

Supported Employment

Michelle P. Salyers, PhD

ACT Center of Indiana, IUPUI

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Practices ICN Series

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Overview

- Role of work in recovery
- Barriers to employment
- Supported employment:
Principles and evidence
- Critical ingredients
- Strategies to implementing
supported employment

What is Recovery?

- Process and outcome
- Individually defined
- Emerging key themes:
 - Hope
 - Personal responsibility
 - Meaningful life activities

The Primary Goal in Work Arena: *Competitive Employment*

- Regular community job
- Pays at least minimum wage
- Work setting includes people who are not disabled
- Not temporary or “make work”

Why Focus on Employment?

- Viewed by many as an essential part of recovery
- Most consumers want to work
- A typical role for adults in our society

Benefits of Competitive Employment: Research Evidence

- Increased income
- Change in self-identity
- Increased quality of life
- Reduced symptoms

Sources: Arns, 1993, 1995; Bond, 2001; Fabian, 1989, 1992; Mueser, 1997; Van Dongen, 1996, 1998

More Reason for Adopting Employment as a Priority

- Consumers, family members, policymakers, and advocacy groups all identify employment as a primary goal
- Economic benefits (reduced treatment costs)
- Focus on work → Transform mental health system

Competitive Employment for People with Severe Mental Illness:

The Gap

- Say they want to work: 60%-70%
- Are currently working: <15%

Commonly Perceived Barriers to Employment

- Our economy is bad
- Too much stigma in community
- Our consumers are...
 - Too disabled
 - Not ready
 - Afraid of working
- We have other, more pressing priorities



Barriers to Employment: Research Evidence

Common Barriers

Societal Attitudes

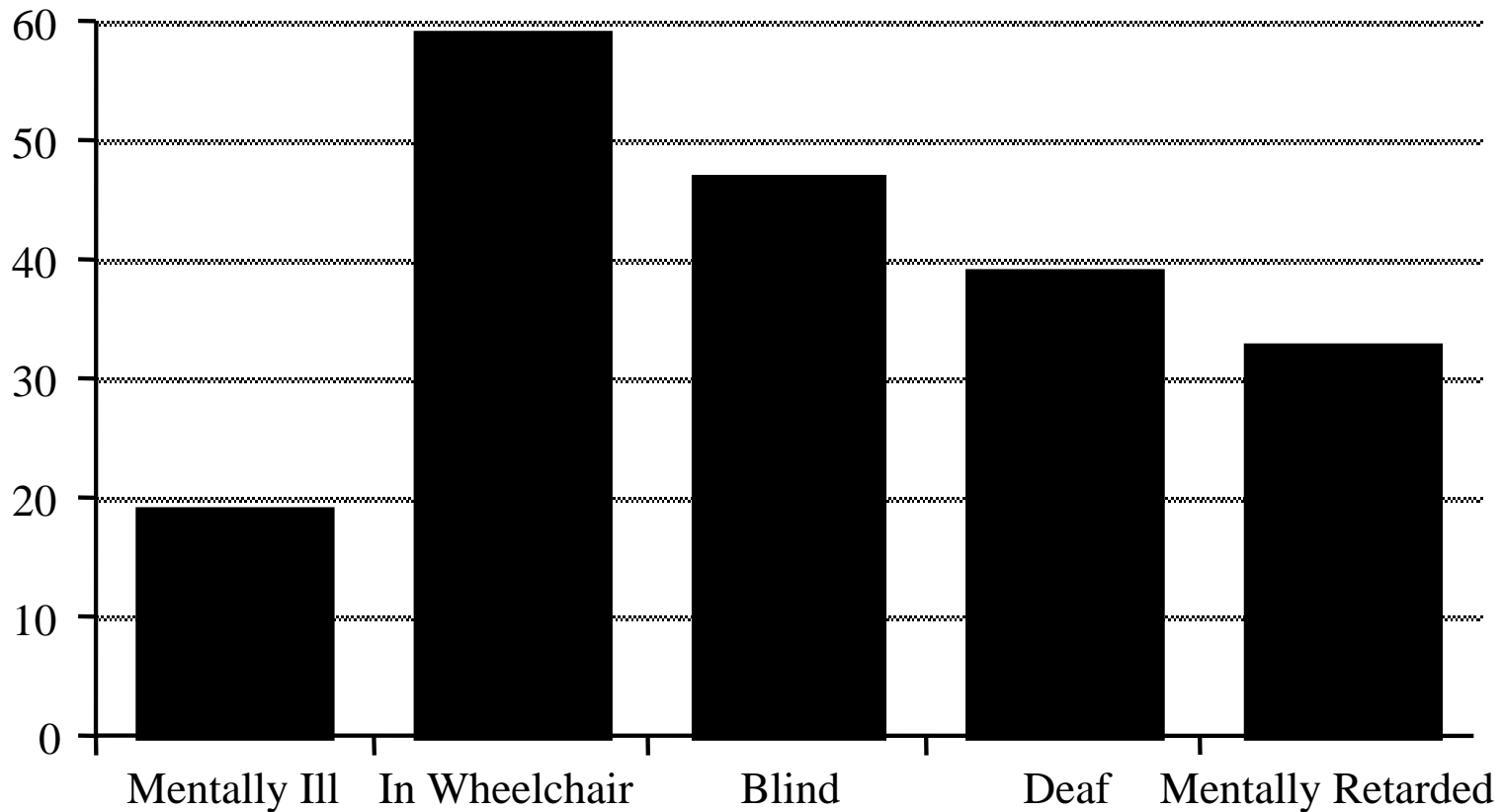
Clinician Attitudes

System Factors

Consumer Characteristics

SOCIETAL BARRIERS: STIGMA

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



Job Discrimination

One-third of mental health clients turned down for a job for which they were qualified because of a psychiatric label (Wahl, 1997)

