

Employment Works!

Twice-yearly IPS Supported Employment/Education Newsletter

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The Importance of Being Heard

Ray

I was incarcerated and spent three years at a state hospital. I was released to a boarding home and was very nervous about finding a job because I had not worked in years and because of my legal background. My employment specialist reassured me and listened to what I wanted to do – work in a cleaning job. For about 9 months, I worked at a manufacturing plant where lead was used. I cleared the locker rooms, took workers' suits to the laundry, and maintained the area. I heard a lot of stories from the guys in the peer support program and felt compelled to try something new. I then applied to become a peer support specialist and worked for about 5 -6 months. Then I decided to do something else. I went to a job fair and heard about driving jobs at a local auto parts distribution center. My employment specialist assisted me in getting the job. I love my job and have been working for over 15 months. I find it very therapeutic and it has helped my social and communication skills. I get Social Security benefits, but I still work. At work, I get to experience quiet time and I just listen to music. I recently bought my second car.

My employment specialists worked well with me because they were not judgmental of my past and who I am. There was mutual respect and it made me more confident and feel like I am somebody. They did not force jobs on me. My recommendation to other job seekers is to voice your hopes and dreams, what you want, and take certain steps. Be motivated and don't doubt yourself.



Employment Center

www.ipsworks.org



IPS Employment Center Notes

Following worker preferences is one of the eight principles of Individual Placement and Support. To honor job-seekers' choices, we must listen to their stories, wishes, and wants. In this issue of *Employment Works!* we look at the different ways listening to clients can benefit them and improve services. As always, we feature a story from a client - this time one whose preferences changed over time and whose employment specialist helped him find jobs based on his changing goals. We also hear from an employment specialist who knows careful listening can help build connections with young adults. This issue also includes perspectives on IPS in low- and middle-income countries, as well as updates from the EDI Committee and the Department of Veteran's Affairs.

Be sure to check out the last page of the newsletter for our upcoming courses and our list of awardees from the 2022 annual meeting of the International IPS Learning Community.



Listening to People in Low- and Middle-income Countries

Robert Drake, IPS Employment Center

Low- and middle-income countries, now facing enormous health burdens from non-infectious diseases, could avoid many of the mistakes of high-income countries as they deinstitutionalize and develop community-based mental health services. Wealthy countries have created expensive and inefficient mental health systems, spending enormous amounts on polypharmacy, day centers, sheltered work, sheltered housing, and other failed strategies. The crux of the problem is that government, industry, and experts make decisions at the top, while people who are at risk, those with serious illnesses, families, and particularly minority communities are left out of the decision-making process and often out of the care system entirely. Low- and middle-income countries could develop alternative mental health systems by emphasizing a few strategies. These countries should start by listening to people and empowering citizens, families, traditional supports, lay health workers, cultures, and communities to define their needs and design care systems they want. People with mental disorders and their families everywhere understand the need to address basic social determinants of health. Local stakeholders understand context and prefer spending limited resources to address basic needs for social support and meaningful activity. I have observed, in Africa and India, the beginnings of such developments. People with psychosis or depression rely on local lay health workers to deliver inexpensive, generic medications. Families trained to provide supports help their relatives to find meaningful work. People with mental disorders and their families embrace recovery based on social function.

This article is taken from: Drake, R.E., Binagwaho, A., Martell, H.C., Mulley, A.G. Mental healthcare in low- and middle-income countries should not replicate the inefficient, inaccessible, and insensitive Western model. British Medical Journal, 349:7086, 2014. Please [contact Bob Drake](#) if you would like to read the full essay.

Updates from the EDI Committee

We are here, we are here, we are here! Announcing the International IPS Learning Community's Equity, Diversity, and Inclusion (EDI) Committee; promoting ongoing learning and sharing that increases equity, diversity, and inclusion throughout the IPS Learning Community and across all IPS stakeholders.

The Data Subcommittee is working to uncover EDI data variables that will support improvements in equitable access for underserved populations.

The Training Subcommittee is working to integrate EDI into training and coaching within IPS programs. The subcommittee is working to create tools that will enhance EDI emphasis throughout the IPS process and support IPS professionals to have conversations about cultural diversity with job seekers, employers and with each other.

The Communications Subcommittee announces EDI related resources, events, and information, assists with representing the EDI Committee on International Learning Community calls and the Annual Conference, and works to enlist and engage new EDI committee members.

EDI Committee Members welcome your thoughts.

Main Contact: Ruth.Brock@nyspi.columbia.edu Trainer, The IPS Employment Center, Research Foundation for Mental Hygiene, Inc.

