
Individual Placement and Support (IPS) Practice Principles

The IPS Employment Center

1/28/26

Overview

- IPS is an evidence-based practice.
- It was originally developed to help individuals with serious mental illnesses with employment.
- It has been widely adopted across North America, Europe, and Australasia. Also in Japan, Taiwan, and other Asian countries.
- It has a fidelity scale but can also be described by eight practice principles.
- Recent/future trends include IPS for young adults, disabilities beyond mental illnesses, and supported education to help with career goals.



Evidence-Based Supported Employment Model

Developed by Deborah Becker and Robert Drake
A Working Life (1993)



Day Treatment Conversions to IPS: Common Study Designs | 4 Studies

- Discontinued day treatment
- Reassigned day treatment staff to new positions
- Implemented new IPS program
- Compared to day treatment sites not converting

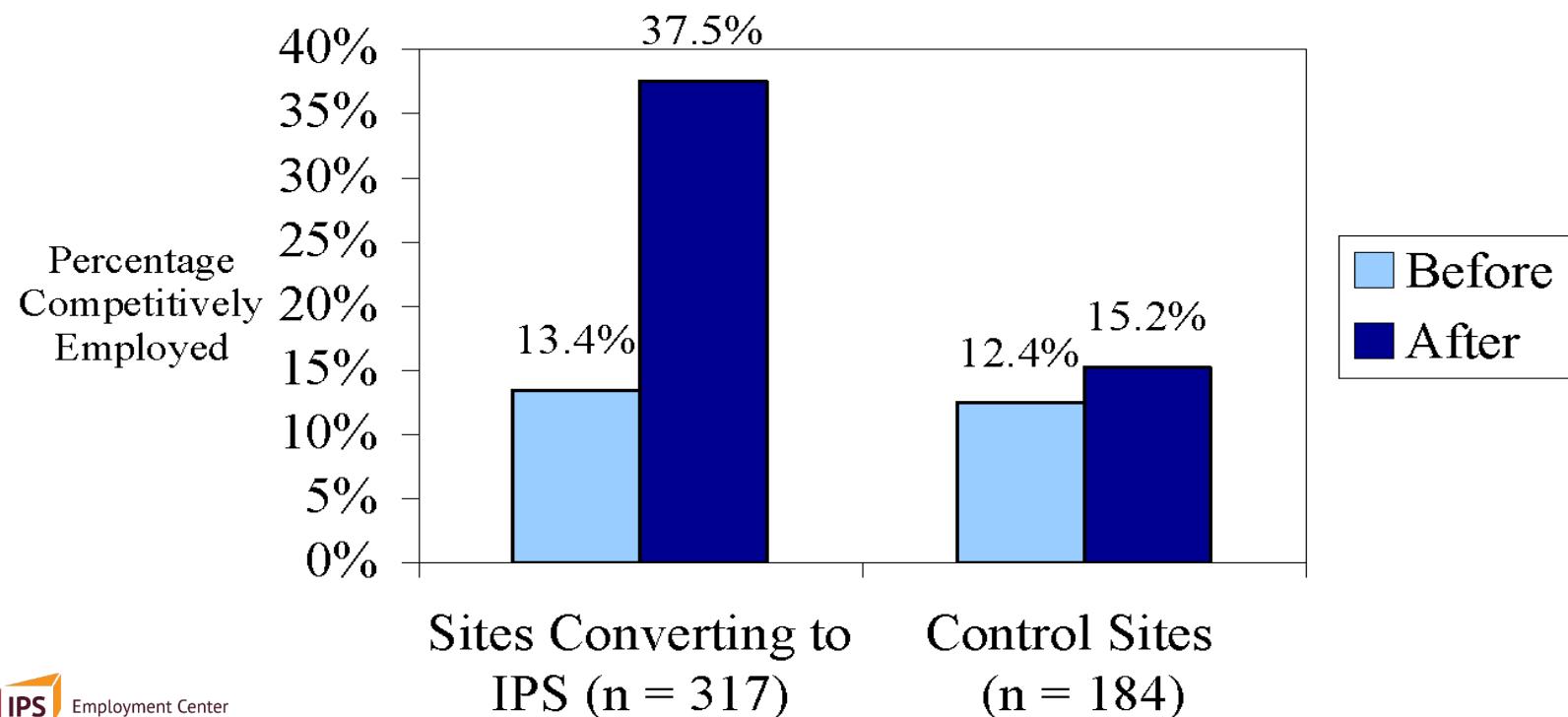
Sources: Drake and Becker

IPS Research

The following research slides were developed by Gary Bond, Ph.D., a recognized expert and researcher in Behavioral Health and IPS Supported Employment.