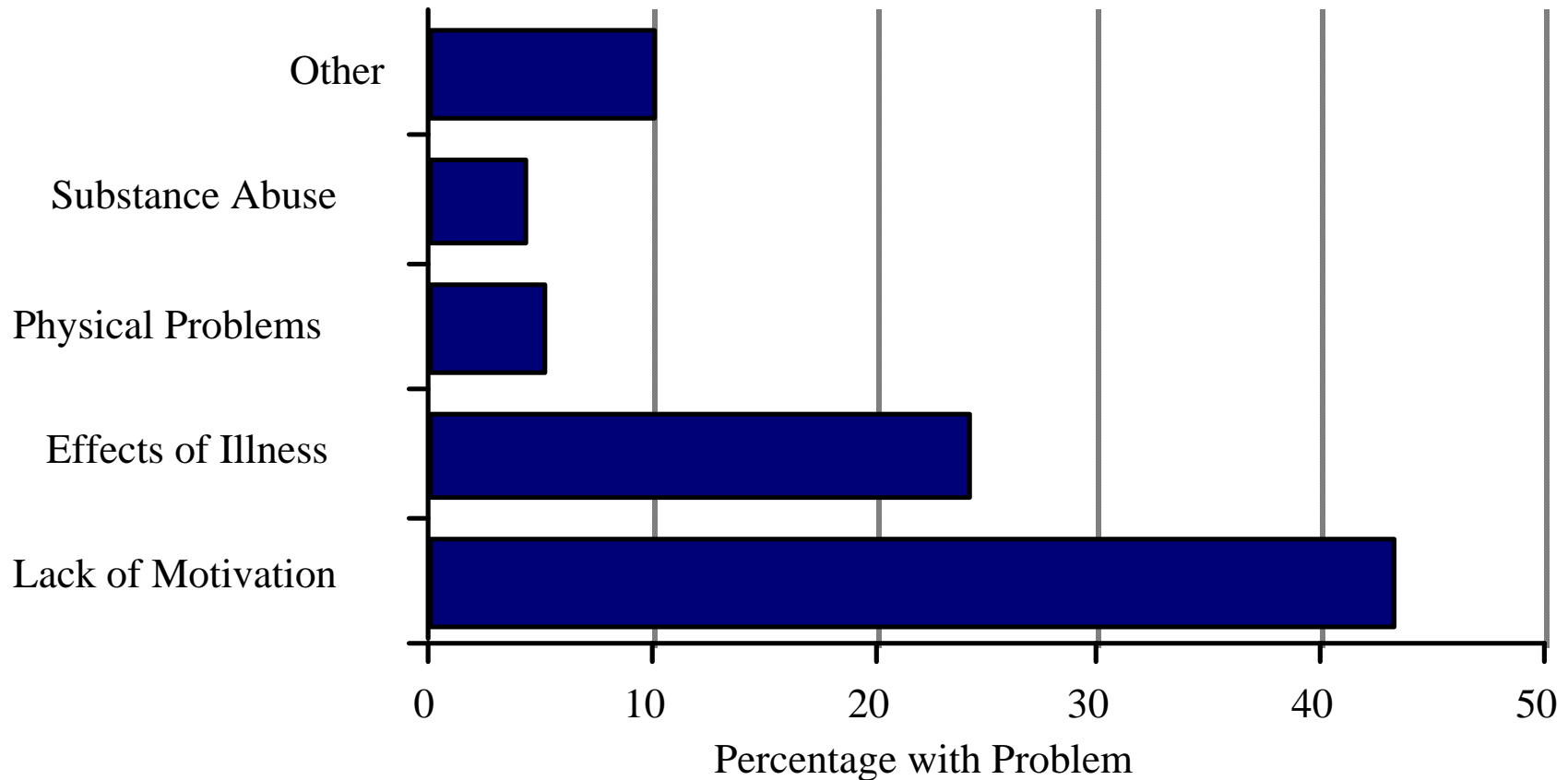


Clinician Perspective: Reflection of Societal Attitudes

My clients are (*check all that apply*):

- Not ready
- Not motivated
- Too fragile (vulnerable to stress)
- Simply unable to work

Barriers to Employment Rated by Mental Health Professionals



Braitman (1995)

Work → Relapse?

- Although many clinicians fear that clients who work increase their risk for relapse...
- Supported employment does not lead to higher rates of psychiatric hospitalization

Is Work Too Stressful?

- As compared to what?
- Joe Marrone: If you think work is stressful, try unemployment

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)

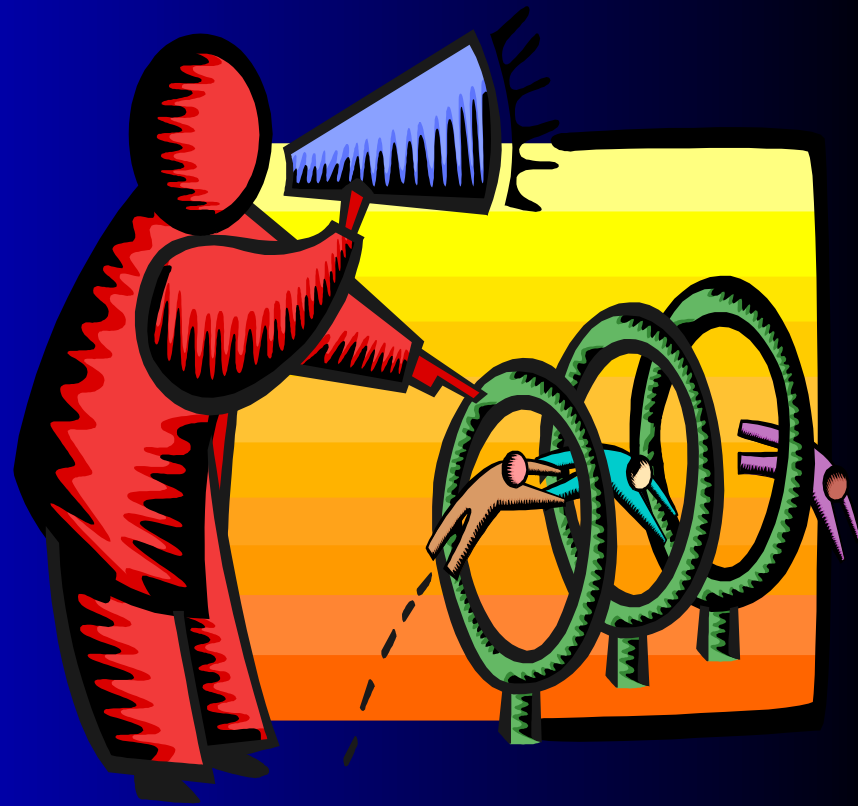
Systems Factors

- Limited access to employment services
- Fragmented service systems
- Rules for government entitlements



Limited Access

- Only 23% of mental health clients have any mention of employment goals in treatment plan (Lehman, 1998)
- 2003 NAMI survey: Majority of consumers reported problems with access to employment services



Consumer Factors Sometimes Assumed to Affect Vocational Outcomes

- Demographics
- Motivation
- Co-occurring substance use
- Skill deficits
- Work history
- Clinical variables

Findings Regarding Consumer Characteristics as Predictors of Employment

- Results vary from study to study
- Assistance from others and job matching can compensate for personal deficits

Consumer Fears as Barriers to Employment

- Fear of losing benefits – SSI, SSDI, and especially Medicaid (listed by 40% in NAMI survey)
- Fear of failure
- Fear of other people

Traditional Vocational Services: Typical Features

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

Bond's (1992) Review of 24 RCTs of Traditional Vocational Approaches

# Studies	Type of Program
6	Hospital-based
3	Halfway house
4	Sheltered workshop
5	Psychosocial rehab center
3	Assertive comm. treatment
3	Vocational counseling
1	Job club

Problems with Vocational Services

- Traditional vocational approaches are ineffective
- Great variability in how programs are implemented
- Most approaches not based on evidence-based principles

(Bond, 1999; Cook, 2000; Crowther, 2001;
Honey, 2001; Lehman, 1998)

Supported Employment (SE)

An Evidence-Based Practice

Basic Philosophy of Supported Employment

- *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...