Building Rapport and Listening to Young Adults

Erika Eykmans, IPS Specialist

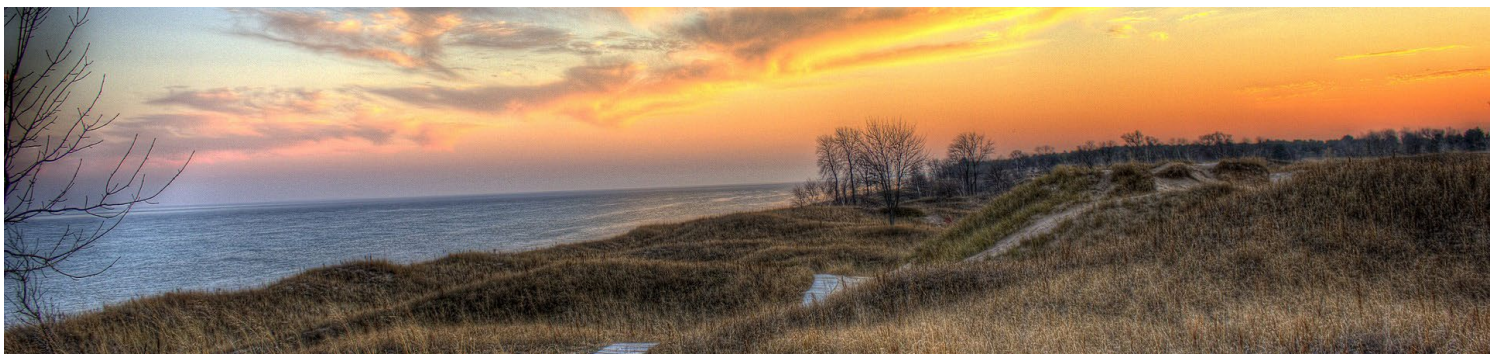
I set up a positive listening environment. It should be comfortable for the person, not for me. And I try to use as many open-ended questions as I can. The other person should be talking at least 75% of the time. I may jump in to focus on something they said or to share a personal experience to build trust. After a meeting, I reflect on whether the other person was doing most of the talking or if could I have done something to better facilitate that discussion.

Sometimes people are reluctant to talk about substance use. It can be a difficult conversation. They may not realize how substance use affects their life or they may also be aware of stigma about substance use. It can take time for the person to open up. And some people don't want their family involved because they are unsure about what that would look like. They may feel ashamed about being involved in services or family relationships may be stressful for them. I give examples of questions that I will ask and explain that I won't ask about other areas of their life because I am not looking for information that they don't want me to know.

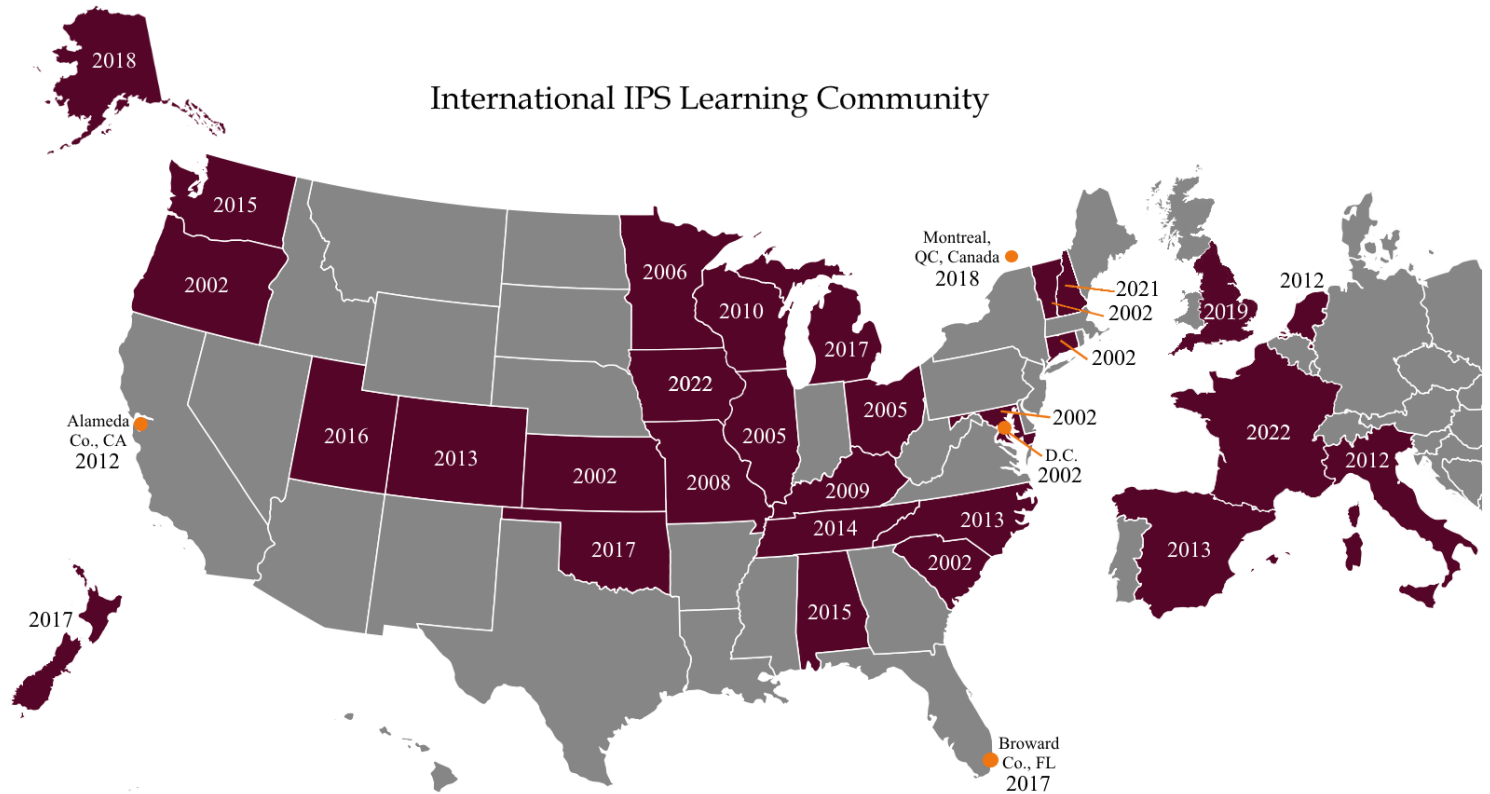
A young person was struggling to connect with me. He would answer my phone calls but then explain that he was too busy to talk. I stopped by his house one day to ask him to sign some consent forms. When I got there, the young person's mother was yelling at him, and the young person was embarrassed about it. We went outside to talk. I told him, "Sometimes family is tough. There is no need to be embarrassed." After that, the young person worked with me closely and I was able to help him to get more resources at his school. We built a relationship that day because he learned that I wouldn't judge him based on his family.

