Studies show that IPS is an effective model for clients receiving Social Security disability benefits (Bond, Xie, & Drake, 2007; Drake et al., 2013).

Bond, G. R., Xie, H., & Drake, R. E. (2007). Can SSDI and SSI beneficiaries with mental illness benefit from evidence-based supported employment? *Psychiatric Services*, 58, 1412-1420.

Drake, R. E., Frey, W. D., Bond, G. R., Goldman, H. H., Salkever, D. S., Miller, A. L., et al. (2013). Assisting Social Security Disability Insurance beneficiaries with schizophrenia, bipolar disorder, or major depression in returning to work. *American Journal of Psychiatry*, 170, 1433-1441.

MacDonald-Wilson, K. L., Rogers, E. S., Ellison, M. L., & Lyass, A. (2003). A study of the Social Security Work Incentives and their relation to perceived barriers to work among persons with psychiatric disability. *Rehabilitation Psychology*, 48, 301-309.

Tremblay, T., Smith, J., Xie, H., & Drake, R. E. (2006). Effect of benefits counseling services on employment outcomes for people with psychiatric disabilities. *Psychiatric Services*, 57, 816-821.

Slide 19: Rapid Job Search

Studies dating from the 1980s have consistently shown that helping consumers to find paid community jobs is more effective than requiring them first to attend prevocational training (Bond & Dincin, 1986; Dincin & Witheridge, 1982). IPS studies show that rapid job search for competitive jobs is more effective than stepwise approaches (Drake et al., 1999; Drake, McHugo, Becker, Anthony, & Clark, 1996; Mueser et al., 2004).

Most clients prefer the rapid job search approach to stepwise approaches that use prevocational work units and transitional employment as preparation for competitive jobs (Bedell, Draving, Parrish, Gerve, & Guastadisegni, 1998; Bond, McGrew, & Fekete, 1995; Lucca, 1998). If we really believe in designing services consistent with consumer preferences, then we should be hesitant to promote lengthy pre-employment services.

Requiring clients to complete prevocational training before seeking work is often demoralizing. Paradoxically, staff rate clients on prevocational work crews paradoxically as less work ready than those who begin paid employment immediately (Schultheis & Bond, 1993).

- Beard, J. H., Propst, R. N., & Malamud, T. J. (1982). The Fountain House model of psychiatric rehabilitation. *Psychosocial Rehabilitation Journal*, 5(1), 47-53.
- Bedell, J. R., Draving, D., Parrish, A., Gerve, R., & Guastadisegni, P. (1998). A description and comparison of experiences of people with mental disorders in supported employment and paid prevocational training. *Psychiatric Rehabilitation Journal*, 21(3), 279-283.
- Bond, G. R. (1992). Vocational rehabilitation. In R. P. Liberman (Ed.), *Handbook of psychiatric rehabilitation* (pp. 244-275). New York: Macmillan.
- Bond, G. R., & Dincin, J. (1986). Accelerating entry into transitional employment in a psychosocial rehabilitation agency. *Rehabilitation Psychology*, 31, 143-155.
- Bond, G. R., McGrew, J. H., & Fekete, D. M. (1995). Assertive outreach for frequent users of psychiatric hospitals: A meta-analysis. *Journal of Mental Health Administration*, 22, 4-16.
- Bond, G. R., Xie, H., & Drake, R. E. (2007). Can SSDI and SSI beneficiaries with mental illness benefit from evidence-based supported employment? *Psychiatric Services*, 58, 1412-1420.
- Carlson, L., Smith, G., & Rapp, C. A. (2008). Evaluation of conceptual selling as a job development planning process. *Psychiatric Rehabilitation Journal*, 31, 219-225.
- Corrigan, P. W., Reedy, P., Thadani, D., & Ganet, M. (1995). Correlates of participation and completion in a job club for clients with psychiatric disability. *Rehabilitation Counseling Bulletin*, 39, 42-53.
- Dincin, J., & Witheridge, T. F. (1982). Psychiatric rehabilitation as a deterrent to recidivism. *Hospital and Community Psychiatry*, 33, 645-650.
- Drake, R. E., Frey, W. D., Bond, G. R., Goldman, H. H., Salkever, D. S., Miller, A. L., et al. (2013). Assisting Social Security Disability Insurance beneficiaries with schizophrenia, bipolar disorder, or major depression in returning to work. *American Journal of Psychiatry*, 170, 1433-1441.
- Drake, R. E., McHugo, G. J., Bebout, R. R., Becker, D. R., Harris, M., Bond, G. R., et al. (1999). A randomized clinical trial of supported employment for inner-city patients with severe mental illness. *Archives of General Psychiatry*, 56, 627-633.
- Drake, R. E., McHugo, G. J., Becker, D. R., Anthony, W. A., & Clark, R. E. (1996). The New Hampshire study of supported employment for people with severe mental illness: Vocational outcomes. *Journal of Consulting and Clinical Psychology*, 64, 391-399.