Supported Employment Team: Recommended Basic Structure

- Minimum of 3 full-time staff
- Staff devoted exclusively to SE
- Full-time supervisor who also provides employment services
- SE team physically located in mental health center

Responsibilities of Supported Employment Team

- Individual caseloads, but help each other (with job leads, etc.)
- Caseloads of about 20 consumers
- Weekly team meetings + individual supervision
- >50% time in the community

Supported Employment Is Manualized

- Becker & Drake (2003):
A Working Life
Individual Placement and Support
(IPS) model
- Supported Employment
Implementation Resource Kit (from
National EBP Project)

Supported Employment: Evidence-Based Principles

- Eligibility is based on consumer choice
- Supported employment is integrated with treatment
- Competitive employment is the goal
- Rapid job search is used
- Job finding is individualized
- Follow-along supports are continuous

Primary Evidence for Supported Employment

- Conversion studies of 6 day treatment programs
- 10 randomized controlled trials

Day Treatment Conversions to Supported Employment: Common Study Design

- Discontinue day treatment
- Reassign day treatment staff to new positions in center
- Replace with supported employment

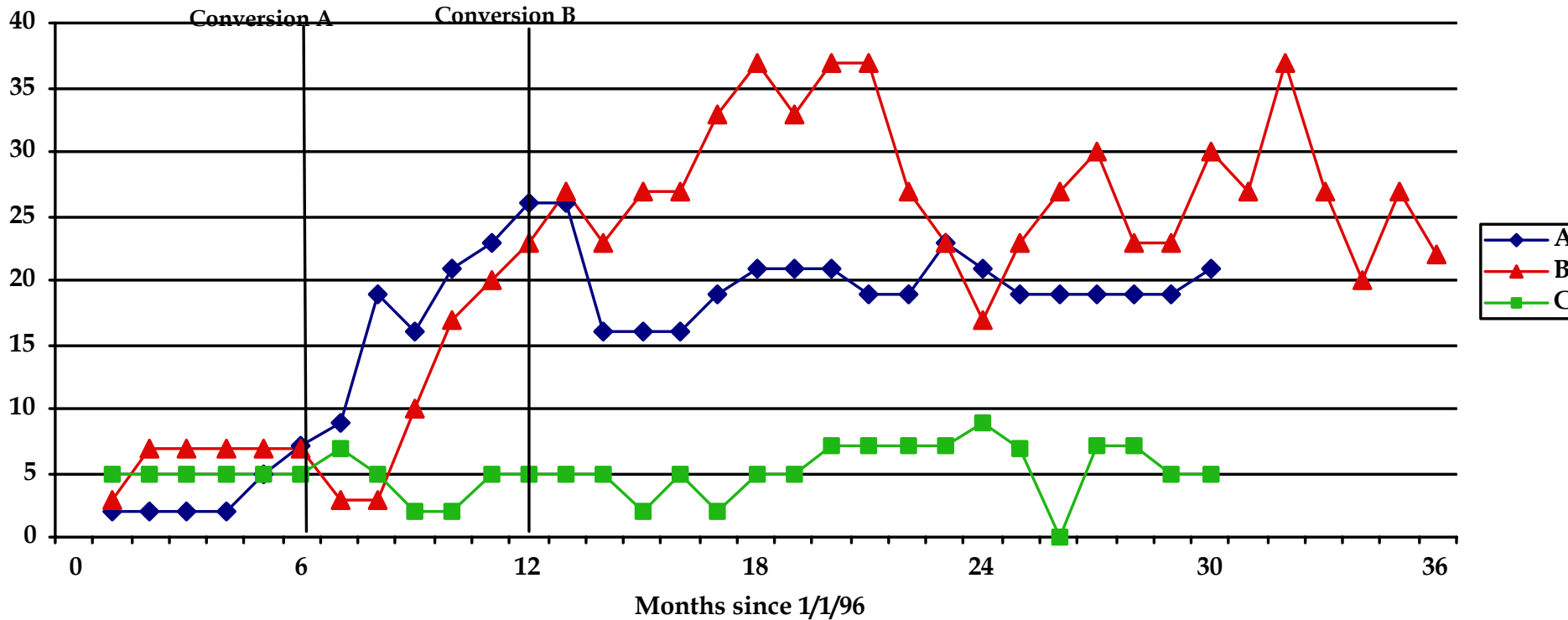
Day Treatment Conversion Studies

- NH: 3 conversion sites, 2 control sites
- RI: 2 conversion sites, 1 control site
- MA: 1 conversion site

Sources: Drake, 1994, 1996; Bailey, 1998; Becker, 2001, Gold, 1998

Rhode Island Day Treatment Conversion Study (Becker, 2001)

