

From Disability to Employment

Daniel Michael

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Who is Daniel Michael?



- Director and founder of the RAMS Hire-All program
- 24 years of experience in the mental health field.
- Specialized in developing & administrating vocational rehabilitation programs for individuals with psychiatric disabilities.
- Developed job placement programs State Department of Rehabilitation, PIC, County Mental Health, State Personnel Board, MHSA and others. Established CARF accredited programs in Supported Employment, Vocational Assessment, Work Adjustment, Employment Service and Job Coaching.

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Who is Daniel Michael?



Current:

- Currently is CEO of Thrive-Ability, LLC, a startup that networks nonprofit & government job placement specialists to place people with barriers to employment into jobs.
- Independent Service Provider for Dept. of Rehab.
- Member of the SF Jobs Group, BACED (South & North Bay, East Bay & Marin County Job Developer's Association)

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What we will cover:

- Steps to assist people with disabilities into employment
- Finding your client's most passionate job goal (Motivational Interviewing)
- Understanding barriers to employment
- Identify & collaborating with other supports: family, programs, services
- Active Listening, Empathy & Instilling Hope
- Most common myths
- Most common time wasters in job development process
- Selling disability disclosure to your clients

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2010 Survey of Employment of Americans with Disabilities

- 70% of corporations have diversity policies/programs
- Two-thirds of those with programs include disability as a component
- Only 18% of companies offer an education program aimed at integrating people with disabilities into the workplace
- The low figures are particularly notable given that a majority of employers perceive the costs of hiring a person with a disability to be the same as hiring a person without a disability (62 percent).

Kessler Foundation, [National Organization on Disability](#) and Harris Interactive survey 2010 Survey of Employment of Americans with Disabilities.

Statistics

- According to April 2010 figures from the U.S. Bureau of Labor Statistics, less than a quarter of the potential labor force of Americans with disabilities are employed (22 percent), compared with more than two-thirds of the labor force without disabilities (70 percent).

Hold Hands



or Kick Butt?

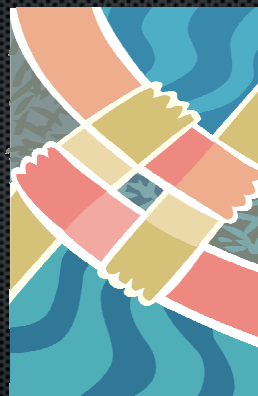


How to achieve a balance in your job development.

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Holding Hands Approach

- Understanding symptoms
- Active Listening
- Empathy
- Instilling Hope
- Providing Supports



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Emotional Intelligence

- Emotional intelligence (EI) describes the ability, capacity, [skill](#) or, in the case of the trait EI model, a self-perceived ability to identify, assess, and control the emotions of one's self, of others, and of groups.

Source:

http://en.wikipedia.org/wiki/Emotional_intelligence

More on E.I

- Ability to understand your own emotions
- Ability to use emotions wisely
- Ability to understand the emotions of others
- Ability to respond to, influence and interact with the emotions of others

Source: " The Emotionally Intelligent Team - Hughes & Terrell 2007 page 18

Understanding the symptoms of Clients

Types of Depression

Atypical Depression (Clinical term)

Depression in persons who have an ability to cheer themselves up by doing certain things.

Bipolar Depression (Clinical term)

Depression with manic episode(s).

Endogenous Depression

Acute Depression with no obvious cause(s).

Involuntional Depression

Depression that occurs in the elderly.
(Generally the same as Major Depression)

Reactive Depression

Depression caused by an obvious traumatic life episode(s).

Types of Depression

Major Depression (Clinical term)

Depression in persons who have no ability to cheer themselves up.

Postpartum Depression

Depression that occurs in women soon after having a baby.
(Generally the same as Major Depression)

Primary Depression

Depression alone with no other medical illness / disorder.

Psychotic Depression (Clinical term)

Depression accompanied by delusions and/or hallucinations.

Secondary Depression

Depression that occurs after the onset of another medical illness / disorder.

Unipolar Depression

Depression with no manic episode.

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What is Schizophrenia?

Schizophrenia (Greek "split mind") is a severe mental illness characterized by a variety of symptoms including but not limited to:

- Loss of contact with reality.
- Bizarre behavior.
- Disorganized thinking.
- Disorganized speech.
- Decreased emotional expressiveness.
- Diminished or loss of contact with reality.
- Diminished to total Social withdrawal.

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Personality Disorders

Antisocial Personality Disorder: Lack of regard for the moral or legal standards in the local culture, marked inability to get along with others or abide by societal rules. Sometimes called psychopaths or sociopaths.