- Leff, H. S., Cook, J. A., Gold, P. B., Toprac, M., Blyler, C., Goldberg, R. W., et al. (2005). Effects of job development and job support on competitive employment of persons with severe mental illness. *Psychiatric Services*, 56, 1237-1244.
- Lucca, A. M. (1998). *Relationships among program components, social environment, and member functioning in psychosocial rehabilitation programs for seriously mentally ill individuals*. Unpublished dissertation, University of Connecticut.
- MacDonald-Wilson, K. L., Rogers, E. S., Ellison, M. L., & Lyass, A. (2003). A study of the Social Security Work Incentives and their relation to perceived barriers to work among persons with psychiatric disability. *Rehabilitation Psychology*, 48, 301-309.
- Mueser, K. T., Clark, R. E., Haines, M., Drake, R. E., McHugo, G. J., Bond, G. R., et al. (2004). The Hartford study of supported employment for persons with severe mental illness. *Journal of Consulting and Clinical Psychology*, 72, 479-490.
- Rapp, C. A., & Goscha, R. J. (2011). *The strengths model: a recovery-oriented approach to mental health services* (2nd ed.). New York: Oxford.
- Rosenthal, D. A., Dalton, J. A., & Gurvey, R. (2007). Analyzing vocational outcomes of individuals with psychiatric disabilities who receive state vocational rehabilitation services: A data mining approach. *International Journal of Social Psychiatry*, 53, 357-368.
- Schultheis, A. M., & Bond, G. R. (1993). Situational assessment ratings of work behaviors: Changes across time and between settings. *Psychosocial Rehabilitation Journal*, 17(2), 107-119.
- Stein, L. I., & Test, M. A. (1980). An alternative to mental health treatment. I: Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, 37, 392-397.
- Swanson, S. J., Becker, D. R., & Bond, G. R. (2013). Job development guidelines in supported employment. *Psychiatric Rehabilitation Journal*, 36, 122-123.
- Swanson, S. J., Becker, D. R., Drake, R. E., & Merrens, M. R. (2008). *Supported employment: A practical guide for practitioners and supervisors*. Lebanon, NH: Dartmouth Psychiatric Research Center.
- Swanson, S. J., Langfitt-Reese, S., & Bond, G. R. (2012). Employer attitudes about criminal justice history. *Psychiatric Rehabilitation Journal*, 35, 385-390.
- Tremblay, T., Smith, J., Xie, H., & Drake, R. E. (2006). Effect of benefits counseling services on employment outcomes for people with psychiatric disabilities. *Psychiatric Services*, 57, 816-821.
- Vandergoot, D. (1987). Review of placement research literature: Implications for research and practice. *Rehabilitation Counseling Bulletin*, 30, 243-272.
- Zadny, J. J., & James, L. F. (1977). Time spent on placement. *Rehabilitation Counseling Bulletin*, 21, 31-35.