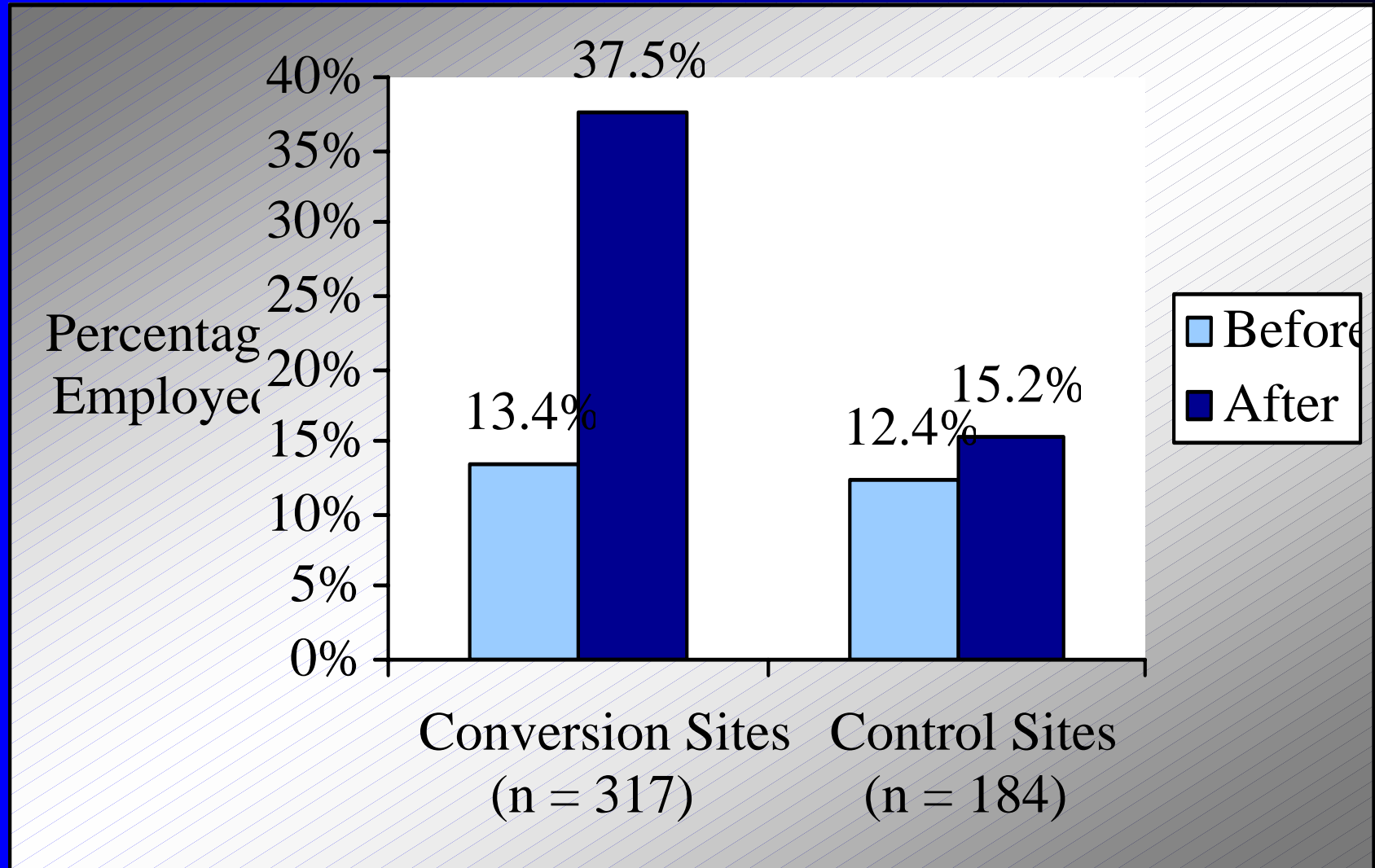
Percent Competitively Employed



Similar Results in All 6 Day Treatment Conversions

- Large increase in employment rates
- No negative outcomes (e.g., relapses)
- Consumers, families, staff liked change
- Overall, all former day treatment clients got out into community more
- Resulted in cost savings

Mean Competitive Employment Rates in 5 Day Treatment Conversion Studies



Randomized Controlled Trials (RCTs) of Supported Employment

- Strongest scientific design for evaluating whether a treatment works
- Studies include:
 - 4 conducted before evidence-based principles articulated by IPS model
 - 6 used full implementation of IPS

RCTs: “Pre IPS”

Study (Year)	Site	Control Group
Gervey (94)	NY	Sheltered Work
Bond (95)	IN	Prevoc prep
Chandler (97)	CA	VR Referral
McFarlane (00)	NY	VR Referral

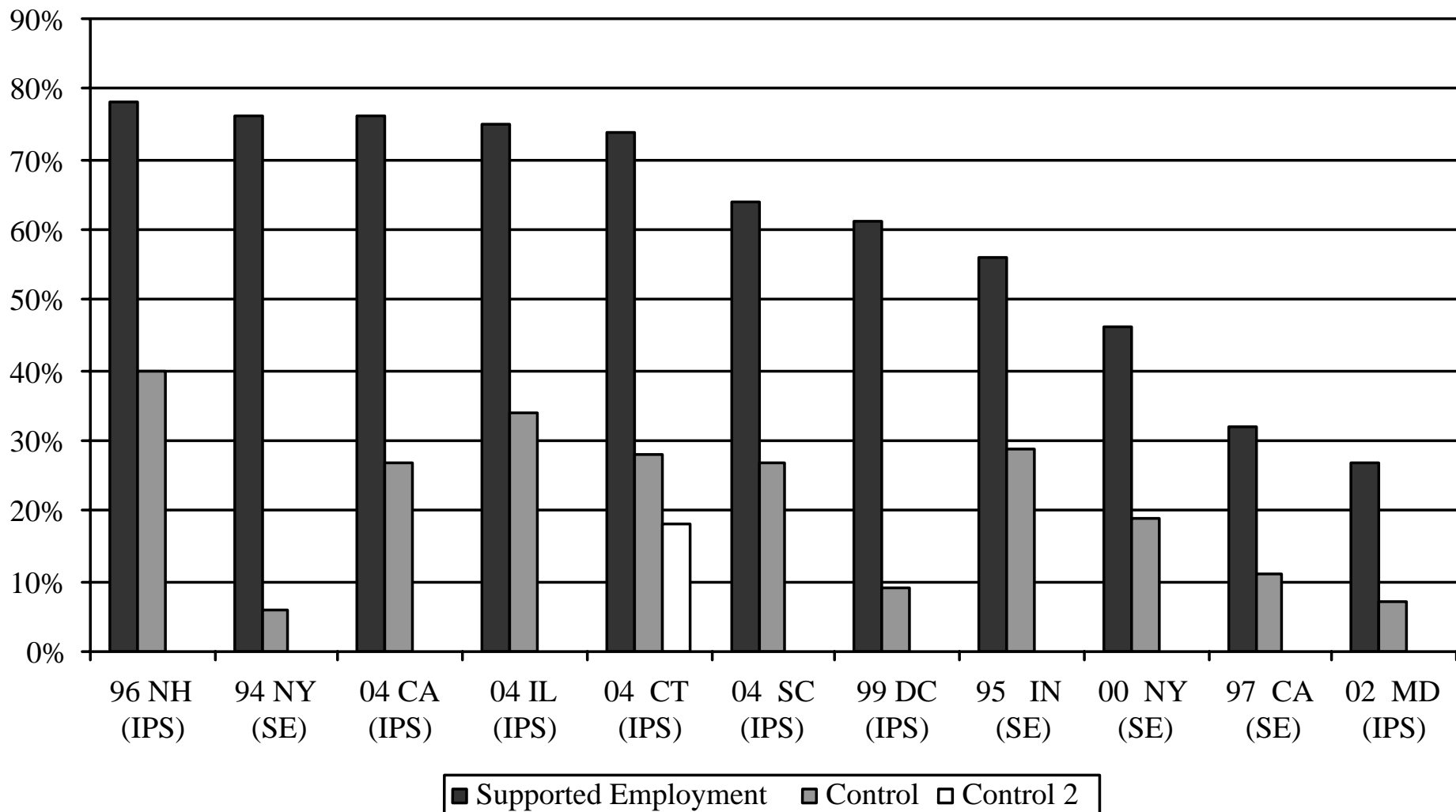
RCTs: IPS Studies

Study (Year)	Site	Control Group
Drake (96)	NH	Brokered Voc Services+ Skill Training
Drake (99)	DC	Sheltered Work
Mueser (04)	CT	1. Brokered Supp Emp 2. Psychosocial Rehab
Gold (in prep)	SC	Sheltered Work
Lehman (02)	MD	Psychosocial Rehab
Bond (in prep)	IL	Diversified Placement
Twamley (04)	CA	VR Referral

Conclusions: Controlled Studies of Supported Employment

- Much better employment outcomes for supported employment
(effect size = .86)
- Mean across studies of consumers working competitively at some time:
 - 60% for supported employment
 - 21% for controls

in 11 RCTs of Supported Employment



Studies Implementing IPS (Evidence-Based Principles)

- 4 of 5 implementing IPS had competitive employment rates >60%
- The single IPS program with a lower rate (27%) enrolled consumers without regard to their expressed interest in employment

Thresholds Study of IPS vs. Diversified Placement Approach

- Comparison of an outstanding psychiatric rehabilitation approach to supported employment
- Experimental design
- 194 study participants with 2-year follow-up