Day Treatment Conversion Studies Comparing 6 Sites Converting to IPS to 4 Control Sites That Continued Day Treatment



Similar Rates in All Day Treatment Conversions

- Large increase in employment rates
- No negative outcomes (e.g., relapses)
- Clients, families, staff liked change
- Most former day treatment clients spent more time in community, even those not working
- Resulted in cost savings



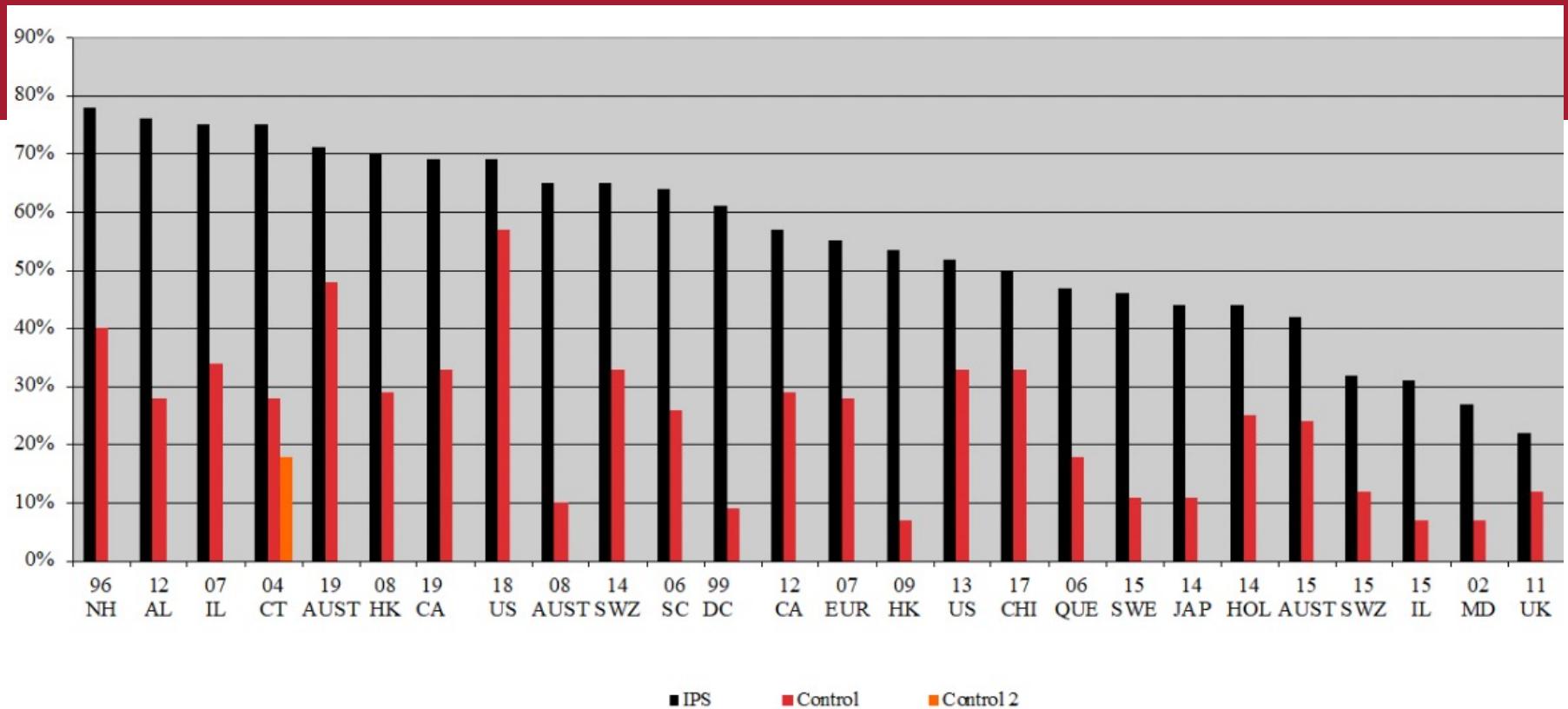
What is an evidence-based
practice?

What is a randomized, controlled
trial?