Slide 20: Employment Specialists Build Employer Relationships

Some vocational models, such as the job club, provide classroom training to help clients to find jobs on their own. The evidence is quite clear, however, that many people with serious mental illness get discouraged and give up with self-directed job searches (Bond, 1992; Corrigan, Reedy, Thadani, & Ganet, 1995). Many studies have shown that employment specialists and vocational counselors who devote more time to employer

contacts have higher job placement rates (Leff et al., 2005; Rosenthal, Dalton, & Gervery, 2007; Vandergoot, 1987; Zadny & James, 1977). In recent years, IPS specialists have defined specific job development strategies (Carlson, Smith, & Rapp, 2008; Royer, 2014; Swanson, Becker, & Bond, 2013; Swanson, Becker, Drake, & Merrens, 2008) for a range of clients, including those with criminal justice histories (Swanson, Langfitt-Reese, & Bond, 2012).

- Bond, G. R. (1992). Vocational rehabilitation. In R. P. Liberman (Ed.), *Handbook of psychiatric rehabilitation* (pp. 244-275). New York: Macmillan.
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- Rosenthal, D. A., Dalton, J. A., & Gervery, R. (2007). Analyzing vocational outcomes of individuals with psychiatric disabilities who receive state vocational rehabilitation services: A data mining approach. *International Journal of Social Psychiatry*, 53, 357-368.
- Royer, J. (2014). Leveling up to business-focused job development. *Journal of Vocational Rehabilitation*, 40, 131-136.
- Swanson, S. J., Becker, D. R., & Bond, G. R. (2013). Job development guidelines in supported employment. *Psychiatric Rehabilitation Journal*, 36, 122-123.
- Swanson, S. J., Becker, D. R., Drake, R. E., & Merrens, M. R. (2008). *Supported employment: A practical guide for practitioners and supervisors*. Lebanon, NH: Dartmouth Psychiatric Research Center.
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- Zadny, J. J., & James, L. F. (1977). Time spent on placement. *Rehabilitation Counseling Bulletin*, 21, 31-35.

Slide 21: Follow-Along Supports Are Continuous

McHugo et al. (1998) assessed employment outcomes 42 months after enrolling in an IPS study for IPS clients who gained employment. The sample was divided into two groups: those who continued to receive vocational services and those who did not. Among those who were receiving vocational support, 71% were employed, while among those who were not, 28% were working.

Bond and Kukla (2011) found a significant positive correlation ($r = .27$) between frequency of employment specialist contacts and months employed for 142 clients who had obtained employment in an IPS program.

Bond, G. R., & Kukla, M. (2011). Impact of follow-along support on job tenure in the Individual Placement and Support model. *Journal of Nervous and Mental Disease*, 199, 150-155.

McHugo, G. J., Drake, R. E., & Becker, D. R. (1998). The durability of supported employment effects. *Psychiatric Rehabilitation Journal*, 22(1), 55-61.

Slide 22. Consumer Preferences Are Important

Matching clients to jobs matching their preferences is associated with greater job satisfaction and job tenure (Huff, 2005; Kukla & Bond, 2012). An important part of this is the occupational matching hypothesis, which states that clients who obtain jobs matching their initial preferences will be more satisfied with their job and will continue working longer than those who are not matched. Most studies fully or partially supported this hypothesis (Becker, Drake, Farabaugh, & Bond, 1996; Gervy & Kowal, 1994; Mueser, Becker, & Wolfe, 2001), although some studies have not (Becker, Bebout, & Drake, 1998; Bond, Campbell, & Becker, 2013)

The employment specialist talks with the client about how aspects of his/her culture may impact working. Culture can be related to race or ethnicity, but it can also be related to socio-economic status, age, sexual orientation, veteran status, disability status, etc. Not everyone who shares a culture has the same perspective. It is critical to remember that each person has a unique viewpoint.

Becker, D. R., Bebout, R. R., & Drake, R. E. (1998). Job preferences of people with severe mental illness: A replication. *Psychiatric Rehabilitation Journal*, 22(1), 46-50.

Becker, D. R., Drake, R. E., Farabaugh, A., & Bond, G. R. (1996). Job preferences of clients with severe psychiatric disorders participating in supported employment programs. *Psychiatric Services*, 47, 1223-1226.

Bond, G. R., Campbell, K., & Becker, D. R. (2013). A test of the occupational matching hypothesis for rehabilitation clients with severe mental illness. *Journal of Occupational Rehabilitation*, 23, 261-269.