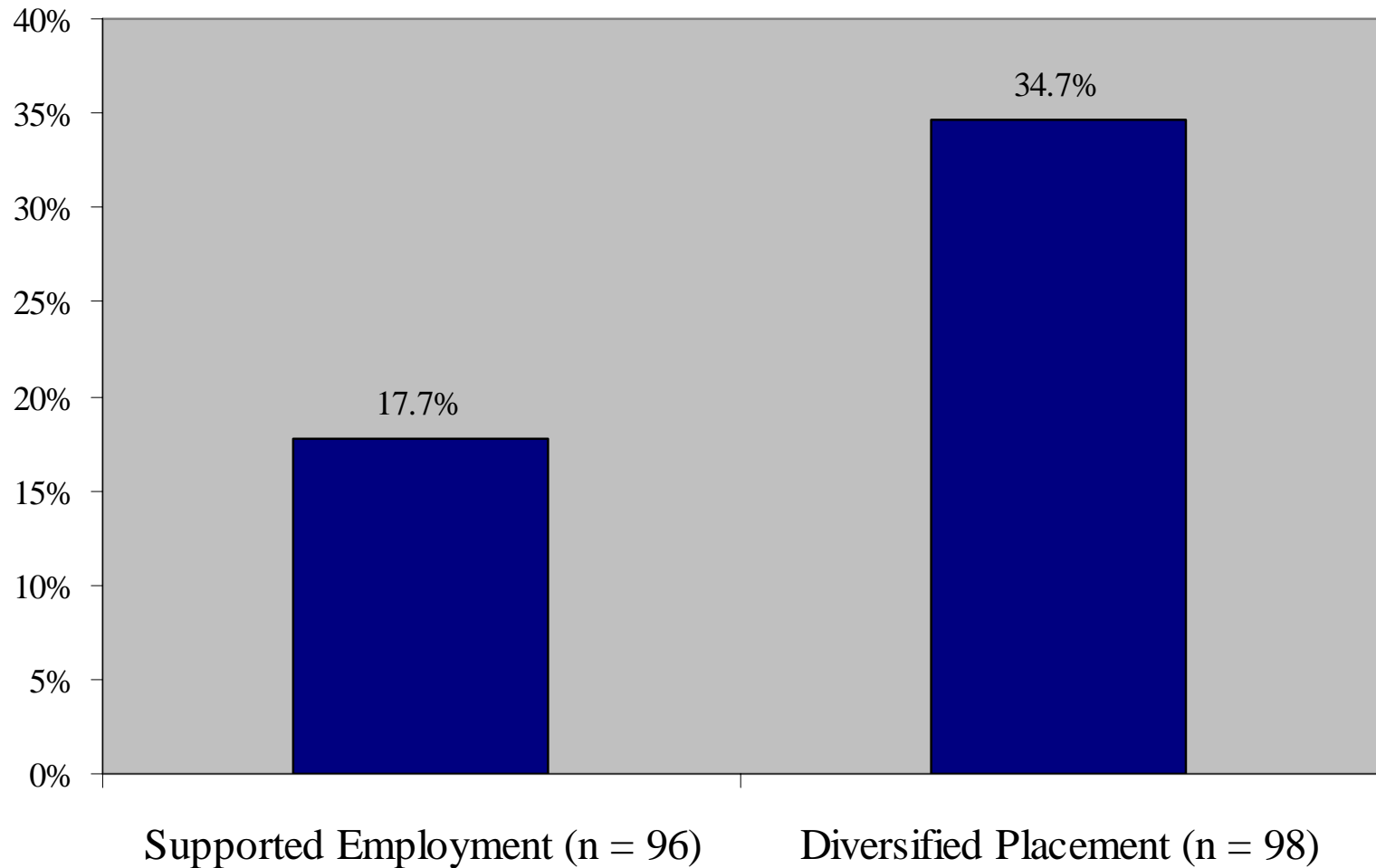
Thresholds Vocational Program: Diversified Placement Approach

- All members deserve chance to work
- Work units in clubhouse to assess members for work readiness
- Wide array of work options available
- Partnerships with business community

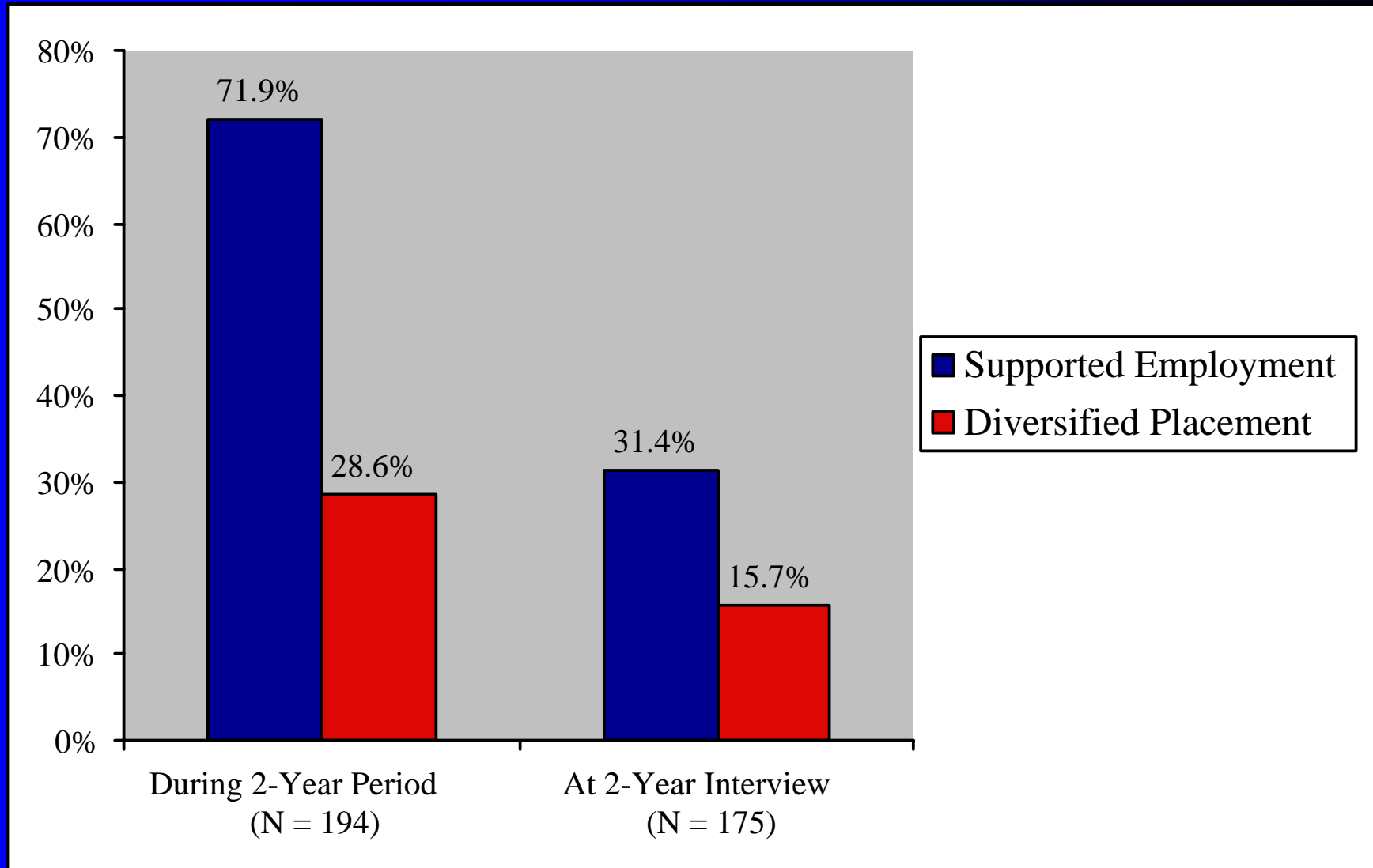
Principles of Diversified Placement Approaches

