

Employment Works!



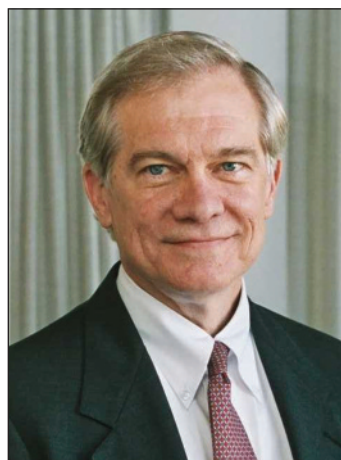
This issue focuses on employment and co-occurring substance use disorders.

A Research Perspective on People with Co-occurring Disorders and Employment

Robert E. Drake, Dartmouth Psychiatric Research Center

About half of people with a severe and persistent mental illness have a co-occurring substance use disorder (alcohol and/or other drugs). In other words, these are the typical clients in community mental health centers today. Research also shows that people with co-occurring disorders have worse outcomes than those with single disorders in many areas: symptomatic relapses, hospitalizations, unstable housing, homelessness, entanglements with the criminal justice system, incarceration, disrupted family relationships, and a variety of comorbid medical problems.

The traditional treatment recommendation for people with a substance use disorder was to focus on complete abstinence and to avoid making major decisions regarding school, work, and intimate relationships until achieving several months or a year of abstinence.



exercise, others encountered medical crises that led to better self-care, and on and on.

Second, the AIDS epidemic moved the field steadily toward harm reduction rather than insistence on abstinence as the only goal of treatment. Encouraging safe sex and

Thus, professionals often recommended avoiding work while in active substance abuse treatment. This approach has changed dramatically in recent years for several reasons.

First, studies of the natural history of substance use disorders showed that most people became abstinent in fits and starts, characterized by periods of not using and relapse, usually over several years, before attaining stable abstinence. During these years of fluctuation, they were building up skills and supports for living an abstinent life – new friends, new activities, new habits, new ways of handling stress, and new behaviors. Further, people moved toward being in recovery along different paths. Some embraced religions, some developed competing addictive behaviors such as

using clean needles, for example, were key steps in containing the spread of HIV infection. Other interventions, such as providing housing and medical care to those with active addictions, were found to protect lives and save public expenditures. Many people with co-occurring disorders, once housed safely, began to take an interest in managing their addictions.

Third, the emergence of motivational counseling emphasized listening carefully to clients and prioritizing their goals, not insisting on monolithic program goals for everyone. Functional goals -- more contact with their children, safe housing, returning to school, and other distinct behaviors -- motivated many clients to pursue management of their illnesses. Em-

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A VR Counselor's Perspective

Michelle Cobb, VR Counselor, Florence Kentucky

As a Vocational Rehabilitation (VR) counselor, I try to meet people where they're at and provide a consistent message of hopefulness. I'd never turn anyone away from services because of a substance use disorder. I also recognize that relapse is a part of recovery so I want to keep working with the person to keep them engaged in the employment process.

I can remember one person I worked with who struggled with major depression and substance abuse. She was very smart but didn't feel hopeful about work. Eventually we found a technical job that required a lot of precision and attention to detail, and it was a perfect fit for her. When she started working, her self-esteem improved and she reduced her substance use. Working not only had a positive impact on her but she also started spending more time with her son. Working affected everyone close to her.

I've seen that work provides people with structure and purpose—it can be the reason people choose to decrease their use or stop using. I've never looked at anyone and said, "You're not ready to work." Instead, it's always, "What do we need to do to get you a job?" ♦

Wisconsin VR and Substance Use Disorder

Kathleen Enders, Wisconsin VR

Wisconsin Vocational Rehabilitation (VR) has adopted the federal VR regulations as our own policy. The federal regulations are silent about working with people with substance use disorders so we interpret that as meaning that we should serve them without restrictions.

Our counselor licensure policy includes a stipulation about preventing situations in which a person could harm themselves or others. So I encourage counselors to help people with substance use disorders, but to use their judgment in regard to safety issues. For example, if someone had an active substance use disorder, you probably wouldn't develop an employment goal that included driving. Counselors are encouraged to think about the person's substance use disorder, work environment, and any safety issues.

In Wisconsin, VR counselors attend mental health treatment team meetings at least monthly. The team hears the VR counselor's concerns and they work together to come up with a plan about the person's substance use and employment. It's true that the mental health team learns about vocational issues from the VR counselor, but the counselor also learns how mental health practitioners work on issues related to substance use disorders. Most of all, the teams ensure that VR counselors are less isolated and that helps counselors feel hopeful about helping people who have co-occurring disorders. ♦

"Being connected to the mental health treatment teams ensure that VR counselors are less isolated and that helps counselors feel hopeful about helping people who have co-occurring disorders."

