

Work Incentive Counseling Strategies to Meet the Unique Needs of Beneficiaries with Psychiatric Disabilities

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Work Incentives Planning and Assistance

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October 2011

Learning Objectives

- Enhance the CWICs ability to work with the employment support team through developing an understanding of the mental health services system.
- Understand the role of work and employment in the recovery process and how effective work incentives planning coincides with the recovery process and outcomes.
- Understand the various psychiatric disability labels and how to effectively communicate with individuals who are experiencing symptoms of the disability (including cognitive difficulties).

Learning Objectives

- Explore and identify the stages of the employment continuum and the parallels to the recovery process.
- Understand the parallels with evidence-based services for people with psychiatric disabilities and effective work incentives planning approaches (timely and precise work incentive planning, individually tailored information, long term follow up support, integrating work incentive planning information into employment service planning).

Learning Objectives

- Understand how communication and counseling skills can impact the beneficiary's perception of their potential and self-efficacy in employment.
- Understand how to maintain effectiveness in your role in supporting people with disabilities (supporting yourself while supporting others).

Mental Health Services for People with Psychiatric Disabilities

- 1960's: Movement from state hospitals and institutions into community clinics.
- 1970's-1980's: Focus on improving services by including other federal and state services in the treatment of individuals with mental illness (such as vocational rehabilitation).
- 2000's: Focus on transforming mental health services, toward a shared responsibility by federal, state, and local partners, private sector and consumers of services and their family members. Focus on recovery, is emphasized to support individuals to live, learn, and work in their communities.

Fundamentals of Recovery

Recovery is a process of change whereby individuals work to improve their own health and wellness to live a meaningful life in a community of their choice while striving to achieve their full potential.



Reference:

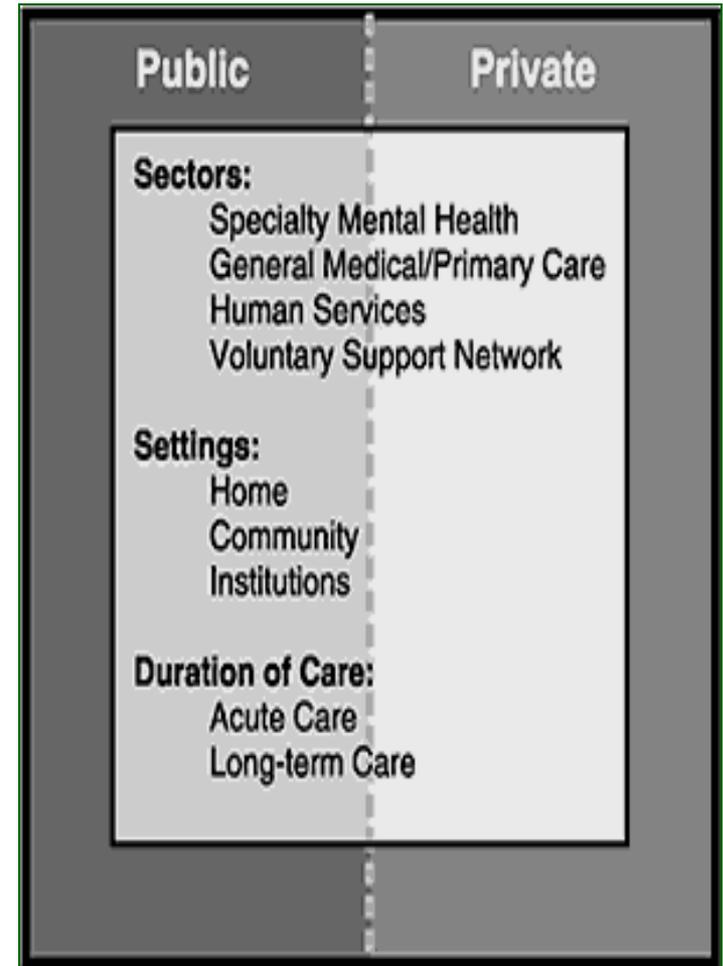
www.samhsa.gov
National Mental Health
Information Center

Recovery Domains

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live that supports recovery;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

Understanding the Mental Health Service Delivery System

- Public and private sectors provide services to individuals with psychiatric disabilities (including state or Medicaid funded Community Mental Health Support Services, Vocational Rehabilitation, Medical services and clinics, etc.).
- The CWIC's role is to support the beneficiary's employment and work incentive goals
 - With beneficiary consent, partner with and educate those who provide services to the beneficiary with the goal of integrating WIPA services into the overall service plan.