- Goal of Paid Employment
- Gradualism
- Flexibility
- Peer Support
- Array of Options
- Partnerships with Business Community
- Job Training Programs
- Wide Use of Group Placements

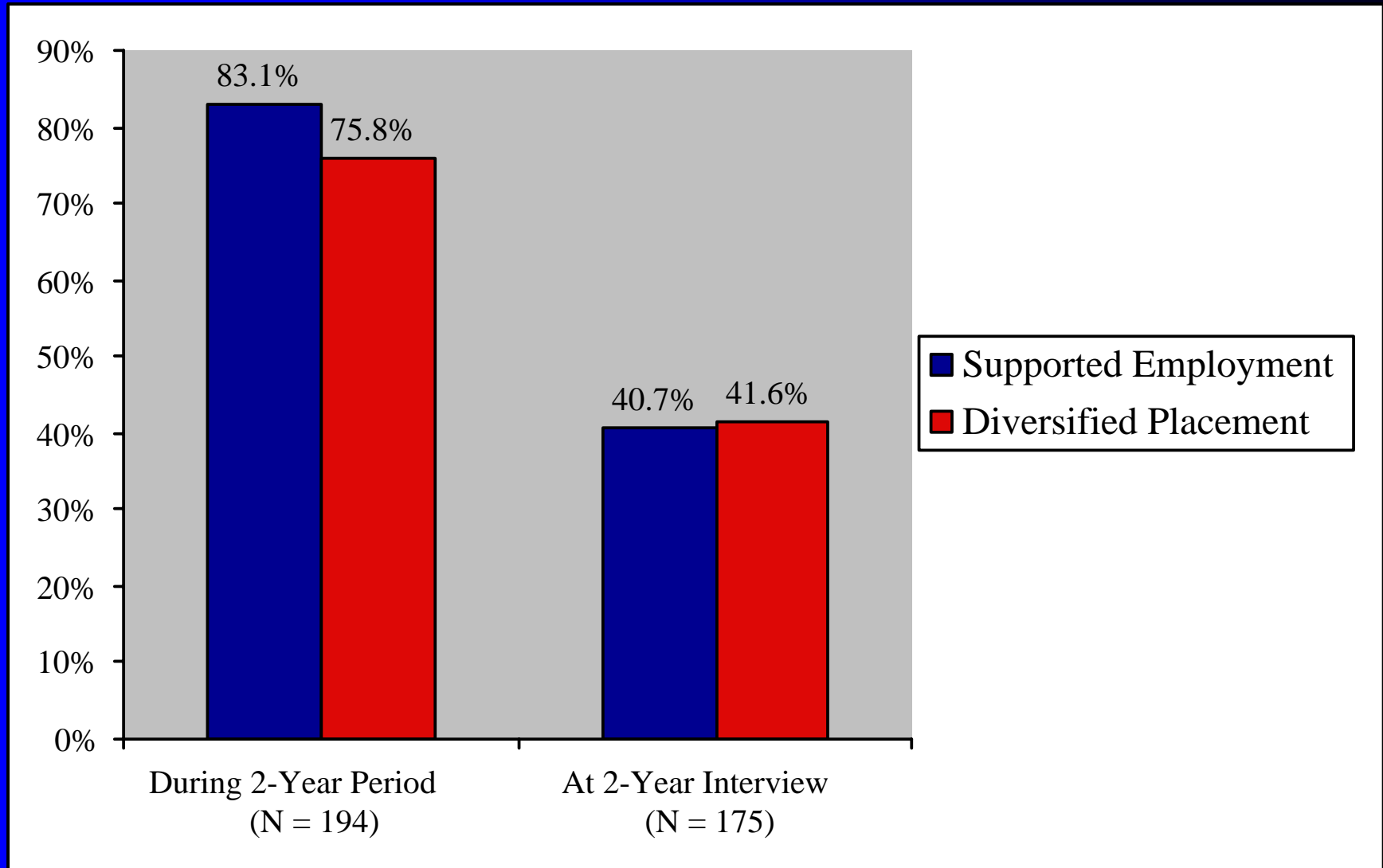
6-Month Program Dropout Rate in Thresholds Study



Competitive Employment Rates in Thresholds Study



Paid Employment Rates in Thresholds Study



Preliminary Conclusions from Thresholds Study

- Supported employment more effective preventing dropouts
- Both approaches do well in helping consumers obtain paid employment
- Supported employment does far better helping consumers obtain competitive employment

Six Critical Ingredients of Supported Employment (SE)

1. Eligibility Is Based on Consumer Choice

- Consumers 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
- Not tied to intervention

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

Do Consumers Characteristics Predict Success in Supported Employment?

- Consumers have better outcomes in SE than in other programs, regardless of characteristics, such as:
 - Gender, ethnicity, diagnosis, hospitalization history, cognitive functioning, education, substance use

Cognitive Functioning → Employment?

- Within supported employment samples, results have been mixed
 - Some have found no relationship → SE program may compensate for cognitive deficits
 - McGurk (2003): Clients with more impaired cognitive functioning require more hours of assistance

Substance Use → Employment?

- Substance use not associated with lower rates of competitive employment (Sengupta, 1998)
 - Work reinforces sobriety
 - Follow same SE principles as for consumer without a dual disorder

2. Supported Employment Is Integrated with Mental Health Treatment

- Employment specialists meet frequently with the mental health treatment team.

Evidence for Critical Role of Integration of Vocational and Mental Health Services

- In 7 RCTs, the more successful program was integrated, while comparison program was not.

Integration of Supported Employment and Treatment Teams Crucial (Gowdy, 2000)

- In high performing programs, SE workers met often with case managers
- Case managers were involved in employment effort

Advantages to Integrated Services

- Lower dropout rate
- Better communication
- Clinicians get involved
- Clinical information gets into vocational plan

(Drake, 2003)

Problems Encountered When Employment Team Not at MH Center

- Breakdowns in communication
- Referral process works poorly
- Meetings hard to schedule
- Clients perceived differently
- Meds, housing out of sync with job
- Responsibility for follow-up unclear
- Employment staff may get caught up in crisis work (case manager role)

3. Competitive Employment Is the Goal

- Agencies devote resources to supported employment services rather than to day treatment or sheltered work.

Evidence for Importance of Making Competitive Employment the Goal

- Day treatment conversion studies
- DC and Hartford studies: Adding sheltered employment seems to dilute effort

Preferences of Consumers Who Are Working (Bedell, 1998)

	Prefer Sheltered	Prefer Supported
Currently in Sheltered	31%	69%
Currently in Supported	15%	85%

4. Rapid Job Search Is Used

- The service agency avoids lengthy pre-employment assessment, training, and counseling.