Gervy, R., & Kowal, H. (1994, May). *A description of a model for placing youth and young adults with psychiatric disabilities in competitive employment*. Paper presented at the International Association of Psychosocial Rehabilitation Services Conference, Albuquerque, NM.

Huff, S. W. (2005). *Closing the revolving door: Job match and workplace climate as predictors of long-term work success for persons with psychiatric disabilities*. Unpublished dissertation, University of Kansas, Lawrence, KS.

Kukla, M., & Bond, G. R. (2012). Job match and job tenure in persons with severe mental illness. *Journal of Rehabilitation*, 78, 11-15.

Mueser, K. T., Becker, D. R., & Wolfe, R. S. (2001). Supported employment, job preferences, job tenure and satisfaction. *Journal of Mental Health*, 10, 411-417.

Slide 24: Key Factors in Implementation

The three phases of implementing a program include: motivating, enacting, and sustaining. Six stakeholder groups participate in each of these phases: consumers, families, practitioners, program leaders, state and county mental health authorities.

Torrey and colleagues have described implementation factors from the standpoint of program leaders (Torrey, Lynde, & Gorman, 2005; Torrey, Rapp, Van Tosh, McNabb, & Ralph, 2005)

McGovern et al. (2013) provide an overall guide to implementation.

Bond et al. (2008) report findings from an empirical study of IPS implementation.

Bond, G. R., McHugo, G. J., Becker, D. R., Rapp, C. A., & Whitley, R. (2008). Fidelity of supported employment: Lessons learned from the National Evidence-Based Practices Project. *Psychiatric Rehabilitation Journal*, 31, 300-305.

McGovern, M. P., McHugo, G. J., Drake, R. E., Bond, G. R., & Merrens, M. R. (2013). *Implementing evidence-based practices in behavioral health*. Center City, MN: Hazelden.

Torrey, W. C., Lynde, D. W., & Gorman, P. (2005). Promoting the implementation of practices that are supported by research: The National Implementing Evidence-Based Practice Project. *Child and Adolescent Psychiatric Clinics of North America*, 14, 297-306.

Torrey, W. C., Rapp, C. A., Van Tosh, L., McNabb, C. A., & Ralph, R. O. (2005). Recovery principles and evidence-based practice: essential ingredients of service improvement. *Community Mental Health Journal*, 41, 91-100.

Slide 25: Building Consensus

Surveys show that both consumers and family members rank employment programs high on the list of services that are not easy to access (Crane-Ross, Roth, & Lauber, 2000; Noble, Honberg, Hall, & Flynn, 1997; Steinwachs, Kasper, & Skinner, 1992). Therefore, these groups may be advocates for such services. However, consumer groups also are sometimes suspicious of supported employment if it is being introduced as a change in the status quo, and their viewpoint should be heard. McFarlane et al. (2001) provide a case example where a lack of consensus interfered with dissemination. Cohen and Becker (2014) provide examples of the role of family advocacy in promoting positive change for promoting IPS dissemination. See the discussion of consensus-building in CSAT (2000).

Cohen, M. J., & Becker, D. R. (2014). Family advocacy for recovery through employment. *Psychiatric Rehabilitation Journal*, 37, 148-150.

Crane-Ross, D., Roth, D., & Lauber, B. G. (2000). Consumers' and case managers' perceptions of mental health and community support service needs. *Community Mental Health Journal*, 36, 161-178.

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- Noble, J. H., Honberg, R. S., Hall, L. L., & Flynn, L. M. (1997). *A legacy of failure: The inability of the federal-state vocational rehabilitation system to serve people with severe mental illness*. Arlington, VA: National Alliance for the Mentally Ill.
- Steinwachs, D. M., Kasper, J. D., & Skinner, E. A. (1992). *Family perspectives on meeting the needs for care of severely mentally ill relatives: A national survey*. Baltimore, MD: Center on the Organization and Financing of Care for the Severely Mentally Ill, Johns Hopkins University.