The Population of SSA Beneficiaries with Psychiatric Disabilities

- Individuals with psychiatric disabilities are the fastest growing SSA beneficiary group (estimated 3.3 million SSDI and SSI recipients)
- An estimated 27% of SSDI working-age beneficiaries and 34% of SSI beneficiaries have a mental illness
 - 85% of this population have either a mood disorder or psychotic disorder
- Employment Rates:
 - 61% of the population with mental illness are not working
 - 38% of working-age individuals with mental illness are underemployed
 - 43% of individuals with mental illness who have a college degree are not working

(References: Bond, et. al., and Cook, et.al)

CWIC Role in Overcoming Employment Barriers and Supporting Recovery

85% of people with MI want to work but are afraid to lose their disability status and healthcare

- CWICs address employment barriers by educating beneficiaries and their advocates/professionals and supporting the various federal and state work incentives
 - Counseling beneficiaries to understand in ***their individual situation***
 - SSA benefits
 - Healthcare
 - Housing and work incentives
 - Other federal and state benefits and incentives

Definition of Psychiatric Disability (Mental Illness)

- Mental health (psychiatric) disabilities are categorized by reactions to stress that affect thinking, emotion, and behavior.
- The terms mental illness or psychiatric disability are used interchangeably.
- Caused by complex interactions between physical, psychological, social, cultural, and hereditary influences.
- May limit their major life activities during periods of illness. Major life activities include caring for oneself, working and learning
- May result in poverty, homelessness, and unemployment .

General Classifications Of Psychiatric Disabilities

- Mood Disorders
- Anxiety Disorders
- Schizophrenia Disorders
- Personality Disorders
- Substance use/Abuse Disorders
- Cognitive Disorders
- Disorders diagnosed in childhood or adolescence
- It is NOT your job as a CWIC to focus on the disability labels or diagnosis
- It is however, helpful to be aware of the nature of the disability to address the level of supports needed and project the use of potential work incentives (i.e., Subsidy, IRWE)

Use Person-First Terminology when Supporting Beneficiaries

- A common misconception is that a classification of mental disorders classifies people, when actually what are being classified are disorders and set of symptoms that people have
- Avoid the use of such expressions as "a schizophrenic" or "an alcoholic" and instead use the more accurate: "an individual with Schizophrenia" or "an individual with Alcohol Dependence"

Barriers to Understand Pertinent to Psychiatric Disabilities

1. Cognitive and Perceptual Barriers →

2. Stigma →

3. Nature of the Illness →

1. Difficulty with information gathering and processing, impaired memory, retention and performance, primary efforts are focused on managing the illness
2. Public attitudes toward MI, self-perceived stigma,
3. Symptoms and increased vulnerability to stress,

Barriers to Understand Pertinent to Psychiatric Disabilities

- 4. Interpersonal Issues →
 - 5. Iatrogenic effects →
 - 6. Disincentives →
 - 7. The cycle of poverty →
- 4. Age and onset of illness, pre-morbid functioning, support system,
 - 5. Side effects of medications, traditional programming and focus on illness rather than wellness
 - 6. Interrupted life experiences, financial disincentives, benefits system difficult to navigate, disincentives from the support system,
 - 7. Disadvantages and trapped due to situational circumstances (loss of income due to disability) or generational poverty.

So, What Are the Best Ways to Address These Barriers?

Correlate with the evidenced-based practices

MH Evidence-based Employment Services (IPS)

- Rapid job search (avoiding lengthy pre-assessment and readiness counseling)
- Individualized job placement (focus on strengths, preferences, work experiences)
- Follow-along support (indefinite support across all life areas)
- Employment is integrated with the mental health treatment team approach (All areas of support are addressed, and employment is not provided in isolation)

Adapted from the Individual Placement and Support (IPS) model of supported employment

WIPA Services (Individual Work Incentives Planning and Support)

- **Proactive, expeditious work incentive planning (strike while the iron is hot!)**
- **Individualized information tailored to the beneficiary's situation with a focus on all federal and state benefits and a variety of options and scenarios are presented**
- **Long-term work incentives case management following the beneficiary throughout critical transition points**
- **Work incentive planning is integrated into the employment plan and the CWIC partners with the support team**

Work and Recovery—How Work Incentives Planning Supports the Process and Outcomes

- **What is the recovery process and how does this apply to employment and benefits planning?**
 - Changing one's feelings, perceptions, beliefs, roles, and goals in life to have meaningful relationships, goals, and hope
 - Seeing self as a worker who can succeed
 - Making the transition from dependence on public support to self-sufficiency and self-reliance

CWICs can contribute to the recovery process by providing thorough, timely and accurate information, a variety of benefit scenarios, and facilitating the beneficiary to make informed choices about work, benefits, and financial stability.