Study Characteristics of 28 Randomized Controlled Trials (RCTs) of IPS for People with Serious Mental Illness

First Author/ Year Published	Study Site Location	Control Condition	Months Follow-up	N (IPS)	N (Ctl)	Study Population & Salient Eligibility Criteria
Drake 1996	Manchester & Concord, NH	Skills training, nonintegrated	18	73	67	CMHC clients
Drake 1999	Washington, DC	Enhanced Vocational Rehab	18	74	76	Case management program clients
Lehman 2002	Baltimore, MD	PSR	24	113	106	CMHC clients, including those without voc goals
Mueser 2004	Hartford, CT	(1) Brokered SE; (2) PSR	24	68	136	CMHC clients
Gold 2006	Rural SC	Sheltered workshop	24	66	77	CMHC clients
Latimer 2006	Montréal, Québec	Traditional vocational services	12	75	74	Clients receiving mental health services
Bond 2007	Chicago, IL	Diversified placement approach	24	92	95	New admissions to PSR agency
Burns 2007	6 cities in Europe	Traditional vocational services	18	156	156	Clients receiving mental health services
Wong 2008	Hong Kong	VR referral	18	46	45	Hospital and community referrals
Killackey 2008	Melbourne, Australia	Traditional vocational services	6	20	21	Early psychosis program
Tsang 2009	Hong Kong	Traditional vocational rehab	15	56	55	Community mental health programs
Heslin 2011	London, UK	Usual Care	24	93	95	CMHC clients
Twamley 2012	San Diego, CA	VR referral	12	30	28	Middle aged and older adults (45 and older)
Davis 2012	Tuscaloosa, Alabama	Transitional work program	12	42	43	Unemployed veterans with PTSD
Drake 2013	23 sites in US	No additional services	24	1004	1051	SSDI recipients
Oshima 2014	Tokyo, Japan	Usual care	6	18	19	High need and frequently hospitalized clients
Michon 2014	4 cities in Holland	Traditional vocational services	30	71	80	Clients receiving mental health services
Hoffmann 2014	Bern, Switzerland	Traditional vocational rehab	60	46	54	Referrals from Bern University Hospital of Psychiatry
Waghorn 2014	3 Australian communities	Referral to disability system	12	106	102	Clients receiving mental health services
Bejerholm 2015	Malmö, Sweden	Traditional vocational rehab	18	41	46	Outpatients referred from mental health treatment teams
Bond 2015	Chicago, IL	Job club adaptation	12	43	44	Mental health clients with justice involvement
Viering 2015	Zurich, Switzerland	No additional services	24	127	121	Disability pensioners with mental illness
Zhang 2017	Wuxi, China	Traditional vocational services	15	54	54	Hospital outpatients with schizophrenia
Davis 2018	12 sites in US	Transitional work program	18	271	270	Unemployed veterans with PTSD
Killackey 2019	Australia	Traditional vocational services	6	67	59	Early psychosis program
Christensen 2019	3 cities in Denmark	Job centers	18	243	239	Early psychosis programs + CMHCs
Nuechterlein 2020	Los Angeles, CA	VR referral	18	36	15	Psychiatric hospitals and clinics + university outpatient
Erickson 2021	British Columbia, Canada	Treatment as usual	12	56	53	Early psychosis program

Randomized Controlled Trials of IPS



Overall Findings for 28 RCTs

Mean Competitive Employment Rates Across RCTs

	US	Outside US	Overall
IPS	61%	51%	55%
Control	27%	23%	25%

IPS had significantly higher employment rates in all but one study

Meta-analysis of research studies have shown that...

Compared to control participants, IPS participants:

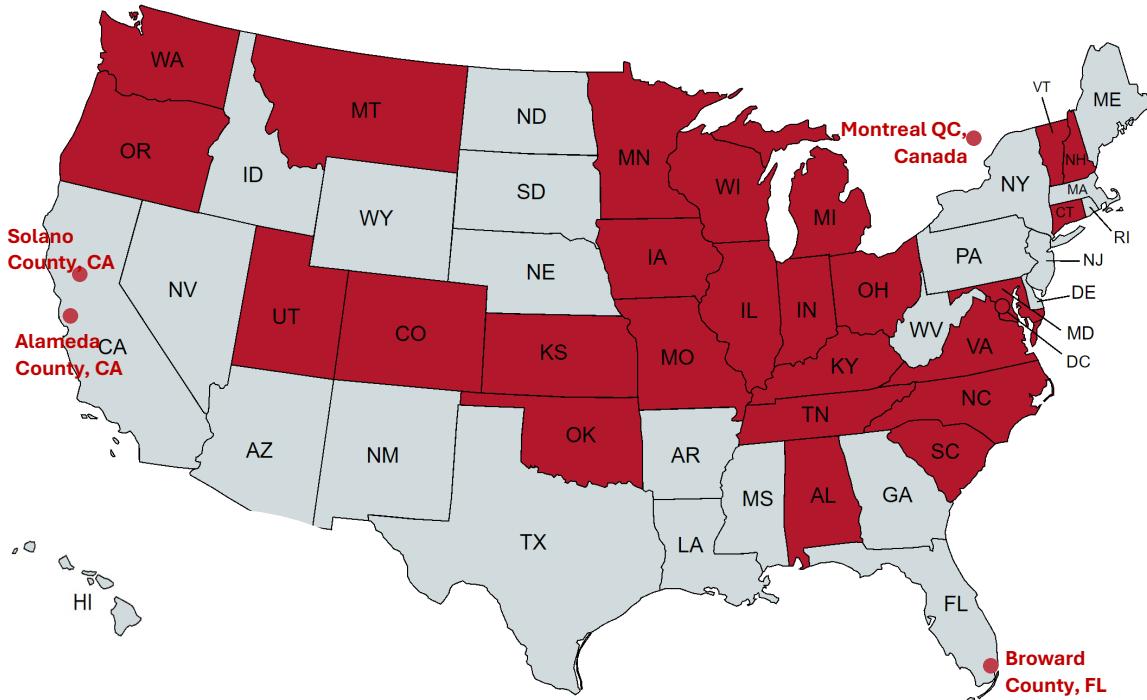
- Were 3X more likely to work
- Gained employment faster
- Maintained employment 4X times longer during follow-up
- Were 3X more likely to work 20 hours or more per week