Slide 26: Maximize Funding

Without stable and adequate funding, IPS programs cannot survive (Bond et al., 2013). Currently most states implementing IPS in the U.S. used braided funding, drawing primarily on three sources: state mental health funds, federal-state VR funding, and Medicaid.

State leadership is a key to maximizing funding. Many examples of maximizing funding are found in the experiences of states in the IPS learning collaborative. Maryland's approach to blending funding for IPS is often given as a model (Becker et al., 2007). Modifying the state Medicaid plans to provide easy funding access for IPS is one strategy many leaders are advocating for funding IPS (Hogan, Drake, & Goldman, 2014). A guide to financing IPS was developed by Karakus et al. (2011).

At an agency level, some agencies have been able to shift resources from day treatment (Clark, 1998) or sheltered work (Murphy & Rogan, 1995) to implement supported employment. But this reallocation is not easy, because of stiff resistance within the organization.

- Becker, D. R., Baker, S. R., Carlson, L., Flint, L., Howell, R., Lindsay, S., et al. (2007). Critical strategies for implementing supported employment. *Journal of Vocational Rehabilitation*, 27, 13-20.
- Bond, G. R., Becker, D. R., Drake, R. E., McHugo, G. J., Peterson, A. E., & Greene, M. A. (2013). *Preliminary report on the NIDRR sustainability study: summary of site leader interviews*. Lebanon, NH: Dartmouth Psychiatric Research Center.
- Clark, R. E. (1998). Supported employment and managed care: Can they coexist? *Psychiatric Rehabilitation Journal*, 22(1), 62-68.
- Hogan, M. F., Drake, R. E., & Goldman, H. H. (2014). A national campaign to finance supported employment *Psychiatric Rehabilitation Journal*, 37, 73-75.
- Karakus, M., Frey, W., Goldman, H., Fields, S., & Drake, R. (2011). *Federal financing of supported employment and customized employment for people with mental illnesses: Final report* (Prepared for Office of Disability, Aging and Long-Term Care Policy Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services Contract #HHSP23320095655WC). Rockville, MD: Westat.
- Murphy, S. T., & Rogan, P. M. (1995). *Closing the shop: Conversion from sheltered to integrated work*. Baltimore: Paul H. Brookes.

Slide 27: What Does IPS Cost?

Salkever (2013) conducted a rigorous review of cost issues for IPS

He identified three pertinent IPS cost studies, each using different methods: (Cimera, 2008; Health Management Consultants, 2006; Latimer, Bush, Becker, Drake, & Bond, 2004)

(CPI Inflation Calculator: <http://data.bls.gov/cgi-bin/cpicalc.pl>)

Herinckx (2011) found that for 13 Oregon IPS programs during 2010:

"Over the 24 months post enrollment in the SE program, the average Medicaid payment ... paid for SE was \$393 per month." (p. 20) (Medicaid is reported to account for 33% of IPS revenue to these programs.

Cimera, R. E. (2008). The costs of providing supported employment services to individuals with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 32, 110-116.

Health Management Consultants. (2006). *Evaluation of the adequacy of the rates for evidence based best practice supported employment services in the public mental health system*. Columbia, MD: State of Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration and Medicaid Administrations.

Herinckx, H. (2011). *Oregon Supported Employment Center For Excellence final evaluation report*. Portland, OR: Regional Research Institute for Human Services, Portland State University.

Latimer, E., Bush, P., Becker, D. R., Drake, R. E., & Bond, G. R. (2004). How much does supported employment for the severely mentally ill cost? An exploratory survey of high-fidelity programs. *Psychiatric Services*, 55, 401-406.

Salkever, D. S. (2013). Social costs of expanding access to evidence-based supported employment: concepts and interpretive review of evidence. *Psychiatric Services*, 64, 111-119.

Slide 28: Examine Agency Policy

Gowdy's qualitative study in Kansas shows this most vividly (Gowdy et al., 2003; 2004).

Does the agency support competitive employment as a consumer goal?

Does the service orientation promote rehabilitation and recovery or does it promote stabilization and dependence on the mental health system?

Is consumer choice honored?