Evidence for Rapid Job Search

- 2 RCTs tested directly (Bond, 1986; 1995)
- 5 RCTs tested in context of package of services
- 2 RCTs of skills training (Rogers, 2000; Tsang, 2001)
- 8 of 9 studies supportive of hypothesis (Tsang exception)

Consumers Prefer Rapid Job Search

- Bond (1995): Consumer preferences on entering supported employment:
 - 73% immediate job search
 - 4% prevocational training
 - 22% no preference

5. Job Finding Is Individualized

- Job finding is based on consumers' preferences, strengths, and work experiences, not on a pool of jobs that are available.

Job Preference Studies

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

(Becker, 1996; Gervev, 1995)

6. Follow-Along Supports Are Continuous and Time-Unlimited

- Supported employment staff continue to stay in regular contact with consumer and/or employer without arbitrary time limits.

Studies of Long-Term Outcomes from Supported Employment

- Test (Wisconsin) – 10 years
- McHugo (NH) – 3.5 years
- Bond (Indiana) – 3.5 years
- Salyers (NH) – 10 years

Findings from Long-Term Outcomes from Supported Employment

- Positive long-term outcomes if professional support maintained.
- In one study, after 3.5 years:
 - Consumers continued receiving support:
71% still working
 - Consumers stopped receiving support:
28% still working
(McHugo, 1998)

10yr Follow-up of SE Conversion (Salyers, 2004)

- 10 years after the initial conversion to supported employment
 - 47% were working
 - 92% had worked at all during the follow-up
- Agency maintained emphasis on employment
 - 86% still receiving services

Barriers to Implementation at State and Local Levels

- Financing
- Defeatist attitudes
- Lack of knowledge and skills
- Organization of services
incompatible with supported
employment



Defeatist Attitudes

- Our consumers don't want to work or can't work competitive jobs
- Supported employment too expensive
- Consumers afraid to work because of loss of benefits
- No jobs out there
- Too much stigma
- VR (Medicaid) won't pay for it

Successful vs. Unsuccessful Programs (Gowdy, 2003)

- Surveyed 27 mental health centers in Kansas
- Identified 5 high-performing and 4 low-performing centers based on employment rates
- Interviewed staff and consumers

Centers with high employment rates have clinicians who express optimism that consumers can work

Gowdy (2003)

What About Consumers Who Express No Desire to Work?

- Examine the culture of the mental health center
 - What messages are consumers getting from clinicians regarding their “readiness”?
- Understand reasons
 - Fears, misinformation, stage of life, personal choice

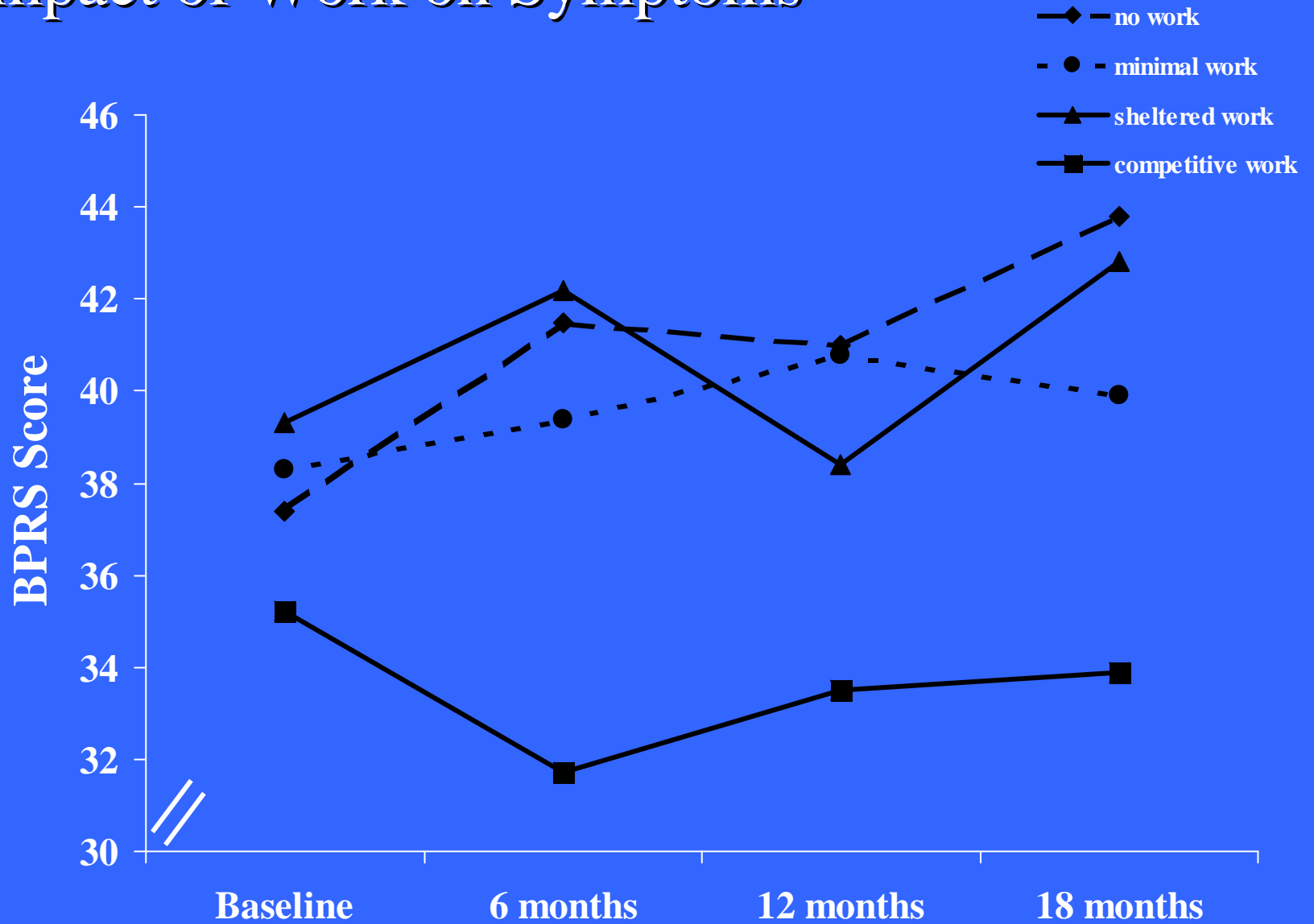
Services for Consumers Who Do Not Want to Work

- Every treatment plan should include vocational goals (Lehman, 1998)
- Case manager role is to encourage and inform
- Motivational strategies
- Goals change over time
- Consumer choice should be honored

Sheltered Work Does Not Offer the Same Benefits as Competitive Work

- Competitive employment leads to higher self esteem and better control of symptoms
- Sheltered work does not

Impact of Work on Symptoms



(Bond, 2001)

