

# ACT and Supported Employment

Helping People Build Meaningful Lives

Presented by Troy McLean and Emery Cowan

# ACT Origination

- Community Mental Health Movement
- Developed in 1970's in Madison, WI (Stein & Test)
  - Originally called, “training in community living program, and also called “program of assertive community treatment” (PACT)
- Inpatient staff made note of revolving door patients
- “Hospital without walls”
  - Focus on bringing comprehensive supports to individuals where they live
  - Major outcome of interest was decreased hospitalization

# What Does a “Hospital Without Walls” Look Like?

- a team approach (multidisciplinary)
- fixed point of responsibility
- comprehensive services
- small ratio of individuals to staff
- community-based
- flexible service delivery
- crisis management available 24 hours a day, 7 days a week
- time-unlimited services

## Typical ACT service recipient:

- Schizophrenia-spectrum disorder, bipolar disorder, or major depressive disorder with psychotic features and;
- Significant functional impairments and;
  - Comorbid substance abuse and/or;
  - History of frequent or long-term hospitalizations and/or;
  - History of frequent arrests/incarcerations or homelessness episodes
- Have not (or likely would not) successfully received services from less intensive community based treatment programs

# The Basic Charge of ACT Is...

To be the first-line, if not sole, provider of all the services that ACT individuals need.

- Necessitates a multidisciplinary team, including an employment specialist
- Collaboration and trans-disciplinary approach

# The Basic Charge of ACT Is...

To provide flexible, individualized services reflecting what we know to work

- Tailored to individual needs, short and long-term
- Delivered in individual's communities/lives
- Ideally delivered in the context of Individualized Treatment Teams (ITTs)

# The Basic Charge of ACT Is...

## To be recovery-oriented

- Treatment driven by individual's goals
- Emphasis on growth and possibilities





## Louis Nizer: In Between You and Me

A man who works with his hands is a laborer; a man who works with his hands and his brain is a craftsman; a man who works with his hands and his brain and his heart is an artist. – Beechurst

# The Value of Work

- What role has work played in YOUR life?
  - Helps us access the things we need and want (money)
  - Provides us with a sense of meaning and purpose (self-esteem)
  - Allows us to expand or social network (friends)
- Would work play any different role for you than it would for people with disabilities?
  - Work has consistently been identified as a key aspect of the process of recovery

# Negative Effects of Unemployment in General Population

- Increased substance abuse
- Increased physical problems
- Increased psychiatric disorders
- Reduced self-esteem
- Loss of social contacts
- Alienation and apathy

(Warr, 1987)

# What motivates us; What makes us tick?

- According to Self-Determination Theory there are three concepts that affect motivation:
  - **Autonomy** - Separateness... "I can do it myself"
  - **Competence Feedback** - Approval and Acknowledgment from significant others
  - **Relatedness** - Connectedness... "I'm not alone"