Gowdy, E. A., Carlson, L. S., & Rapp, C. A. (2003). Practices differentiating high-performing from low-performing supported employment programs. *Psychiatric Rehabilitation Journal*, 26, 232-239.

Gowdy, E. A., Carlson, L. S., & Rapp, C. A. (2004). Organizational factors differentiating high-performing from low-performing supported employment programs. *Psychiatric*

Rehabilitation Journal, 28, 150-156.

Slide 29: Identify Leadership

Charlie Rapp's work describes the role of leadership.

Rapp, C. A., & Poertner, J. (1992). *Social administration: A client-centered approach*. White Plains, NY: Longman Publishing.

Rapp, C. A., Bond, G. R., Becker, D. R., Carpinello, S. E., Nikkel, R. E., & Gintoli, G. (2005). The role of state mental health authorities in promoting improved client outcome through evidence-based practice. *Community Mental Health Journal*, 41, 347-363.

Rapp, C. A., Etzel-Wise, D., Marty, D., Coffman, M., Carlson, L., Asher, D., et al. (2008). Evidence-based practice implementation strategies: Results of a qualitative study. *Community Mental Health Journal*, 44, 213-224.

Slide 30: Leadership Roles

Bond, G. R., McHugo, G. J., Becker, D. R., Rapp, C. A., & Whitley, R. (2008). Fidelity of supported employment: Lessons learned from the National Evidence-Based Practices Project. *Psychiatric Rehabilitation Journal*, 31, 300-305.

Carlson, L., Rapp, C. A., & Eichler, M. S. (2012). The experts rate: supervisory behaviors that impact the implementation of evidence-based practices. *Community Mental Health Journal*, 48, 179-186.

Slide 31: Organizational Structure

Employment specialists need to communicate frequently with treatment team members to coordinate planning. Employment outcomes are higher in programs that have an integrated service system rather than a brokered service system (Drake, 1995).

Drake, R. E., Becker, D. R., Xie, H., & Anthony, W. A. (1995). Barriers in the brokered model of supported employment for persons with psychiatric disabilities. *Journal of Vocational Rehabilitation*, 5, 141-150.

Slide 32: Provide Ongoing Training

Swanson, S. J., & Becker, D. R. (2013). *IPS supported employment: a practical guide*. Lebanon, NH: Dartmouth Psychiatric Research Center.

Swanson, S., Becker, D. R., & Reese, S. (2013). Dartmouth PRC Online Course on IPS Supported Employment (<http://www.dartmouth.edu/~ips/page26/page26.html>).

<http://www.ipsworks.org>

Slide 33: Make Time Commitment

Becker et al. (1998) followed over 12 programs that took between 6-12 months to implement evidence-based supported employment.

Bond et al. (2008) found that 9 newly-implemented IPS programs needed about 6 months to achieve good fidelity to IPS.

Becker, D. R., Torrey, W. C., Toscano, R., Wyzik, P. F., & Fox, T. S. (1998). Building recovery-oriented services: Lessons from implementing Individual Placement and Support (IPS) in community mental health centers. *Psychiatric Rehabilitation Journal*, 22(1), 51-61.

Bond, G. R., McHugo, G. J., Becker, D. R., Rapp, C. A., & Whitley, R. (2008). Fidelity of supported employment: Lessons learned from the National Evidence-Based Practices Project. *Psychiatric Rehabilitation Journal*, 31, 300-305.

Slide 34: Track Implementation Process and Outcomes

The IPS learning collaborative has tracked employment outcomes for the past decade (Becker, Drake, & Bond, 2014). Empirical benchmarks for good employment outcomes have been established (Drake, Bond, & Becker, 2012). The IPS-25 is now widely used and is significantly associated with competitive employment outcomes (Bond, Peterson, Becker, & Drake, 2012).

Becker, D. R., Drake, R. E., & Bond, G. R. (2014). The IPS supported employment learning collaborative. *Psychiatric Rehabilitation Journal*, 37, 79-85.

Bond, G. R., Peterson, A. E., Becker, D. R., & Drake, R. E. (2012). Validating the revised Individual Placement and Support Fidelity Scale (IPS-25). *Psychiatric Services*, 63, 758-763.

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