

## Vocational Success in a Rural ACT Program

ACTA Conference: June 17, 2010

**Anna Frontz, BS, CSW;** Green Co. Human Services,  
CSP/ACT Unit  
**Joe Phillipps, BSW;** Rock Co. Human Services, CSP  
**Lynette M. Studer, MSSW;** PhD Student, University  
of Wisconsin-Madison-School of Social Work

---

---

---

---

---

---

---

---

## Introduction

- Who we are
  - Acknowledgements
- Why we chose to present on this topic
  - Narrowing down
- Format of workshop
  - Questions & discussion



---

---

---

---

---

---

---

---

## Learning Objectives

- 1) Identify principles of supported employment Individual Placement and Support (IPS) model.
- 2) Identify the two ways supported employment practices differ for ACT teams.
- 3) List three hands-on strategies for helping consumers find and keep jobs of their choice.
- 4) Understand the importance of work to consumer recovery.

---

---

---

---

---

---

---

---

### Characteristics of ACT

- ACT is characterized by a set of specific treatments and services and organizational principles for the delivery of these treatments and services.
- ACT is an Evidence based Practice
- Clinical treatment, rehab and support services are fully integrated and provided by a multi-disciplinary team
- Shared responsibility and frequent contact
- Individualized treatment plans
- Low consumer to staff ratio
- Services provided "in-vivo" and team takes an assertive engagement approach
- Continuous long-term services
- For consumers in "greatest need"
- 24-7/365 days per year availability

---

---

---

---

---

---

---

---

### Evidence Based Practices

- According to SAMHSA evidence -based practice(s) "generally refer to approaches to prevention or treatment that are validated by some form of documented scientific evidence".
- While what counts as "evidence" varies, it is often defined as findings established through scientific research (i.e. controlled clinical trials)
- EBP stands in contrast to approaches that are based on tradition, convention, belief or anecdotal evidence.

A Venn diagram with three overlapping circles. The top-left circle is labeled 'Clinical Practice', the top-right is 'Research Evidence', and the bottom is 'Own Expertise and Experience'. The central area where all three circles overlap is shaded with a stippled pattern.

(Retrieved from <http://www.nrepp.samhsa.gov/about/evidence.asp>)

---

---

---

---

---

---

---

---

### Issue of Work obtainment for persons with severe mental illness

- For most individuals with major mental illness the opportunity to participate fully in work is lost.
- Typically, less than a 25% competitive employment rate (Bond et al., 2007; Rosenheck et al., 2006).
- This is a problem!

A close-up photograph of a document titled 'Job Application'. The text on the form is partially visible and includes the instruction: 'It is important that you refer to the appropriate check application forms.' The image is somewhat blurry and has a high-contrast, grainy appearance.

---

---

---

---

---

---

---

---

### Profits of working

- Improved levels of self-esteem (Warner, 2009; Honey, 2004)
- Possible reduction in psychiatric symptoms (Mueser et al., 1997)
- Improved quality of life (Bond, 2001)
- Greater reported satisfaction with services (Mueser et al., 2007)
- Less dependence on public disability entitlements/ability to promote own economic independence (Drake et al., 1996)

---

---

---

---

---

---

---

---

### Consumer voices on work

- 75% of consumers express a desire to work .
- Prefer to work in competitive, community-based jobs with non-disabled coworkers and paid minimum wage or higher.
- Identified benefits of work such as money, regular activity, a sense of purpose, personal development, opportunities to socialize, social acceptance, status, improved mental health, and self image (Bedell, 1998; Kirsh, 2000).
- Report employment offers significant benefits to their process of recovery (Dunn et al., 2008).

---

---

---

---

---

---

---

---

### ACT and Vocational Rehab

- In ACT/CSP the PACT-IVR model is utilized (Frey & Russerl, 1991).
  - Work is viewed as both a treatment focus and an outcome.
  - Individualized placement model.
  - Vocational rehabilitation in ACT should provide opportunities for integration, self-sufficiency, and improved self-worth.
  - 40-50% of ACT consumers employed at any given time and 80% engaged in vocational interventions.
  - A key difference may be work readiness.

---

---

---

---

---

---

---

---

### Supported Employment and ACT

- Use principles of Supportive Employment (SE)-Individual Placement and Support (IPS) model, but with some differences.

- The IPS approach is the best researched vocational intervention for people with SPMI and is an evidence-based practice.

---

---

---

---

---

---

---

---

### 7 Key Principles of the SE-IPS model (Bond, 2004)

- 1) a single-minded focus on competitive employment
- 2) eligibility for services based solely on client choice, with no exclusions
- 3) rapid job search
- 4) attention to client preferences in the job search
- 5) integration of employment services and the mental health treatment teams
- 6) ongoing, individualized support after clients obtain employment
- 7) systematic benefits counseling (Bond et al., 2007).