Avoidant Personality Disorder: Marked social inhibition, feelings of inadequacy, and extremely sensitive to criticism.

Borderline Personality Disorder: Lack of one's own identity, with rapid changes in mood, intense unstable interpersonal relationships, marked impulsively, instability in affect and in self image.

Dependent Personality Disorder: Extreme need of other people, to a point where the person is unable to make any decisions or take an independent stand on his or her own. Fear of separation and submissive behavior. Marked lack of decisiveness and self-confidence.

Histrionic Personality Disorder: Exaggerated and often inappropriate displays of emotional reactions, approaching theatricality, in everyday behavior. Sudden and rapidly shifting emotion expressions.

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Personality Disorders:

Narcissistic Personality Disorder: Behavior or a fantasy of grandiosity, a lack of empathy, a need to be admired by others, an inability to see the viewpoints of others, and hypersensitive to the opinions of others.

Obsessive-Compulsive Personality Disorder: Characterized by perfectionism and inflexibility; preoccupation with uncontrollable patterns of thought and action.

Paranoid Personality Disorder: Marked distrust of others, including the belief, without reason, that others are exploiting, harming, or trying to deceive him or her; lack of trust; belief of others' betrayal; belief in hidden meanings; unforgiving and grudge holding.

Schizoid Personality Disorder: Primarily characterized by a very limited range of emotion, both in expression of and experiencing; indifferent to social relationships.

Schizotypal Personality Disorder: Peculiarities of thinking, odd beliefs, and eccentricities of appearance, behavior, interpersonal style, and thought (e.g., belief in psychic phenomena and having magical powers).

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Active Listening

Active listening intentionally focuses on who you are listening to, whether in a group or one-on-one, in order to understand what he or she is saying. As the listener, you should then be able to repeat back in your own words what they have said to their satisfaction. This does not mean you agree with, but rather understand, what they are saying.

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Active Listening Skills - part 1

SKILLS

1. Attending, acknowledging
2. Restating, paraphrasing
3. Reflecting
4. Interpreting
5. Summarizing, synthesizing

EXPLANATION

1. Providing verbal or non-verbal awareness of the other, ie, eye contact
2. Responding to person's basic verbal message
3. Reflecting feelings, experiences, or content that has been heard or perceived through cues
4. Offering a tentative interpretation about the other's feelings, desires, or meanings
5. Bringing together in some way feelings and experiences; providing a focus

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Active Listening Skills - part 2

- | | |
|-------------------------|---|
| 6. Probing | 6. Questioning in a supportive way that requests more information or that attempts to clear up confusions |
| 7. Giving feedback | 7. Sharing perceptions of the other's ideas or feelings; disclosing relevant personal information |
| 8. Supporting | 8. Showing warmth and caring in one's own individual way |
| 9. Checking perceptions | 9. Finding out if interpretations and perceptions are valid and accurate |
| 10. Being quiet | 10. Giving the other time to think as well as to talk |

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Motivating



- Providing Boundaries and limit-setting
- Creating Change
- Survival Techniques
- Motivational Interviewing
- Setting expectations
- Reality Testing

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Motivating through Boundries:

- Your Diagnosis is no Excuse!
- Clients can learn about responsibilities
- A plan/agreement is made between your client, you, treatment provider & employer
- Follow-through on these agreements are important
- Expectations at work are clearly defined
- Clients need to understand that our service & time is valuable

Boundary Concerns:

- Obvious therapist distress or upset
- Therapeutic drift -- shifting style and approach to a given client
- Lack of goals and reflection on progress in therapy
- Therapy which exceeds normal length for a client of that type in the particular therapist's practice.
- Exceeding areas of competence, reluctance to refer for other therapy, assessment, etc.
- Unwise techniques
- Routine hugs
- Excessive touch
- Sessions in non-traditional setting when this isn't necessary
- Routine or common socializing with clients
- Direct intervention in client's life
- Becoming enmeshed in client's life -- treating close friends or family members

Boundary Concerns: Part 2 Client Statements

- Let's keep it to ourselves
- Just between me and you
- I feel that I am ready to tell you something I can't tell my therapist.
- You're the only one person I trust

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Boundary Issues Part 3 Staff Statements

- We approach things as a group
- How I share the information is in my best judgment
- Holding a secret will block my ability to help you in the future
- I will have to keep track of these secrets

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Motivational Interviewing

Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

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Motivational Interviewing: Ten Strategies for Evoking Change Talk

1. Ask Evocative Questions

Ask open questions, the answer to which is change talk.