International IPS Learning Community

As of December 2025



Montreal QC,
Canada

Tenerife, Canary Islands



Membership includes 30 US states/regions, and 9 other countries

*England is the only Learning Community member in the UK.

**Map is not to scale.

Organization of Services

- IPS is typically a program within a mental health/substance use disorder treatment agency.
- When the IPS program is separate from the treatment service agency, plans are made for them to collaborate with treatment providers.
- The IPS unit consists of at least two IPS specialists who report to a single supervisor.

Three IPS Pillars Support Eight Practice Principles

8 Practice Principles

Individualized
Services

Team-
based
Approach

Community-
based
Services

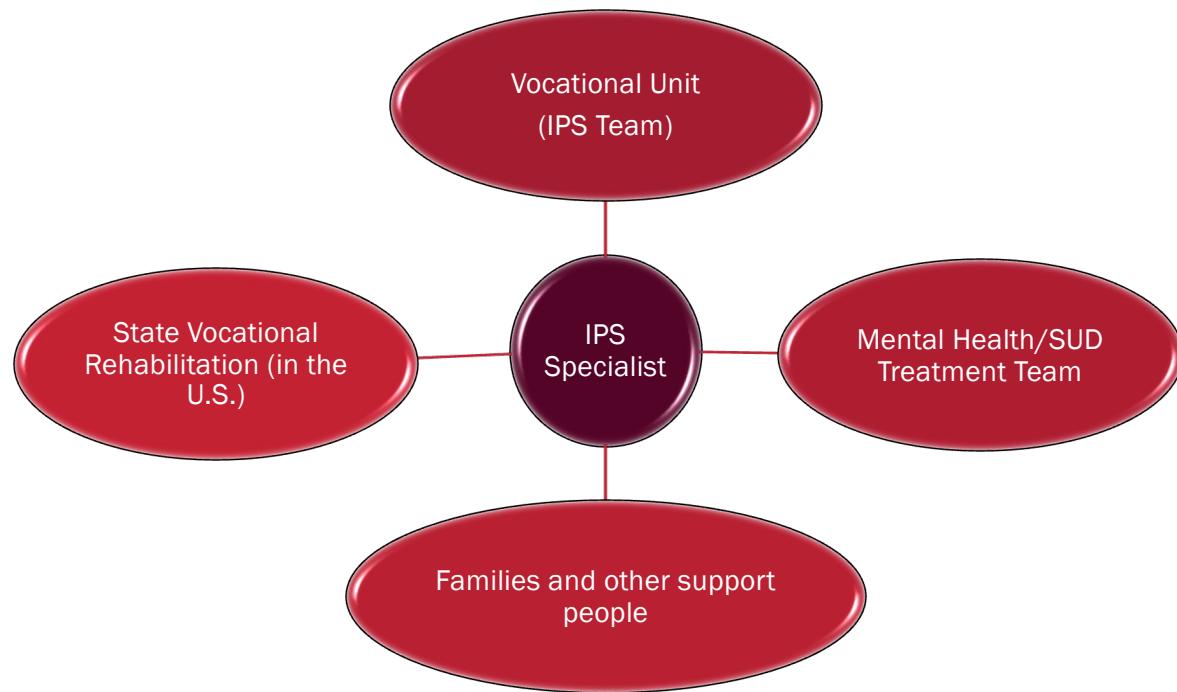
Pillars of IPS, 1) Individualized Services

Services are based on:

- Individual preferences
- Strengths
- Lessons learned from previous work/ education experiences
- Factors related to disability
- Living situation
- Supports
- And more



Pillars of IPS, 3) Team-based Services



Three Pillars of IPS, 3) Community-based Services



IPS specialists spend at least 65% of their time away from their offices. (About 5.5 hours per day)

They meet clients at their homes, libraries, workplaces and businesses, family homes, schools or certificate training programs, parks, coffee shops, malls, workforce centers, VR offices, or other places people like to go.