---

---

---

---

---

---

---

---

### Differences of SE in ACT

- Two identified differences
  - 1) Specific role of the Vocational Rehabilitation Specialist
  - 2) Integration of vocational rehabilitation services across all team members
- However, remember all the principles of SE still apply

---

---

---

---

---

---

---

---

**Role of the VR specialist in ACT:  
Difference #1**

- In the SE model, it is recommended that the VR specialist focus solely on vocational issues and not spend time in other treatment or rehabilitation areas, nor do generalist practice.
- In ACT, the VR individual is fully integrated and provides all services to consumers, but spends majority of time in vocational services.

---

---

---

---

---

---

---

---

**Integration of VR services in ACT:  
Difference #2**

- In SE, the VR person is primarily (if not solely) responsible for vocational services to consumers.
- In ACT, all team members are proficient with VR and provide these services based on individual plans.

---

---

---

---

---

---

---

---

**Role the Team Leader Plays**

- The literature is rich on SE and the principles, but less is known about how this process actually gets implemented in the daily life of a team.
- In our opinion, the ACT team leader plays an essential role in making VR work.

---

---

---

---

---

---

---

---

### Keys to Success in ACT-IVR

- Involvement of entire team and consumer.
- TL setting vision and team culture for rehab.
- Time set aside for vocational activities.
- Philosophy of staff.
- Know principles of the stages of change & MI.
- Adhere to SE principles.
- Individualized, but integrated & collaborative.
- Consumer needs to trust team .

---

---

---

---

---

---

---

---

### 23 years of Vocational Rehabilitation in Green County

- Employment rates were kept for 23 years and consumers' employment status was calculated for the majority of each year (data collected from 1985-2007).
- At admission, only 12% of consumers held market jobs.
- Retired aged (60 y/o) and 100% physically disabled consumers were excluded and never exceeded 10.3% of entire group.
- Part and full time competitive employment emphasis
  - Reason for focus.
  - Definitions.

---

---

---

---

---

---

---

---

### Green Co. CSP VR Statistics

- From 1985-1997, 33.2% of consumers were in competitive jobs.
- From 1998-2007, 49.0% of consumers were in competitive jobs.
- In 2006 & 2007, respectively, 61.8% and 56.1% of consumers worked competitively 52 weeks of that year.
- Of the 54 non-retired consumers served in both years, 74.5% held at least one competitive job with 48.7% of these working continuously for 24 months.

---

---

---

---

---

---

---

---

### Competitive Employment Comparisons



- Recent surveys have found CE rates of 15% or less in this population. (Rosenheck et al., 2006; Salkaver et al., 2007).
- Goldman (1982) found only a 8% CE rate among individuals in CSPs.
- Suggest that ACT's supported employment methods can meet many consumers/ wants and needs.
- Suggest PACT-IVR model is effective for the most ill adult consumers.

---

---

---

---

---

---

---

---

### So Why Should YOU Care?

- DVR has struggled with meeting the needs of this population.
  - A less than 35% closure rate.
  - In ACT, we have better understanding and therapeutic alliance
  - Our services are integrated
- Over 75% of consumers express a desire to work.
- Assists in not only rehabilitation but treatment.
- Supports over all MH system change.
- Professional satisfaction.
- Allows social workers to participate in social justice.
- It's your job!

---

---

---

---

---

---

---

---

### Practical Vocational Strategies (Nuts and Bolts)...




---

---

---

---

---

---

---

---

### Doing what it takes

- Video clip

---

---

---

---

---

---

---

---

### Consumer/Professional Preparation

- “As with any interactive endeavor, rapport must be built in order to accomplish the work.” (Prochaska & Norcross, 1999; p. 510).



---

---

---

---

---

---

---

---

### Integration of VR into ACT Treatment How it's done!!

- 1. Assessment
- 2. Goal setting
- 3. Job seeking and development
- 4. Consumer preparation
- 5. Job supports once job is obtained
- 6. Follow up with employer

---

---

---

---

---

---

---

---

## Assessment

- Initial vocational assessment
  - Begins during admissions process.
  - Overview of work history and how work has been influenced by mental illness/symptoms.
    - Type of work; longest work experience; details of job
  - Intersects with other assessments, provides a holistic view of treatment, rehab and support strengths and needs.
    - Interpersonal issues; symptom issues; AODA issues
  - Identifies vocational strengths and areas for improvement.
  - Provides a framework for treatment and vocational goals.
  - Identifies the stage a consumer is in (work ready or not).