**60%-70% of individuals  
with SMI say  
that they want to work.**

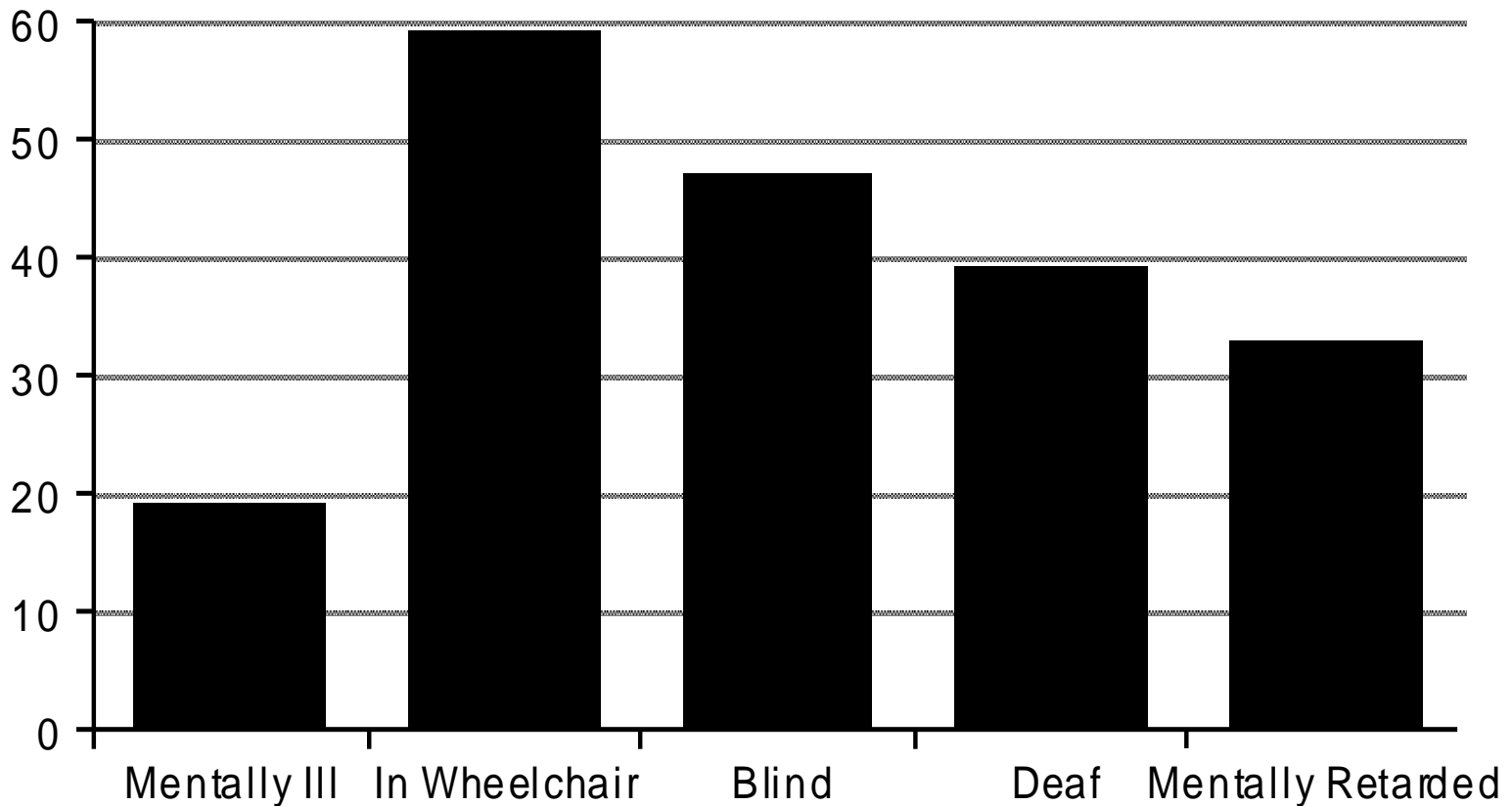
**However, less than 15% of  
individuals  
with SMI are working.**

# So Why the Discrepancy?

- Societal attitudes
  - Stigma!
    - Unable to work
    - Dangerous
    - Irresponsible

# SOCIETAL BARRIERS: STIGMA

Percent of Public "Very Comfortable" with Disabilities (Harris Poll, 1991)