2. Explore Decisional Balance

Ask first for the good things about status quo, then ask for the not-so-good things.

3. Ask for Elaboration

When a change talk theme emerges, ask for more detail. In what ways?

4. Ask for Examples

When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give mean example. What else?

5. Look Back

Ask about a time before the current concern emerged. How were things better, different?

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6. Look Forward

Ask what may happen if things continue as they are (status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?

7. Query Extremes

What are the worst things that might happen if you don't make this change? What are the best things that might happen if you do make this change?

8. Use Change Rulers

Ask, "On a scale from zero to ten, how important is it to you to [target change]"

9. Explore Goals and Values

Ask what the person's guiding values are. What do they want in life? Using a values card sort can be helpful here. If there is a "problem" behavior, ask how that behavior fits in with the person's goals or values. Does it help realize a goal or value, interfere with it, or is it irrelevant?

10. Come Alongside

Explicitly side with the negative (status quo) side of ambivalence. Perhaps _____ is so important to you that you won't give it up, no matter what the cost.

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Motivational Interviewing is not:

- Arguing that the person has a problem and needs to change
- Offering direct advice or prescribes solutions to the problem without the person's permission or without actively encouraging the person to make his or her own choices
- Using an authoritative/expert stance leaving the client in a passive role
- Doing most of the talking, or functions as a unidirectional information delivery system
- Imposing a diagnostic label
- Behaving in a punitive or coercive manner

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Motivational Interviewing Principles: Part 1

1. Motivation to change is elicited from the client, and not imposed from without.
2. It is the client's task, not the counselor's, to articulate and resolve his or her ambivalence.
3. Direct persuasion is not an effective method for resolving ambivalence. It is tempting to try to be "helpful" by persuading the client of the urgency of the problem about the benefits of change.

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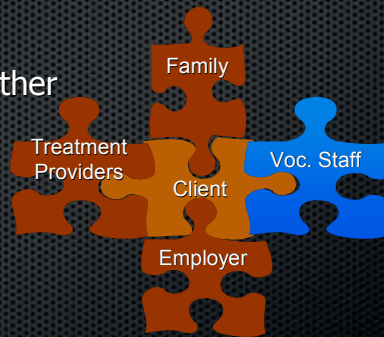
Motivational Interviewing Principles: Part 2

4. The counseling style is generally a quiet and eliciting one.
5. The counselor is directive in helping the client to examine and resolve ambivalence.
6. Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.
7. The therapeutic relationship is more like a partnership or companionship than expert/recipient roles. The therapist respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior.

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Case Conferences:

- Fitting the pieces together



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Working with other professionals

- Medical vs. Rehabilitation Models
- Different roles: Case Managers, Therapists, Residential Counselors, Payees
- Case Conferences
- Medication Management
- Discharge Planning
- Resources

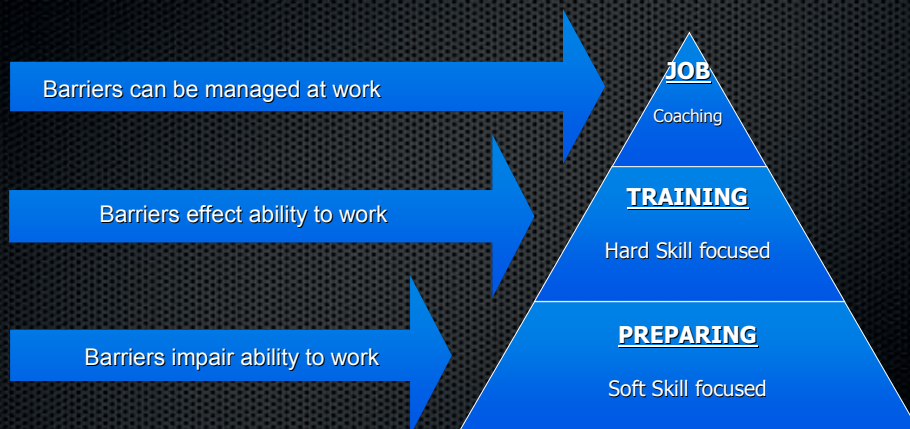
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**Michael S. Shafer, Ph.D. University of Arizona
EIDP Longitudinal Study**

- “Integrated employment services result in positive employment outcomes **regardless** of consumers’ personal characteristics, health problems, diagnosis, symptom levels, work histories, and functioning levels.”

