IPS Research Update

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IPS Learning Community Annual Meeting
Salt Lake City, UT
Three Themes in Recent IPS Research

① IPS Principles and IPS Fidelity
② New Populations
③ Innovations
New Research on IPS Principles

- Open to anyone who wants to work
- Focus on competitive employment
- Rapid job search
- Targeted job development
- **Client preferences guide decisions**
- Individualized long-term supports
- Integrated with treatment
- **Personalized benefits counseling**
At IPS enrollment, clients asked job preference in five areas:

- Occupation type
- Monthly income
- Weekly work hours
- Commute time
- Illness disclosure

**Figure 2**

Mean and Standard Deviation of Job Tenure by Match Level

<table>
<thead>
<tr>
<th>Match Level</th>
<th>Mean (±SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22.8 (±18.4)</td>
</tr>
<tr>
<td>2</td>
<td>34.8 (±34.4)</td>
</tr>
<tr>
<td>3</td>
<td>49.2 (±35.1)</td>
</tr>
<tr>
<td>4</td>
<td>57.3 (±28.0)</td>
</tr>
<tr>
<td>5</td>
<td>37.2 (±30.6)</td>
</tr>
</tbody>
</table>

Number of Matches Out of 5 Areas
Personalized Benefits Counseling Increases Earnings

- After receiving specialized benefits counseling, Social Security disability beneficiaries increased mean annual earnings by $1200 (Tremblay et al., 2006)
- Observational study using matched sample of 1,926 VR clients with psychiatric disabilities (Kaya, 2023):

<table>
<thead>
<tr>
<th>Received Work Incentives Benefits Counseling</th>
<th>Signif.</th>
</tr>
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<tbody>
<tr>
<td>% Competitively Employed (Successful VR Closure)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>33%</td>
<td>29%</td>
</tr>
<tr>
<td>No</td>
<td>p &lt; .05</td>
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</table>
New Evidence for IPS Principles: Summary

- Matching client preferences (including all aspects of the job in addition to occupational preferences) increases job tenure.
- Personalized benefits counseling increases earnings but has at best a small impact on employment rate (that is, the decision to start a job).
IPS Principles Needing More Research

- Integration with treatment: How do we achieve that with new populations?
- Individualized follow-up: How long, how to ensure warm handoff and long-term support plan?
IPS Fidelity Standard for Face-to-Face Community Contact

• Assumptions underlying Time in Community fidelity item: “Employment services such as engagement, job finding, and follow-along supports provided in community settings.”

• Most IPS specialist contacts are face-to-face, and mostly in the community, especially with employers and clients

• Online job searches not sufficient – Job development involves building relationships with employers

• Contact with mental health professionals includes in-person weekly treatment team meetings
How Should IPS Provide Services? Impact of COVID Restrictions on IPS

• In NY: Reduced fidelity & initial dip in employment rate in March 2020, but quick rebound (Margolies, 2021)
• Norwegian study of 25 IPS specialists (Wittlund, 2022):
  • Less collaborative engagement with employers and with clinical teams
  • More virtual work-related meetings
• Since restrictions lifted, many IPS teams continued to rely on virtual meetings
Evidence Supporting the Importance of Community Contact

• Assertive community treatment literature has shown much higher rates of client engagement in services than office-based case management

• IPS study: Time in community correlated .82 (p < .01) with employment rate (N = 10 sites) (Becker, 2001)
% Time in Community Correlated with Better Employment Outcomes (Margolies, 2023)

• IPS teams with 20% or less contact time in the community had poorer employment outcomes
Community Outreach on High-Fidelity IPS Programs in Japan (Yamaguchi, 2020)

- Community outreach and individual contact with clients associated with better employment outcomes

<table>
<thead>
<tr>
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<th>High Fidelity Programs (N = 7)</th>
<th>Low Fidelity Programs (N = 6)</th>
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<tbody>
<tr>
<td>Mean hours of service/month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach</td>
<td>10.5</td>
<td>1.9</td>
</tr>
<tr>
<td>Individual contact</td>
<td>8.4</td>
<td>1.6</td>
</tr>
<tr>
<td>Group meetings</td>
<td>7.0</td>
<td>17.8</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed last 12 months</td>
<td>68%</td>
<td>38%</td>
</tr>
<tr>
<td>Held job for 12 months</td>
<td>59%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Importance of Face-to-Face Contact after Job Start (Bond & Kukla, 2011)

• Correlations for frequency of IPS specialist contact with job tenure for 142 clients after first job start:
  • Face-to-face contact: \(0.27, p < .05\)
  • Telephone contact: \(0.01, \text{ns}\)
Community outreach to clients likely helps in the engagement process and probably reduces dropouts, but we need IPS-specific research.

Time in the community, with face-to-face meetings with employers and clients, may increase overall employment rate and job tenure.