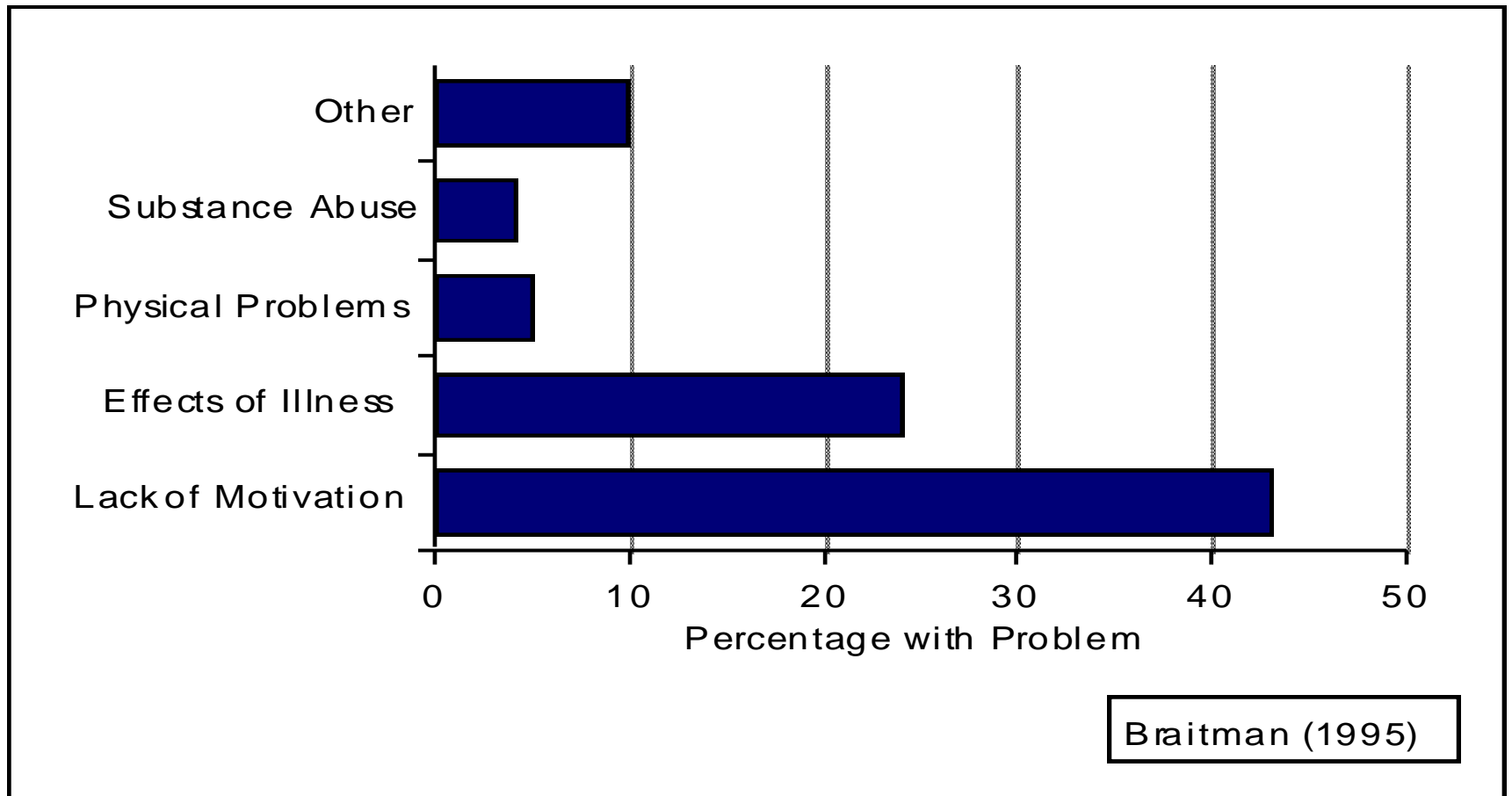


# So Why the Discrepancy?

- Societal attitudes
  - Stigma!
    - Unable to work
    - Dangerous
    - Irresponsible
- Practitioner attitudes
  - Low expectations of individuals (not ready, unable)
  - Paternalistic attitudes (too fragile)
  - Fundamental attribution error (unmotivated)



# Barriers to Employment Rated by Mental Health Professionals



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  - Fundamental attribution error (unmotivated)
- System factors
  - Limited access to employment services
  - Fragmented service systems
  - Rules for government entitlements
- Individual characteristics and attitudes

# Individual Characteristics and Attitudes

- Clinical variables
  - individuals with more impaired cognitive functioning require more hours of assistance (McGurk, 2003)
- Motivation
  - Motivation to work certainly can impact outcomes. However, are individuals in a motivating environment?
- Co-occurring substance use
  - Substance abuse not associated with lower rates of competitive employment (Sengupta, 1998)
- Work history and skill deficits
  - Assistance from others and job matching can compensate for personal skill deficits

# individual Fears as Barriers to Employment

- Fear of losing benefits – SSI, SSDI, and especially Medicaid (healthcare)
- Fear of failure
- Fear of success
- Fear of other people

# Addressing the Discrepancy

How Do We Help individuals Find  
and Keep Employment?