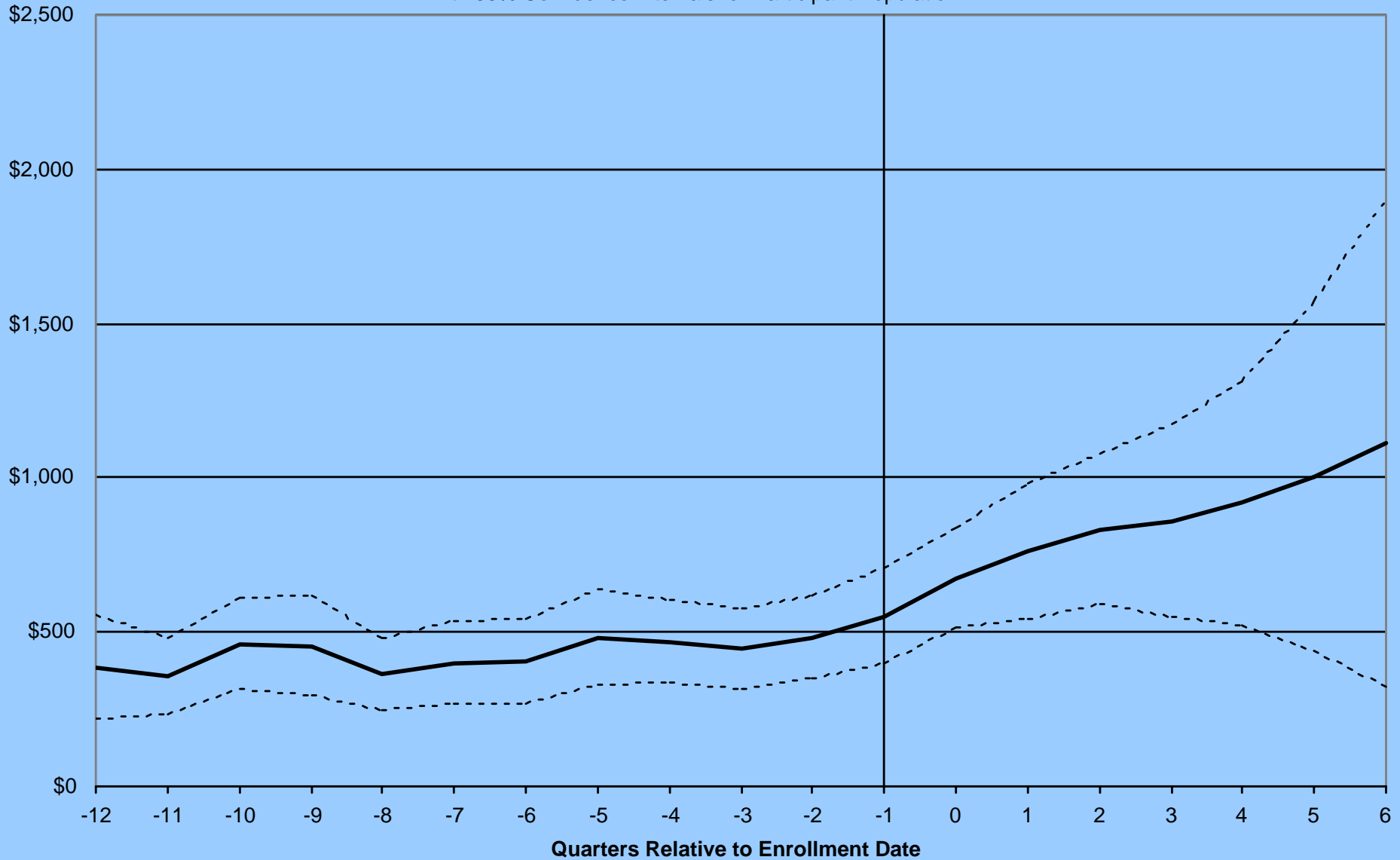
Vermont Work Incentive Initiative (Tremblay, in press)

- Benefits counselors
 - Deployed throughout state
 - Worked closely with supported employment programs
 - Personalized benefits counseling
- Pre-post outcomes:
 - Per-client earnings jumped from \$500 to \$1000 per quarter

Average Earnings by Quarter for WWII Participants with Mental Illnesses

During the Period 1/97 - 3/01

With 95% Confidence Intervals for Participant Population



(197 participants at baseline)

Key Factors in Implementation

- Build Consensus
- Maximize Financing
- Examine Agency Philosophy
- Identify Leadership
- Key on Organizational Structure
- Provide Ongoing Training
- Make Time Commitment
- Track Process and Outcomes

Build Consensus

- Commitment of state mental health authority is not enough
- Better to involve all stakeholders - consumers, family members, providers, and local and state administrators

Maximize Financing: State Level

- Develop financing that is adequate and compatible with supported employment
- Partnership between MH, VR, and Medicaid

Maximize Financing: Local Level

- Determine how supported employment services can be funded
- Explore funding through mental health, vocational rehabilitation, and Medicaid
- Reallocate resources to supported employment when feasible

What Does Supported Employment Cost?

- Average cost for high fidelity supported employment programs: \$2,500 per client per year (Latimer, in press).
- Figures vary according to severity of disability, local wages of employment specialists, and how much indirect costs and costs of clinical services are included

Examine Agency Philosophy at Both State and Local Levels

- Determine if agency's philosophy, mission statement, and service paradigm are consistent with recovery-oriented, evidence-based approach to supported employment.

Identify Leadership

- You need champions!
 - Identify committed leaders with sufficient authority at both state and local levels to oversee and ensure implementation
- Leaders at all levels visibly show support for supported employment
- State agency director and center director buy-in are critical

Leadership Roles

- Leaders need to have sufficient time devoted specifically to SE
- Provide necessary resources
- Seek buy-in from consumers, families, and practitioners
- Give recognition to staff and consumer for successes
- *Rapp's finding* – Critical role of supervisor in program success

Organizational Structure: Local Level

- Employment specialists
 - Each join one or two treatment teams.
 - Share office space with treatment team.
 - Communicate frequently with treatment team members.
- Team integrates employment, benefits counseling, case management, psychiatric services, and dual diagnosis treatment.

Provide Ongoing Training

- Initial training for all team members, including medical staff
- Continuing access to expert consultation
- Within local agency, need ongoing supervision that is outcomes-oriented

Make Time Commitment

- *State level:* Need long-term commitment, not just this year's priority
- *Local level:* 6 - 12 months needed to develop skills, interest, and confidence for implementing evidence-based supported employment

Track Implementation Process and Outcomes: State Level

- Establish state standards for supported employment implementation
- Reward high fidelity programs
- Set expectations for employment outcomes
- Reward centers that achieve benchmarks

Track Implementation Process and Outcomes: Local Level

- Track employment outcomes monthly
- Set goals: 40% rate of competitive employment is achievable
- Use Supported Employment Fidelity Scale to measure implementation (Bond et al., 1997)

Studies of Fidelity of Supported Employment Implementation

Working hypothesis: Programs
more closely implementing
evidence-based practice have
better outcomes

High SE Fidelity Predicts Employment (Becker, 2001)

Total Scale	.76**
<i>Items:</i>	
Community-Based Services	.82**
Staff Focused on Voc Only	.69*
Zero Exclusion Policy	.43

Correlations with competitive employment rates in 10 Vermont mental health centers

Summary

- People with severe mental illness can work in competitive employment
- Programs following evidence-based principles of supported employment have better outcomes
- Programs must address financial and organizational barriers to be successful