Leonard's Story

Ernest was a new employment specialist when he first met Leonard who hadn't had a job for ten years. Leonard also had a problem with drugs. Ernest reports, "I thought that I could assess people's ability to work. My initial assessment that Leonard was a 'bad prospect' was wrong. It was a great learning lesson for me that it isn't possible to predict who will be successful at work."

Eventually, Leonard and Ernest began looking at jobs together. Ernest was able to introduce Leonard to an employer, and Leonard was hired to work in a movie theater. Leonard has been working there for almost two years. Leonard reports that "Working is one of the best ways to keep busy and it gives me some extra money."

Ernest and the treatment team noticed that after Leonard began work, he became more engaged with other people, slept better, and began taking better care of his appearance. As far as Leonard's substance use disorder, he reports that he did lose a previous job because of drugs, but that this time he was able to manage his drug use around work. In fact, he isn't using drugs as often anymore, "Working helped me cut down because I wasn't bored and I had less time to think about negative things. At first I struggled with the paycheck—feeling tempted to buy drugs with my pay. But now, there are other things that I want. I want to eat out and buy clothes. Work gives me responsibilities. That feels good. I have something to look forward to." ♦

An IPS Supervisor's Views

Bernette Robinson, Moncks Corner, South Carolina

When we started our IPS supported employment program and served someone with a co-occurring disorder, we worked at a slow pace hoping that the person would stop using drugs or alcohol before she was placed on a job. Now we meet people where they are—we do not slow them down at all. Work is an important part of life and we realized that we cannot withhold that from people.

For example, an employment specialist recently helped someone find a job who we knew had a substance use disorder. We decided to talk to her about how alcohol could affect her goal of working. We said we were going to help her find a job, but would not take her to interviews if she smelled of alcohol. We also said that she might lose her



“When people are unemployed and do not have anything positive in their lives, they do not have hope. They do not have a reason to stop using drugs.”

job if she went to work after she had been drinking. We did not discourage her from working, but we did not avoid the issue. She said, “I’m going to be a success story.” When you hear things like that, you realize that your focus cannot be on the substance use problem; it has to be on helping someone with a desire to work. She was right—she was successful.

If we know that a company does drug testing as part of the hiring process, we just let the job seeker know and ask if the person still wants to apply at that company. We just let the people know the possible consequences.

Clinical staff is constantly reminded that IPS has a zero exclusion policy. Even if we suspect that a person might want to work in

order to buy drugs, we focus on the desire to work because that is the healthy part. I believe that at some point, work might help the person to stop using substances. When people are unemployed and do not have anything positive in their lives, they do not have hope. They do not have a reason to stop using drugs. Some people have said that working has helped them reduce the amount of drugs they use.

I believe that IPS programs have to help people move forward from wherever they are and give them hope for the future. People want to be productive. Work can help people recover and accomplish their goals. ♦

Focus on Employment... *continued from page 1*

employment was high on many people's lists.

Fourth, several studies of IPS supported employment showed that people with active substance use disorders could return to work, be successful at their jobs, and become motivated by work to manage their disorders. Longitudinal research on people with co-occurring disorders in fact demonstrated that employment more often led to abstinence than ab-

stinence preceded employment.

Pursuing recovery from co-occurring disorders is a complicated enterprise and necessitates a well functioning, multidisciplinary team that communicates frequently and works together. Finding employment, for example, must accord with personal preferences, skills, safety, illness management, and supports. The employment specialist therefore needs a team to be most successful. ♦

For more information

about helping people who have co-occurring substance use disorders and mental illnesses: A fact sheet (Myths and Facts About Substance Use Disorders), a poster with practice tips, and a video about helping people with co-occurring disorders can be found at

<http://dartmouth.edu/~ips>,
select: Skills for
IPS Practitioners.

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The Johnson & Johnson-Dartmouth Learning Collaborative Grows



Emilia-Romagna, Italy joins the collaborative

Italy was the first country to join the international learning collaborative in 2011 and The Netherlands has joined in 2012. The Netherlands began implementing IPS in 2002 and also participated in the European multisite randomized controlled trial of IPS called Eqlise (Burns et al., 2007).

Burns, T., Catty, J., Becker, T., et al. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial in six European countries. *Lancet*, 370, 1146-1152.

Alameda County, California with a population of over 1.5 million people joins the collaborative. A full-time IPS trainer has been hired to work with Alameda County Behavioral Health Care Services and Vocational Rehabilitation to help agencies implement and sustain IPS services.

New IPS Resources

A new brochure for Vocational Rehabilitation is now available. The brochure describes IPS practice principles and includes examples of how some VR counselors have incorporated the principles into their work with IPS programs.

Also, an eight-page brochure that describes IPS supported employment has been updated and can be viewed along with the new brochure for VR at:

<http://dartmouth.edu/~ips>, select: **Resources, select: Brochures.**

The brochure can be helpful to family groups, board members, mental health practitioners, new employment specialists, or anyone who would like to know more about IPS supported employment. Copies of the brochure can be ordered through the website by downloading the order form located at the top of the home page.