# Traditional Vocational Programs

- Day or partial hospitalization
- Sheltered workshop
- Vocational counseling
- Work crews
- Enclaves
- Transitional Employment

# Characteristics of Traditional Employment Services

- *Stepwise*: Training or sheltered work first
- *Work readiness criterion*: individuals screened for placement
- *Brokered*: Different agencies provide vocational and mental health services
- *Short-term*: Services curtailed once job is found

# Effectiveness of traditional employment services

- Studies have frequently demonstrated that traditional services are NOT effective in helping individuals obtain competitive employment
- For shelter workshops, less than 10% of individuals move on to competitive employment after a year

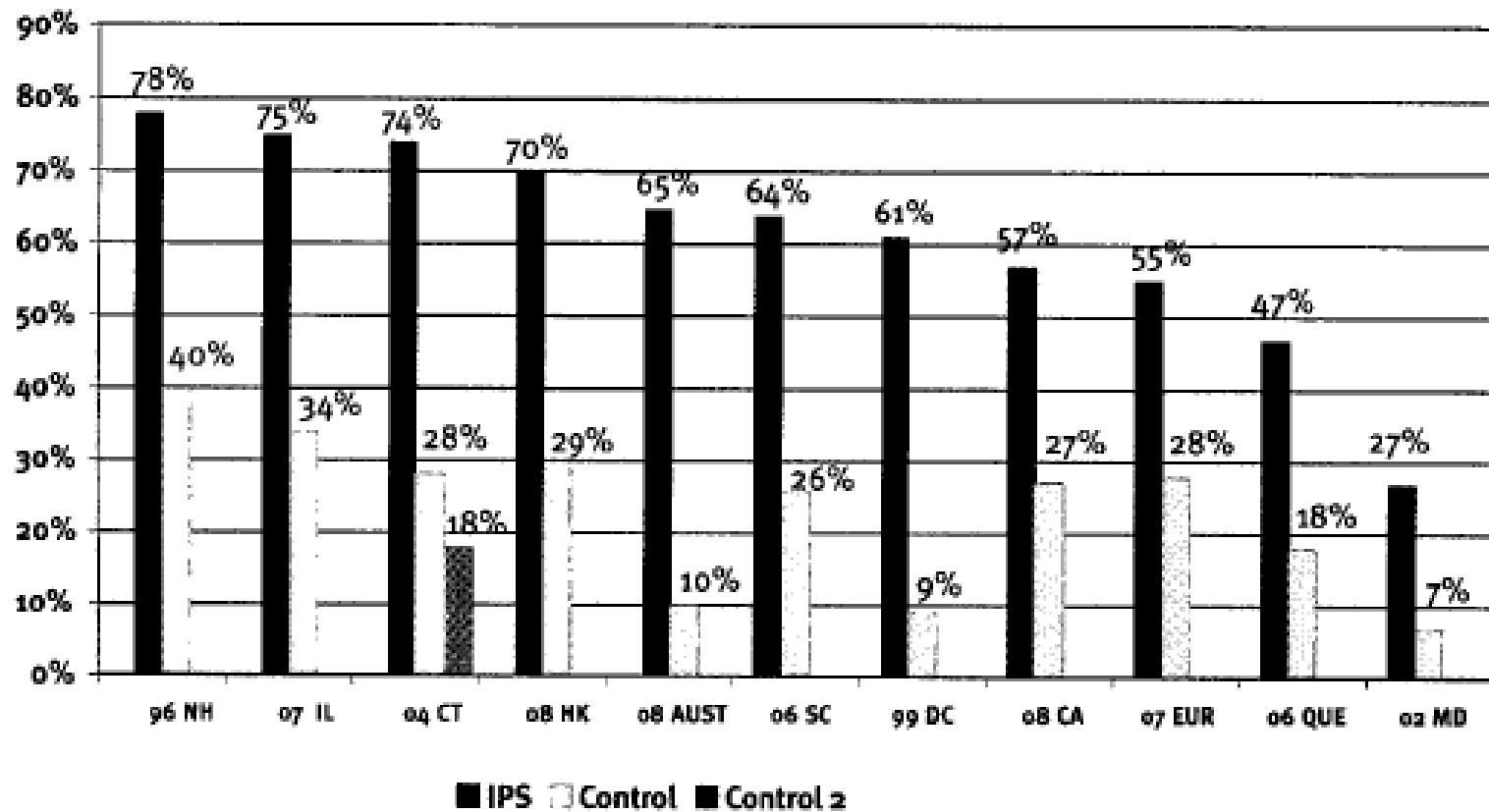
Bond, 1992



# Supported Employment is an Evidence-Based Practice

- Actually, it is the **Individual Placement and Support** (IPS; Becker and Drake) model of supported employment that has the evidence....
- Most successful vocational model for achieving success with competitive employment goals