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Barriers to Employment



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Barriers to Employment

Recommended Services:

Vocational Specialist: Vocational Counselor

Barriers impair ability to work
Provider: IOP, VR sheltered
workshops

- Volunteer programs
- Sheltered workshops
- Pre-vocational program
- Job readiness classes
- Enclaves

JOB PREPARATION

Soft Skill Training

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What are soft Skills?

Teamwork
Problem-solving
Critical thinking
Effective use of resources
Communication— not just around job-related tasks, but also around balancing work-life realities (e.g., caring for a young child, having a disability, past involvement with the justice system) that may affect workers in their efforts to obtain and sustain competitive employment.

Source: "Teaching Soft Skills Through Workplace Simulations in Classroom Settings" ODEP June 10, 2010

<http://www.dol.gov/odep/documents/TeachingSoftSkills.pdf>

Barriers to Employment

Recommended Services:

- Vocational programs
- Career-specific training
- Job skills & resumes
- Job development

Barriers effect ability to work
Provider: VR training programs

JOB TRAINING

Soft & Hard Skill training

**Vocational Specialist:
Job Developer**

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Barriers to Employment

Recommended Services:

- Job Coaching
- Job Carving
- Accommodations
- HR intervention

Barriers can be managed at work
Provider: VR Follow-up services, EAP

JOB

Job Coaching

**Vocational Specialist:
Job Coach**

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Problems with Train and Place Models:

- Lengthy assessment periods
- Lack of transferable skills in training programs
- Clients are “screened out” or considered not “job ready”
- Clients like the training program more than competitive employment
- There is a high drop out rate

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Myths

- If someone’s mental illness is not under control, they are not job ready.
- The stress of working is likely to cause relapses for someone with severe mental illness.
- A person with mental illness who states he/she is not ready to enter the world of work is obviously not ready.
- If consumers request or need help to get a job, they are not ready to work.

Marrone, J., Batzell, A., Gold, M. (1995). Employment Supports for People with Mental Illness. *Psychiatric Services* 46(7), 707-711. Marrone, J., Gandolfo, C., Gold, M., Hoff, D. (1998). Just Doing It: Helping People with Mental Illness Get Good Jobs. *Journal of Applied Rehabilitation Counseling*, 29 (1), 37-48. Marrone, J., Gold, G. (1994). Supported Employment for People with Mental Illness: Myths & Facts. *Journal of Rehabilitation*, 60 (4), 38-47. National Alliance for Mentally Ill (www.nami.org)

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Myths (part 2)

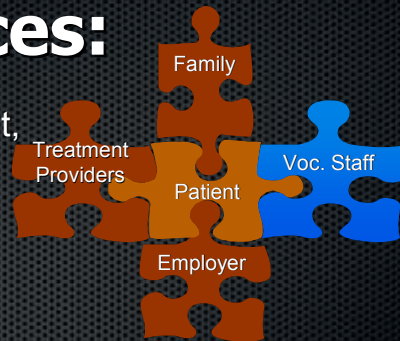
- A person with mental illness always needs specialized disability resources to get a job.
- If a person with mental illness is really motivated to work he/she should be willing to try out any job.
- A person with a mental illness should only work at low stress jobs that require no interpersonal contact.
- Since it seems impossible to find a job listing that fits a particular customer, it is unlikely he/she will be able to find any appropriate job

Marrone, J., Balzell, A., Gold, M. (1995). Employment Supports for People with Mental Illness. *Psychiatric Services* 46(7), 707-711. Marrone, J., Gold, M., Hoff, D. (1998). Just Doing It: Helping People with Mental Illness Get Good Jobs. *Journal of Applied Rehabilitation Counseling*, 29 (1), 37-48. Marrone, J., Gold, G. (1994). Supported Employment for People with Mental Illness: Myths & Facts. *Journal of Rehabilitation*, 60 (4), 38-47. National Alliance for Mentally Ill (www.nami.org)

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Case Conferences:

Meetings should include the patient, vocational staff, treatment staff (case manager, therapist, psychiatrist, psychologist), DOR Counselor, family member, residential provider and other providers. These meetings can be called when there is a service concern, a disagreement on approach to services, plan change, and/or to update on participant progress on goals.



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Individual Placement & Support (IPS) Model

Robert Drake, M.D., Ph.D.

1. Rehabilitation is considered an integral component of mental health treatment, rather than a separate service
2. Goal is competitive employment
3. Clients are expected to obtain jobs directly
4. Vocational services are continuous & based on real work experiences

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Individual Placement & Support (IPS) Model

Robert Drake, M.D., Ph.D.