In IPS, most of our conversations are about employment, but it can help to check in with someone and ask how they are doing. I often ask, "Where are you at today?" I might share that I had a good morning or that I did not sleep well the night before. I think it is meaningful to ask how someone is feeling because it shows that you care about them as a person. Once a young adult began sharing a terrible thing that was happening with her family for 30 minutes, then she gave a big sigh and said she was ready to focus on work.

I use reflections and summarize their thoughts so that I can be sure that I am hearing them correctly. I ask if I am not sure what they meant, "So when you said this, ___ is how I understood it." I want to be sure that I didn't misinterpret what they said. I have a pretty good memory, but if they say something really important or relevant to what we are working on, I take a few notes and I bring it up later, "When you told me the story about your last boss..." to build trust and rapport. The more that the person understands you are listening, the more they will build trust because they will understand that you think that what they say is important.



The International IPS Learning Community Welcomes Iowa and France



Research Articles Support Listening to Client Preferences

Below are references for two papers that demonstrate the importance of listening to individual preferences. In the paper by de Waal, Dixon, and Humensky, young adults who had experienced a first episode of psychosis were asked to rate what was most important to them based on the services available in that research study. Employment and school participation was rated most important by the young adults and high interest in this area predicted work and school functioning one year later. The second paper by Costa, et. al., examined mental health service provider perspectives about employment. The providers rated employment and finances as low in importance for recovery. They also reported that their clients did not want to work. These papers highlight the discrepancy between what clients want and what providers believe is important for their clients. It may be that mental health treatment providers need help understanding how to listen to their clients about work by having multiple conversations with people about their work-related interests, concerns and hopes for competitive employment.

de Waal, A., Dixon, L.B., Humensky, J.L. (2017). Association of participant preferences on work and school participation after a first episode of psychosis. *Early Intervention in Psychiatry*, 2017; 1-5.



Update on Veterans Health Administration (VHA) Vocational Rehabilitation and Individual Placement and Support IPS

Joe Carlomagno

The Department of Veterans Affairs (VA) began providing IPS Supported Employment (SE) in 2005 at VA Medical Centers across the country through its Compensated Work Therapy (CWT) program. Since 2008, every VA Medical Center across the country is required to provide IPS SE services to Veterans with significant disabilities and barriers to work who need intensive employment support to successfully obtain and maintain competitive employment. In 2016, VHA vocational rehabilitation programs underwent a transformation plan prioritizing community-based competitive employment as the desired outcome of VHA vocational rehabilitation services and recommended discontinuation of older, prevocational models such as Incentive Therapy, Sheltered Workshop, Horticulture Therapy, and Therapeutic Printing Plants. As of August 13, 2021, VHA Vocational Rehabilitation Services discontinued all prevocational programs, such as sheltered workshops and incentive therapy programs that provided subminimum wages and directed those resources to VHA vocational rehabilitation services that promote competitive employment.