**FIGURE 1—COMPETITIVE EMPLOYMENT RATES IN 11 RANDOMIZED CONTROLLED TRIALS OF INDIVIDUAL PLACEMENT AND SUPPORT**



# Findings from Long-Term Outcomes from Supported Employment

- Positive long-term outcomes if professional support maintained.
- In one study, after 3.5 years:
  - individuals who continued receiving support –
    - 71% were still working
  - individuals who stopped receiving support –
    - 28% were still working

(McHugo, 1998)

# Evidence-Based Supported Employment Model

Individual Placement and Support

A decorative graphic consisting of several horizontal lines of varying lengths and colors (teal, white, and grey) extending from the right side of the text area across the top of the slide.

# Philosophy of IPS

- *Common sense approach*: How would you help a family member get a job?
- *Made to order*: Get jobs one-by-one
- *Long-term commitment*: Commitment is to person, not to “placements”
- *Holistic*: Success in work connected to housing, meds, family life...

# Characteristics of IPS

- \* It is an evidence-based practice
- \* IPS supported employment practitioners focus on client strengths
- \* Work can promote recovery and wellness
- \* Practitioners work in collaboration with state vocational rehabilitation
- \* It uses a multidisciplinary team approach (a little different when implemented in ACT)
- \* Services are individualized and long-lasting
- \* The IPS approach changes the way mental health services are delivered

# Principles of IPS

- 1. Focus on Competitive Employment:** *Agencies providing IPS services are committed to competitive employment as an attainable goal for clients with serious mental illness seeking employment.*
- 2. Eligibility Based on Client Choice:** *Clients are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, level of disability, or legal system involvement.*
- 3. Integration of Rehabilitation and Mental Health Services:** *IPS programs are closely integrated with mental health treatment teams.*
- 4. Attention to Client Preferences:** *Services are based on clients' preferences and choices, rather than providers' judgments.*
- 5. Personalized Benefits Counseling:** *Employment specialists help clients obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.*
- 6. Rapid Job Search:** *IPS programs use a rapid job search approach to help clients obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling.*
- 7. Systematic Job Development:** *Employment specialists build an employer network based on clients' interests, developing relationships with local employers by making systematic contacts.*
- 8. Time-Unlimited and Individualized Support:** *Follow-along supports are individualized and continued for as long as the client wants and needs the support.*

The role of the Vocational Specialist is NOT deciding whether the individual should or could work



# Eligibility is Based on individual Choice

- individuals are not excluded because they are not “ready” or because of prior work history, hospitalization history, substance use, symptoms, or other characteristics.
- Problems with traditional assessment for “work readiness”
  - Screens out people with mental illness at high rate
  - Not cost effective
  - Does not predict who can work

*Sources:* Marshak (1990), Noble (1997), Anthony (1984)

# What About individuals Who Express No Desire to Work?

- Examine the culture of the mental health center
  - What messages are individuals getting from clinicians regarding their “readiness”?
  - What is the individual’s perspective of work? A full-time job only?
- Understand reasons
  - Fears, misinformation, stage of life, personal choice
  - Sensitive to stages of change

“The team must be sure that it is the individual’s choice not to work rather than a failure of the team to provide encouragement”

Becker and Drake, 2003

# Rapid Job Search

- “The best assessment and training for getting a job is often getting a job.” (Becker and Drake, 2003)
- The service agency avoids lengthy pre-employment assessment, training, and counseling.
- Bond (1995): individual preferences on entering supported employment:
  - 73% immediate job search
  - 4% prevocational training
  - 22% no preference

# Attention to individual Preferences

- Most individuals have stable and realistic job preferences.
- individuals who are matched to initial job preference stay in job twice as long as those whose preferences are not factored in.

(Becker, 1996; Gervev, 1995)

# Time Unlimited and Individualized Support

- Support is geared toward what the individual wants and needs (e.g., job coaching, employer contact)
- Supported employment staff continue to stay in regular contact with individual and/or employer without arbitrary time limits.

# What is the most important characteristic of an effective vocational specialist?

Becker and Drake (2003) argue that it is the **belief** that people with SMI can work if the right situation is found and right supports are put in place.