---

---

---

---

---

---

---

---

## Dreaming

Allow the consumer to dream

- What does the consumer *want* to do?
- Special talents
- Past job experiences, both good and bad (we learn from both)
- What is consumer's idea of *perfect* job?
- Encourage risk taking
- Incorporate the dreams, assessment and evaluations into goals.

---

---

---

---

---

---

---

---

## Goal setting

- Build goals into the treatment plan.
  - Goals are individualized and can run on a spectrum.
    - Examples include: just talking about work (pros/cons), pre-vocational goals/getting job applications/going on a job interview/starting a job, etc.
    - Think bite-size, baby steps.
    - Start where the consumer is at:
      - Ready for work
      - Not ready for work

---

---

---

---

---

---

---

---

### Consumers not “work ready”

- Motivational Interviewing (MI); (Miller & Rollnick, 1991)
- Discuss employment goals with consumers
- Create a list of advantages/disadvantages of goal of employment
- Use MI strategies:
  - Express empathy
  - Develop discrepancy
  - Avoid argumentation
  - Roll with resistance
  - Support self-efficacy

---

---

---

---

---

---

---

---

### Job Seeking & Development for “Work Ready” Consumers

- Different consumers=different approaches
- A move away from traditional VR services
  - Assist in search for jobs
  - Specialized job development for some consumers
  - Approaching employers
  - Gaining client consent

---

---

---

---

---

---

---

---

### Hello? Approaching Employers

- Introduce yourself and put on your best sales smile.
- Assess employers need.
- Specific job development.
- BELIEVE in the consumer.



---

---

---

---

---

---

---

---

### Touchdown: The consumer scores the interview!



- Reinforce to employer that the consumer will be an asset.
- Discuss issues relevant to work (e.g. symptoms, reaction to stress, strategies, reasonable accommodations).
- Follow up note to the employer.

---

---

---

---

---

---

---

---

### Consumer Preparation for Orientation

“I don’t know if I can do this...”

- Discuss and validate fears and obstacles.
- Discuss benefits of work, school and/or structure.
- Discuss dreams and possibilities.
- Review coping strategies.
- Provide unconditional encouragement and praise successes.
- Revisit pros/cons of work

---

---

---

---

---

---

---

---

### Interview Prep 101

“All I want is a job...”

- Do your homework!
- Desensitize through role playing of interview & employer expectations.
- Re-address anxieties and fears.
- Know tools to teach consumer to help counteract anxiety.
- Assess and provide supports as needed.
- Be positive and hopeful.



---

---

---

---

---

---

---

---

## Hope

- The belief that work is possible.
- Focusing on strengths rather than weaknesses.
- Addressing and fixing weaknesses.
- Looking forward.
- Celebrating small steps.
- Frame of mind colors every perception (for both consumer and staff).
- Remember!! Recovery orientation lies in the attitudes of the professionals who provide them.



---

---

---

---

---

---

---

---

## Got the Job!

- Now consider...
  - Job support vs. job coaching.
  - Coaching is only a part of the overall job support for the consumer.
  - Remember "individualized".



---

---

---

---

---

---

---

---

## Off-site Job Supports

- Level of support prior to job start.
  - Addressed in other 1:1 contacts.
  - Wake up or support calls.
  - Problem solve issues (e.g. transportation).
  - Review what to expect first day.
  - Review coping strategies.
  - All based on assessments by team members and consumer.

---

---

---

---

---

---

---

---

### On-site Job Support

- ACT staff provides support and education to the consumer and employer.
- Allows for additional assessment of work skills.
- Individualized.
- Look to develop job mentors and foster natural supports.
- Understand the ADA and what reasonable accommodations may be made. Educate the employer.

---

---

---

---

---

---

---

---

### Follow-up with Employer

- Establishing and fostering a relationship is essential.
- If not job coaching, follow up is still necessary.
- Discuss concerns before they turn into problems.
- Consumer should be included in all communication.
- Encourage reciprocal communication.
- Remind of employer of benefits including tax credits, work incentives and quality employees.

---

---

---

---

---

---

---

---

### Meaning of Work in the Recovery Process

Joe's story....

---

---

---

---

---

---

---

---

### Questions??

■ Thank you!!



■ Contact Info:

- Anna Frontz: [afrontz@gchsd.org](mailto:afrontz@gchsd.org)
- Joe Phillipps: [phillipp@co.rock.wi.us](mailto:phillipp@co.rock.wi.us)
- Lynette Studer: [lstuder@wisc.edu](mailto:lstuder@wisc.edu)

---

---

---

---

---

---

---

---