Effectiveness of IPS of virtual counseling sessions and virtual meetings with other professionals untested.
New Populations

① Traumatic Brain Injury
② Young Adults with Anxiety and Depression
IPS for Veterans with Traumatic Brain Injury (Pogoda, 2022)

• 12 VHA medical centers in US
• Administrative records for 2020-2022
• 92 veterans with traumatic brain injury (96% male)
• At baseline, unemployed for a median of 5 months

**Outcomes**

• 51% gained employment
• Mean job duration was 3 months
• Disability rating did not correlate with employment!
Research on IPS for Young Adults
Current Status

• Findings from a meta-analysis of 7 young adult studies:
  • Positive employment outcomes for IPS:
    Overall employment rate: 58% for IPS, 32% for controls
  • Small positive findings for education outcomes
• Most rigorous research on IPS for young adults has been in the first episode psychosis population
• But many other subgroups of young adults receiving IPS (Bond et al., 2023)
Australian IPS for Young Adults
(Simmons et al., 2023)

• IPS teams in two headspace centers in Melbourne
• Sample consisted of 326 young adults (ages 15-25)
• 80% had a diagnosis of depressive or anxiety disorder or other nonpsychotic disorder
• Fair to good IPS fidelity
• Peer worker provided vocational support to 116 (36%) participants requiring additional support
• 195 (60%) of young adults achieved a competitive job working 15 hours or more per week
• 55% of jobs sustained for 26 weeks
• Young adults with peer support had similar outcomes as those not needing it
US Study of IPS for Young Adults (Albdulmunem, in press; Bond, in press)

• Study conducted from March 2020 to June 2022
• 9 IPS programs in 5 learning community states (CA, KY, MN, SC, WI)
• 111 young adults (ages 16-24) enrolled and followed up until termination or one-year follow-up
• Fidelity reviews completed using IPS-Y: Adaptation of standard fidelity scale for young adults
IPS for Young Adults
Participant Characteristics (N=111)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td><strong>Psychiatric Diagnosis</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>59 (53.2%)</td>
<td>Depressive disorder</td>
<td>66 (59.5%)</td>
</tr>
<tr>
<td>Male</td>
<td>47 (42.3%)</td>
<td>Anxiety disorder</td>
<td>43 (38.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (4.5%)</td>
<td>ADHD</td>
<td>26 (23.4%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Mean = 19.2</td>
<td>PTSD</td>
<td>20 (18.0%)</td>
</tr>
<tr>
<td>16-17</td>
<td>26 (23.4%)</td>
<td>Schizophrenia spectrum</td>
<td>16 (14.4%)</td>
</tr>
<tr>
<td>18-20</td>
<td>53 (47.2%)</td>
<td>Substance use</td>
<td>14 (12.6%)</td>
</tr>
<tr>
<td>21-24</td>
<td>32 (28.8%)</td>
<td>Bipolar</td>
<td>12 (10.8%)</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td>Autism</td>
<td>10 (9.0%)</td>
</tr>
<tr>
<td>White</td>
<td>55 (49.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>29 (26.1%)</td>
<td>Living with family/caregiver</td>
<td>71 (64.0%)</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>3 (2.7%)</td>
<td>Private residence</td>
<td>26 (23.4%)</td>
</tr>
<tr>
<td>Native American</td>
<td>1 (0.9%)</td>
<td>Homeless</td>
<td>5 (4.5%)</td>
</tr>
<tr>
<td>Biracial/Multiracial</td>
<td>6 (5.4%)</td>
<td>Other residential setting</td>
<td>9 (8.1%)</td>
</tr>
<tr>
<td>Not reported</td>
<td>17 (15.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td><strong>Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>20 (18.0%)</td>
<td>Never Married</td>
<td>109 (98.2%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Married/Living as married</td>
<td>2 (1.8%)</td>
</tr>
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IPS for Young Adults: One-Year Outcomes (N = 111)

- Mean program retention: 5 months
- Gained employment: 51 (46%)
- In education during follow-up: 40 (36%)
- Began new education program: 14 (13%)
- Employed and/or education: 76 (69%)
## Employment Outcomes for Worker Sample

Among Workers (N=51):

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<thead>
<tr>
<th></th>
<th>Mean</th>
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<tbody>
<tr>
<td>Time to First Job</td>
<td>3 months</td>
</tr>
<tr>
<td>Earnings</td>
<td>$7,028</td>
</tr>
<tr>
<td>Time Worked</td>
<td>5 months</td>
</tr>
<tr>
<td>Hourly Wage</td>
<td>$12.22</td>
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Innovations

① People with lived experiences providing IPS (Cook)
② Work-focused Cognitive Behavioral Therapy
Effectiveness of Peer-Provided IPS (Cook et al., 2022)

• Peer-run organization provided two types of supported employment services: IPS and Choose-Get-Keep
• IPS team achieved good fidelity

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<tbody>
<tr>
<td>Overall Employment Rate</td>
<td>43%</td>
<td>21%</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Monthly Employment Rate</td>
<td>38%</td>
<td>18%</td>
<td>p &lt; .001</td>
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</table>
Work-Focused Cognitive Behavioral Therapy (CBT) Added to IPS (Kukla et al., 2019)

• Standard IPS is not successful for all clients
• This pilot offered 12-sessions of CBT for 44 veterans who had remained unemployed on average for a year after enrollment in IPS
• After receiving work-focused CBT along with IPS:
  • 75% worked over 6-month follow-up
  • 52% were steady workers (worked at least 3 months)
Conclusions Regarding IPS Innovations

• People with lived experience can deliver IPS at high fidelity and achieve better employment outcomes compared to using a non-evidence-based service model.

• Work-focused cognitive behavioral therapy may be a useful adjunct for some client subgroups, such as: Workers on sick leave returning to an existing job.

• Randomized controlled trials needed.
Overall Conclusions

- IPS principles have held up well over the three decades since Becker and Drake developed IPS.
- IPS also continues to evolve, with expansion to new populations and testing of innovations.
- The COVID pandemic led to widespread adoption of telemedicine. We need to rigorously evaluate the effectiveness of IPS services delivered remotely.