The Department of Veterans Affairs has been a leader in utilizing IPS with other Veteran populations in addition to Veterans with mental health diagnoses. Dr. Lori Davis from the Tuscaloosa VA was the first to study IPS with Veterans with post-traumatic stress disorder (PTSD). Veterans with PTSD provided with IPS SE were 2.7 times more likely

to gain competitive employment than those treated with more traditional vocational rehabilitation. Dr. Lisa Ottomanelli was the first to study IPS with Veterans with Spinal Cord Injuries (SCI). Veterans with SCI provided with IPS SE were 2.5 times more likely to achieve employment than those who received more traditional vocational rehabilitation. Dr. Ottomanelli, through a grant from the Craig H. Neilsen Foundation, also developed Tools for a Working Life with SCI: Individual Placement and Support in Spinal Cord Injury Toolkit, which provides information to individuals with SCI and providers on IPS SE. The purpose of the Toolkit is to enable rehabilitation professionals to adopt IPS services as part of SCI care. And, Dr. Terri Pogoda, from the Boston Healthcare system, is currently studying IPS SE for Veterans with traumatic brain injury.

In FY 2022, the Department of Veterans Affairs VHA Vocational Rehabilitation Service expanded IPS SE services, dedicating an IPS specialist to serve Veterans with substance use disorders at 50 VA Medical Center CWT programs across the country. In FY 2023, it is expected to further expand IPS SE services by 106 additional IPS specialists at CWT SE programs throughout the Nation. CWT IPS SE Specialists will be part of VA substance use disorder treatment teams and will integrate employment supports within the Veteran's clinical care. This initiative aligns with the Biden Administration's priority on the employment of persons

in recovery from substance use disorders. This significant expansion of CWT IPS SE services will further the mission of VHA Vocational Rehabilitation Service by supporting Veterans in their recovery through meaningful employment.

For more information about the Department of Veterans Affairs, VHA Vocational Rehabilitation Services, please contact Joseph.Carlmagno@va.gov



Virtual IPS Leadership Training

January 10 -12, 17-18

Five 3-hour Sessions

This highly interactive training allows participants to discuss issues related to implementation and sustainability of IPS in their areas. Course topics include strategies for IPS implementation, effective IPS training methods, IPS fidelity reviews, and outcomes-based IPS supervision.

Contact susan.morris@nyspi.columbia.edu for more details or to sign up.

Upcoming Online Courses

Practitioner Skills Course

- January 9 through March 31
Registration November 28 through December 23

Spanish Practitioner Course

- Scheduled upon request

French Practitioner Course

- January 16 through April 7
Registration December 5 through January 6

Fidelity Course

- March 6 through April 21
Registration January 30 through February 24

IPS Supervisor Course

- February 13 through April 21.
Registration January 3 through February 3

VR Counselors Course

- January 16 through February 17
Registration December 5 through January 6

IPS for Non-employment Practitioners

- Monthly - begins the first Monday of the month.
Registration opens the month prior to the course.

To learn more about any of our courses, visit ipsworks.org/index.php/training-courses/

2022 Learning Community Awards

The IPS Employment Center presented these awards at the 2022 annual meeting of the International IPS Learning Community in Detroit, Michigan.

Achievement Award

- Action Employment Services/Integrated Services of Kalamazoo and Vocational Rehabilitation, Michigan
- Bridgeway Inc. and Vocational Rehabilitation, Illinois
- Lifeways, Inc. – Malheur County and Vocational Rehabilitation, Oregon

Family Advocacy for IPS Award

- Janet Anthony-Clark, Utah

Peer Advocacy Award

- Joan Keenen, Oregon
- Tamara Stephenson, North Carolina

Excellence in Training Award

- Julie Bailie, England
- Mireille Valois, Montreal, Canada

International Innovation Award

- Hlynur Jonasson (Iceland) and Gary Johnston (England)

Rick Martinez Leadership Award

- Jeff Krolick, Oregon
- Darius McKinney, Illinois
- Jaap van Weeghel, The Netherlands

Employer Award

- DoubleTree by Hilton Hotel Detroit - Dearborn; Detroit, Michigan



The 2022 Annual Meeting of the International IPS Learning Community was held in Detroit, Michigan, on May 3-4. Gift scholarships from the **West Family Foundation** covered costs for some family advocates and peer advocates, who otherwise would have been unable to attend. We are very grateful to the West Family Foundation for their generous donation.



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