Work and Recovery—How Work Incentives Planning Supports the Process and Outcomes

- **What is the recovery outcome?**
 - Ability to have friends and relationships,
 - Live in housing of one's choice,
 - Work in a job that fulfills skills, interests and abilities,
 - Participate as a contributing member of the community
 - Develop self-determination
 - Manage benefits, work incentives and finances
 - Developing economic security and the ability to support oneself and/or family
 - Develop assets and achieve financial goals
 - Achieve a higher socioeconomic status

Understanding Effective Communication and Counseling Skills

I'm a great believer that any tool that enhances communication has profound effects in terms of how people can learn from each other, and how they can achieve the kind of freedoms that they're interested in.

- Bill Gates

Techniques for Effective Communication

Verbal Techniques

- Ask open-ended questions that prompt more than just a “yes” or “no” answer or short responses
- Prompt for specific examples when seeking information
- Paraphrase what the beneficiary says rather than simply repeating it and reflect with 2-3 statements to clarify understanding

Example:

- Rather than:
“Do you have health insurance coverage?”
- Use:
“What are the ways your medical expenses are covered?”
“You indicate you have Medicaid that helps to pay for your medical expenses. Are there other ways your medical expenses are paid?”

Techniques for Effective Communication

Non-verbal techniques

- Much of our communication is non-verbal
 - includes body language,
 - facial expressions,
 - gestures
 - tone of voice

Non verbal communication can convey approval, disapproval, reassurance or uncertainty, put the individual at ease or raise doubt

When meeting with an individual:

- position yourself to show you are attentive
- Maintain good eye contact
- Pay attention to your gestures and stance
- At all times show respect and validate their concerns

Techniques for Effective Communication

Reflective Listening skills (encourage openness and trust)

- Empathizing:
 - Getting information in a supportive and helpful way and trying to understand their thoughts, feelings and concerns
- Analyzing:
 - Seeking concrete information while trying to separate facts from emotion
- Synthesizing:
 - Providing information that helps elicit thoughts and ideas
 - “In what ways?” “Give me an example” “How else could you do it?”

Example:

“I understand you heard some stories about how people lost their SSDI and Medicaid when they started working this seems frightening to you. Let’s explore what would happen to your benefits in your unique situation how to avoid any problems and what safety nets are available for you. Then we will explore your thoughts about working.”

Techniques for Effective Communication

Observation skills

- Attend to the individual's words, volume, tone of voice, expressions, mannerisms and emotional state
- Listen with your eyes, ears and heart to explore answers and reframe your approach
- Ask: “On a scale of 0 to 10, how confident are you about this?”

Example:

The CWIC prepared and reviewed the BS&A with Mark, an SSDI beneficiary. In the BS&A the CWIC carefully explained the SSDI work incentives available to his situation, and addressed Medicare, Medicaid, housing, SNAP, how to report earnings, and the supports available to him on an ongoing basis. As the meeting with the beneficiary progressed, the CWIC noticed Mark becoming increasingly agitated and he stood up and began pacing the room.

What should the CWIC do at this point during the meeting?

Understand the Employment Continuum and the Parallels to the Recovery Process

- The Employment Continuum consists of a series of stages that an individual may go through to realize their employment goals.
- Individuals may be at various places on the continuum when they seek WIPA services.
 - CONTEMPLATION
 - PREPARATION
 - JOB SEARCH
 - EMPLOYMENT
- Decisions to progress through the employment continuum is a result of the information available to them to address their unique needs and concerns

The Employment Continuum

- **Contemplative Stage** – At this point, beneficiaries are just beginning to think about the possibility of going to work for the first time, or returning to work. In most cases, beneficiaries at this stage have no clear vocational goal and have taken few if any steps to prepare for employment.
- Beneficiaries at the contemplative stage may have feelings of ambivalence about the possibility being employed and often have significant fear about the impact of paid employment on benefits.