- 5. Time-unlimited support from mental health team
- 6. Services are based on client choice rather than provider's judgments
- "Employment specialists coordinate clinical and vocational efforts by joining the clinical team in regular meetings, by developing plans in conjunction with clinicians as well as consumers, by dividing up responsibilities for supporting the employment plan and by regular communication"

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Practice Guidelines for Clinicians Working In Programs Providing Integrated Vocational And Clinical Services For Persons with Severe Mental Disorders

1. Clinicians can help their clients and clinical teams have realistic vocational expectations
2. Clinicians can coordinate their clients clinical and rehabilitation plans and interventions
3. Clinicians can provide basic support and problem solving to clients
4. Clinicians can contribute their insight to appropriate job matches that will support their clients illness management as well as vocational needs

Practice Guidelines for Clinicians Working In Programs Providing Integrated Vocational And Clinical Services For Persons with Severe Mental Disorders (continued)

5. Clinicians can help clients manage their illnesses
6. Clinicians can help clients manage their substance abuse
7. Clinicians can help clients manage their interpersonal issues on the job
8. Clinicians can help clients interact with familial and non-familial social networks
9. Clinicians can help support their clients' long-term rehabilitation efforts by keeping a positive frame of mind.

Cultural Issues:

- Work is defined differently in different cultures
- Family pressures towards “respected” job or those families that have “given up”
- “Ghetto-izing”: looking for jobs only in Chinatown, Japan town, etc.
- Employers who take advantage of language or cultural issues

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1. Getting people into jobs is the most effective way to promote mental health of patients
2. Unemployment increases the risk of clinical depression
3. Approximately 3 million people (age 18-69) have mental illness. 70 to 90% are unemployed.
4. Understanding how psychiatric disabilities effect employment is critical to effective patient care.



1. Lehtinen V, Riihonen E, Lehtinen E. Promotion of mental health on the European agenda. STAKES National Research & Development Centre for Welfare and Health, 1998. 2. Dooley D et al. Depression and unemployment: panel findings from the Epidemiologic Catchment Area Study. Journal of Community Psychology, 1994, 22(6):745-765. 3. National Alliance for the Mentally Ill (NAMI). Fact sheet. Facts about mental illness and work. August 1999 (www.nami.org).

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Finding the Job

- Job development

Top Time Wasters for Job Developers

- Focusing on the Internet
- Quality vs. Quantity of applications
- Losing job goal focus
- Losing site of underlying client emotional problems

Marketing the Employer

- Sales vs. Consultant model
- Promoting the value of the service
- Employer disability awareness
- Worksite analysis: Turnover, design of job, best job/worst job, wish list, concerns
- Job Carving
- Tax credits and other benefits

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Disclosure of Disability

Advantages of Disclosure	Disadvantages of Disclosure
<ul style="list-style-type: none">• Youth will be able to receive reasonable accommodations to pursue work, school, or community activities more effectively.• It allows other professionals (educators, employment service providers, etc.) to assist the young people with learning new skills.• It provides legal protection against discrimination (as specified in the Americans with Disabilities Act and the Rehabilitation Act).• It can improve a youth's self-image by developing self-advocacy skills.	<ul style="list-style-type: none">• It can lead to the experience of exclusion or being treated differently than others.• It can lead to being viewed as needy, not self-sufficient, or unable to perform on par with peers.• It can cause people to overlook youth with disabilities for a job, team, group, or organization.• It can be difficult and embarrassing. <p>Note: It may be helpful to make the youth aware that if he or she experiences discrimination because of the disclosure, he or she may have a right to file a complaint under the Americans with Disabilities Act or the Rehabilitation Act.</p>

Source: "Teaching Soft Skills Through Workplace Simulations in Classroom Settings" ODEP June 10, 2010

<http://www.dol.gov/odep/documents/TeachingSoftSkills.pdf>

Connecting to employment: (Job Development & Carving)

- A client with chronic undifferentiated Schizophrenia, flat affect, disheveled and no job experience wants to work with children

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Accommodations in the Workplace (Job Coaching)

- An employer calls and says that Tom is ready to be fired for taking too many breaks
- Sally calls and says that she is going to be fired.

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Daniel's steps to assist unemployed into employment:

- Determine the level of work ability
- Identify those involved (parents, case managers, etc.)
- Link to other vocational services (i.e. DOR)
- Advocate for rapid placement and support services
- Establish Face to Face contacts with employers
- Close with employer work incentive programs

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Changing stereotypes through the media

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Law Center

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**Thank You and
now it's time for Q & A:**

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