Life is out there, not in a community mental health organization.

8 IPS Practice Principles

Zero Exclusion Criteria

Client Preferences are Important

Benefits Planning is Offered

Mental Health Treatment and Employment Services are Integrated

- Collaboration with VR
- Offers to collaborate with families, as well

The Job Search Begins Soon After an Individual Joins the Program

Competitive, Integrated Employment is the Goal

IPS Specialists Build Relationships with Employers

Job Supports are Individualized and Time-Unlimited

Zero Exclusion Criteria

People are not denied IPS services based on any of the following:

- Mental health symptoms
- Choices about taking/not taking prescribed medications
- Active substance use disorders
- Lack of housing
- Missed appointments
- Personal presentation
- Legal system involvement



Job Seeker's Preferences are Important

- What are preferences?
- People keep their jobs twice as long if at least three of their preferences are met.
- Employment increases the quality of people's lives **only if** they enjoy their jobs.



Benefits Planning is Offered

- Benefits planning should be provided by someone who is trained – Community Work Incentives Coordinators (CWICs)
- Impairment Related Work Expenses and other rules make it possible for people to benefit from employment.
- Some people need help attending the appointments.
- Others need help reporting earned income.
- Family members may be interested in attending appointments.
- Written earnings scenarios should be included in client records.



IPS Services are Integrated with Mental Health Treatment



WEEKLY MEETINGS—
NOT JUST FOR
UPDATES



CO-LOCATED OFFICE
SPACE



SHARED
DOCUMENTATION



WORK TOGETHER ON
ENGAGEMENT AND
RE-ENGAGEMENT

IPS specialists also collaborate with:

State Vocational Rehabilitation Counselors

- VR counselors know about jobs and careers, other disabilities and chronic health conditions, local employers, etc.
- IPS programs are vendors for VR
- Monthly meetings to generate possible solutions for client situations

Families (as identified by the person)

- Family meetings with client to discuss good job matches or job supports.
- Not to discuss clinical issues.
- Avoid putting stress on family.

Rapid Job Search

Rationale: get started while the person is most interested in employment. Demonstrate that the focus is on competitive jobs, not changing the person.

In-person contact with a hiring manager by either the IPS specialist and/or job seeker within about 30 days of first meeting between IPS specialist and job seeker.

On occasion, a client may not be ready to job search and then in person contact with a manager may be related to career exploration.



Competitive, Integrated Employment is the Goal

- Regular jobs that anyone can apply for, regardless of disability status.
- Jobs pay minimum wage or above. (With self-employment, wages may start lower as is common for small business owners.)
- Work as a peer specialist is okay.
- Job carving (identifying some duties that a client can do and assigning other duties to co-workers) is an accommodation. These are competitive jobs.



IPS Specialists Build Relationships with Employers

Three step process to learn about businesses:

Quick visit to introduce self and schedule 20-minute appointment.

Appointment to learn about jobs at the business and the managers hiring preferences.

Return to discuss a job seeker who may be a good match OR to continue building the relationship.



Job Supports are Individualized

Wake-up calls. Regular meetings to talk about the job. Travel training. Help obtaining tools or clothing for a job. Family meetings to talk about the job. Help asking for accommodations. Practice for asking for raises or promotions. Medication adjustments (MH team). Social skills training (MH team). Meetings with the worker and supervisor for extra feedback on performance. Help with transportation for short periods of time. Help with job orientation materials or learning some aspect of the job such as memorizing a menu. On-the-job coaching. Assistance refining personal appearance for a job. Help reporting earned income to entitlement systems. Career development (school/training or experience for a “better” job.

And more.

Job Supports are Time-unlimited

- As long as a person wants and needs help from the IPS team.
- After a person has been working consistently for about a year, on average, a counselor or case manager may provide job supports.

Amanda

“In the past, people may have used labels to describe me like ‘mentally ill,’ ‘welfare mom,’ and ‘homeless.’ Now my titles are, ‘financial administrator,’ ‘working mom,’ and ‘student.’”

Contact information

For more about IPS: <https://IPSworks.org>