Supporting a Beneficiary through the Contemplative Stage

- Provide summary information which answers questions, avoid “TMI” syndrome.
- Provide publications and fact sheets on work incentives pertinent to the benefits the individual receives assembled in a packet customized to the beneficiary.
- Follow-up with phone conversations with written material to reinforce advisement. Invite beneficiaries to contact you when questions arise.
- Provide information about where to get help with career exploration and make direct referrals as needed.
- Offer to share work incentives information to family members or disability professionals involved with the beneficiary.

The Employment Continuum

- **Preparatory Stage** – Beneficiaries at the employment preparatory stage have decided that they do want to pursue paid employment of some type at some level, although there may still be some lingering worry or doubt related to this decision. These individuals have taken some steps to prepare for employment.
- Individuals who are preparing for employment generally have a fairly clear occupational goal and have investigated what it would take to achieve that goal. In some cases, the beneficiary is well on the way to completing the preparatory steps (education, training, etc) and is on the verge of starting a job search.

Supporting a Beneficiary through the Preparatory Stage

- Make certain the beneficiary is connected to needed rehabilitation services (such as VR, One-Stop Center, ENs, CRPs, or other entities that can help meet employment and support needs).
- Verify benefits, and be aware that you may need to develop past work and earnings information.
- Review all applicable work incentives and develop the BS&A as needed. At this stage, it is appropriate to go into greater detail on specific work incentives.
- Provide specific counseling on use of the Ticket to Work to those individuals who could benefit from this provision.
- Be proactive in contacting beneficiaries to make sure progress is being made and any identified barriers are addressed.
- Identify specific work incentives, such as PASS, IRWE, Subsidy, and other state and federal benefit work incentives pertaining to healthcare and housing.

The Employment Continuum

- **Job Search Stage** – Individuals who are at the job search stage are actively looking for paid employment or are on the cusp of small business ownership. These individuals have a clear vocational or career goal and have completed whatever preparation is needed to pursue this goal (if any).
- In some cases, individuals at this phase will be receiving some form of employment service and will have a job developer actively contacting employers.
- In other cases, the beneficiary will be applying for positions independently. Some individuals may already have job offers pending.

Supporting a Beneficiary through the Job Search Stage

- Check to see that assistance with job search is available, and as needed make referrals for supports (VR, ENs, One-Stop Centers, etc.).
- Probe for potential future use of work incentives such as IRWEs, Subsidy or PASS. Provide detailed explanations of how work incentives would benefit the individual's unique circumstances including their goals for employment and finances.
- Provide detailed discussions on healthcare and work incentives, including EPMC, 1619(b), Medicaid waivers, Medicaid buy-in, and employer sponsored health insurance.
- Address anxiety about benefit cessation by explaining the various options for reinstating benefits if earnings are reduced or employment stops.
- Provide counseling on record keeping and wage reporting.

The Employment Continuum

- **Employment Stage** – This stage is somewhat self-explanatory. The beneficiaries are already working for pay, or have already initiated self-employment. Individuals in this stage may be long-term employees or may have only recently begun working. In some cases, individuals at this stage have encountered a problem which is causing them to consider quitting or cutting back on their work, or are considering a promotion or other job change.

Supporting a Beneficiary through the Employment Stage

- Encourage increased earnings by providing specific information about how all federal and state benefits will be impacted. Focus on the total financial outcome, not decreases in specific benefits.
- Update information previously provided at critical transition points and review work incentives used and work incentives available.
- Ensure the beneficiary has specific written information about healthcare work incentives . Help beneficiaries with cost/benefit comparisons of employer-sponsored health insurance.
- Reiterate the need to report earnings and provide instruction on effective reporting.

Discussion:

The Employment Continuum

- How might an individual's mental illness influence their position or standing on the employment continuum?
- Different illnesses may inhibit someone from moving along the continuum, or they may contribute to an individual continuously moving back and forth
- As with any disability, mental illnesses can be inextricably tied to one's experience in the work world, both before and after becoming eligible for benefits

Supporting Beneficiaries through the Employment Continuum

1. Realize that the journey through the continuum is a natural process—most people progress through stages naturally with support and information, and you can't force people to make changes.
2. Providing “Just in time” benefits counseling with the right information at the right time can speed up the progression through the employment continuum.
3. Providing a sense of hope and belief that one can succeed are important elements of change. People who have hope are more likely to make progress. People who believe in themselves are more likely to change.
4. Strive to achieve empathy and understanding the perspective of the beneficiary. CWICs who possess empathy, warmth, and genuineness have a positive impact.
5. Realize that resistance may occur. Counseling that is supportive decreases resistance.