# Desired Vocational Specialist Characteristics and Skills

- Positive-thinking
- Creative
- Enthusiastic
- Bold
- Assertive
- Strong advocate
- Knowledgeable about SMI and SA
- Knowledgeable about benefits and systemic barriers
- Counseling skills
- Engagement skills
- Interpersonal skills
- Business skills



# SE and ACT- *Fidelity Measure*

- Team embraces the SE philosophy and supports the vocational specialist in practice
  - Assists in providing vocational services, esp. time-consuming job coaching and support
  - All team members convey expectation that all individuals are able to achieve competitive employment/return to school
    - Assist with engagement and motivational interviewing
  - Vocational Specialist models behaviors and provides cross-training to fellow team members
- Employment outcomes are tracked and displayed for team

# SE and ACT

- It is expected and required per the fidelity model for ACT service (Tool for the Measurement of ACT) that ...
  - ACT Vocational Specialists provide the majority, if not all, of the SE duties with little need to refer to DVR
    - Exception in some cases

# SE and ACT

- At least one full-time qualified individual designated as Vocational Specialist
  - Ideally linked to or part of a larger SE program (e.g., IPS team- as NC develops new pilots...)
- Used within their Specialist role
  - As with the substance abuse specialist, we recommend at least 80% of individual contacts involve a vocational activity
    - Bond would say 100%

# Life of a Vocational Specialist

- Engagement and assessment
  - Build rapport
  - Talk up the value of work and belief that individual can work
  - Gather information on individual's goals, past work history, skills/strengths, symptoms, coping, work environment preferences, number of hours, etc.
  - Educate individual about how benefits are impacted

# Life of a Vocational Specialist

- Job development
  - Get to know your employers in your community
    - Develop warm contacts
    - Assess work environments
  - Creating a marketing campaign
  - Assessing unfilled needs and explore options for job carving
  
- \*\*Recommend that **1 day a week** set aside for job development

# Life of a Vocational Specialist

- Job Placement (includes return to school)
  - Assists individuals in locating jobs that meet their preferences.
  - Relatively short amount of time between when the individual voices interest in working and placement in a position.
  - Assists with completing applications, resumes, and role-playing interviews.; assists with going back to school or accessing coursework.

# Life of a Vocational Specialist

- Job Coaching and Follow-Along Supports
  - Goes onsite to assist individual in training and learning skills needed for job
  - Is a liaison between individual and employer, and problem-solves issues as they arise.
  - With all vocational activities, specialist assesses individuals' comfort with disclosure and involvement of voc specialist; obtains consent

# Enhanced Community Support



- “He who has a strong enough why can bear almost any how.” – Frederick Nietzsche



# Man's Search for Meaning

- Meaningful work or deed
- How we encounter one another
- The meaning we assign to our suffering



# Next Steps for IPS in NC

- 3 IPS trainers in NC will develop training
  - Gina Price, DVR
  - Emery Cowan, DMH
  - Cherene Allen-Caraco, NC|EF|TA Center
- Site Visit from Dartmouth Psychiatric Research Center IPS Trainer
  - April 30
- Assess state and provider needs to implement IPS to fidelity
  - DMHDDSAS pilot sites
  - Establish IPS teams that work with VR and Behavioral Health programs (including ACT teams)
- Set up an IPS collaborative of Vocational Specialists within ACT teams

# Resources

- IPS resources can be found at the Dartmouth Psychiatric Research Center site: <http://www.dartmouth.edu/~ips/>
- The free Supported Employment Toolkit on the SAMHSA website: <http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>

## Books:

- Supported Employment: A Practical Guide for Practitioners and Supervisors, Second Edition, 2008. (Swanson, S.J., Becker, D.R., Drake, R.E., Merrens, M.R.) [Use Order Form for purchase](#)
- A Working Life for People with Severe Mental Illness. (Becker, D.R., Drake, R.E.), 2013, [Order directly from Oxford University Press](#)
- Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce, 2011, Sarah J. Swanson & Deborah R. Becker  
[Order directly from Hazelden](#)
- Drake, R.E., Bond, G.R., & Becker, D.R. *Individual Placement and Support: An Evidence-Based Approach to Supported Employment*. New York: Oxford University Press, 2012.

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