Specific Support Strategies for Beneficiaries with Psychiatric Disabilities

Issue:	Strategies for Support:
Hallucinations, delusions and illogical thinking may with processing new information and communication.	<ul style="list-style-type: none">*Present information in small units with concrete steps*Don't argue or discount thinking that is illogical—this may serve a protective purpose for the individual*Ask questions to probe for understanding
Inability to filter and process important information and ignore unimportant details.	<ul style="list-style-type: none">*Keep tasks and steps brief and focused*Use frequent prompts with simple visual and verbal instructions (e.g., reviewing calculations together)*Limit clutter and distractions

Specific Support Strategies for Beneficiaries with Psychiatric Disabilities

Issue:	Strategies for Support:
Information is too complex or too varied to understand in the speed at which it is presented.	<ul style="list-style-type: none">*Break down tasks into incremental steps*Repeat tasks and steps*Present information in multiple ways
Stressors caused by pursuing or entering employment and managing benefits may increase symptoms and decrease the ability to comprehend.	<ul style="list-style-type: none">*Provide support at the individual's pace*Keep demands low and feedback positive*Plan a positive way to deal with anxiety*Allow for time out to regroup when needed

Specific Support Strategies for Beneficiaries with Psychiatric Disabilities

Issue:	Strategies for Support:
Crises and increased stress may cause agitation or irritability	<ul style="list-style-type: none">*Provide safety and address issues in a safe, private, calm, quiet place*Invite and involve mental health service provider, family and significant others to provide background information and support*Focus on only the issues that you can address in your professional role as a CWIC
Ambivalence and inability to follow through with decisions or directions	<ul style="list-style-type: none">*Explore the source of indecision, as it may be related to unresolved fear or misunderstanding*Check to see if hands on support is needed*Recognize that the individual may move ahead at their own pace when comfortable

Improving Your Effectiveness While Supporting Beneficiaries

- Understand the process of Transference and Counter-transference
 - Transference: Process in which the client directs feelings about something to you
 - Counter-transference is your feelings and reactions/interactions with or toward the client
 - Identify source of counter-transference
 - Could my feelings be evoked by the client
 - Could my feelings be evoked by irrelevant characteristics of the client, i.e. their behavior or appearance?
 - Could the feelings be evoked by events in my own home (i.e. situational stressors) that are impacting my work?

Supporting Yourself While Supporting Beneficiaries

Take care of yourself to prevent potential burnout

- Burnout is a state of physical, emotional and mental exhaustion caused excessive and prolonged exposure to stressful and emotionally laden situations
- Signs:
 - Feelings of disillusionment, inefficacy, and disinterest
 - Decrease in general energy level
 - Low morale, lack of empathy and motivation
 - Feeling overwhelmed and are unable to meet constant demands – including emotional demands from clients
- Action steps:
 - Keep your expectations realistic for yourself and those you support
 - Set small, regular, achievable goals for yourself
 - Get adequate sleep, exercise and nutrition
 - Work with your supervisor and team to understand your expectations for success

For Further Reading

- **Bond, G.R., Haiyi, S., Drake, R., (2007). *Can SSDI and SSI Beneficiaries With Mental Illness Benefit From Evidence-Based Supported Employment?* *Psychiatric Services* 58:1412-1420**
<http://ps.psychiatryonline.org/cgi/content/full/58/11/1412?maxtoshow=&hits=10&RESULTFORMAT=&searchid=1&FIRSTINDEX=0&minscore=5000&resourcetype=HWCIT>
- **Cook, J. A., Burke, J. K., Petersen, C. A. (2004) *Assessing the Financial Planning Needs of Americans with Mental Illnesses* Chicago: University of Illinois, Mental Health Services Research and Policy**
http://www.psych.uic.edu/mhsrp/CMHSRP_NEFE_Report.pdf

For Further Reading

- **Surgeon General Report: Overview of Mental Health Services**
<http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec7.html>
- **Detailed History of Mental Health**
<http://www.mnpsychsoc.org/history%20appendix.pdf>
- **Businesses Materials for a Mental Health-Friendly Workplace: Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments** <http://store.samhsa.gov/product/National-Consensus-Statement-on-Mental-Health-Recovery/SMA05-4129>
- Payne, R. K., DeVol, P. E., & Smith, T.D. (2001) **Bridges Out of Poverty: Strategies for Professionals and Communities.**
Aha! Process Inc. RFT Publishing, Highlands TX.