

Psychosocial Rehabilitation and Employment Competencies: Helping People with Complex Needs Find Employment

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Advanced Practice

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- BC Ministry of Advanced Education for their generous grant
- Douglas College
- BC Centre for Employment Excellence for research, knowledge and best practices, recently identified practitioner learning needs for i) **assessment**, computer skills, marketing and ii) **case management**.

This series is intended to contribute to practitioner skill building with i) and ii)



Session Goals

- ✓ Articulate PSR competencies and indicators with a specific focus on employment
- ✓ Articulate the Canadian Association for Supported Employment guiding principles
- ✓ Consider how these competencies / principles are similar and different
- ✓ Articulate how these competencies / principles can positively influence practice

What is PSR

PSR- set of principles, practices, values & ethics aimed at facilitating recovery with and for people who live with illness such as schizophrenia

Farkas, M. (2013). Introduction to Psychiatric/Psychosocial Rehabilitation (PSR): History and Foundations. *Current Psychiatry Reviews*, (9) 177-187.

Operates at the intersection of the individual and their environment /social context targeting improved role performance and quality of life. The International Classification of Functioning and Disability and Health Related Problems (WHO, 2001) is helpful framework in considering bodily function and activity participation and contextual factors (Anthony & Farkas, 2010)

Setting the Stage



Some questions to ponder

Employment Rates – from literature an your experience

- What percentage of people who live with serious mental illness are employed ?
- What percentage of people with intellectual challenges are employed ?
- What percentage of people who receive evidence based employment services become employed ?

People Want to Work & Can Work

Up to 60% of people who access Assertive Community Treatment teams and Clubhouses may wish to work- this figure may be increased when supported employment becomes available within a service setting.

“Two thirds of those interested in work and half of those with no initial interest obtained a competitive job” (p. 279)

Macias, C, DeCarlo L. T, Wang, Q., Frey, J., & Barreira P. (2001). Work interest as a predictor of competitive employment: Policy implications for psychiatric rehabilitation. *Adm Policy Ment Health*. 28(4):279–97. [PMID:11577655]<http://dx.doi.org/10.1023/A:1011185513720>

The position that people can work is well supported by research (Bond et al., 2001; Bond Drake, Muser & Becker1997; Ridegeway, 1988)

Employment as Determinant of Health

study indicates a “greater reduction in **mental health** for persons with disabilities who were unemployed or economically inactive than those who were [employed highlighting]... the value of **employment** for people with disabilities - Milner, LaMontagne, Aitken Bentley & Kavnagh, (2014). Employment status and HM among persons with and without a disability: Evidence from an Australian cohort. *J Epidemiol Community Health*, 68 11 1064-71.
<http://0-dx.doi.org.orca.douglascollege.ca/10.1136/jech-2014-204147>

Employment [for people wit SMI] allows access to a valued social role (structure to the day, self-confidence & social contact) -Goodwin & Kennedy, 2005 *Community, Work & Family* 8 (1) <http://www.tandfonline.com/doi/abs/10.1080/1366880052000323986#.VISUSWTF81E> and a sense of meaning and recovery. (Dunn et al., 2008)

A working-aged member of a household with severe mental illness is associated with a 3.10 increase in the odds of household poverty ^{Vick}
B, Jones K, Mitra S. Poverty and severe psychiatric disorder in the U.S.: Evidence from the Medical Expenditure Panel Survey. *J Ment Health Policy Econ.* 2012;15(2):83–96.[PMID:22813941]

Complex Needs and Supported Employment

Historical Similarity: in terms of both approaches having a pragmatic approach to help people with disabilities become socially included.

Historical Difference: Disability movement developed a focus on people with various disabilities (developmental delay) and the PSR movement specifically focused on people with mental health needs - later included people with substance use needs. The intent was to help people engage in a life worth living and recover via (1. sheltered workshops /stepwise practices 2. Community settings/TE/Placement 3. Supported employment principles/ fidelity (Baron et al., 2014).

“The effectiveness of supported employment appears to be generalizable across a broad range of client characteristics and community settings” (Bond et al., 2001, p. 313 from <http://store.samhsa.gov/shin/content/SMA08-4365/TheEvidence-SE.pdf>)

Employment Centers and Health Authorities currently serve people with complex needs

Setting the Stage



What might be some barriers to employment for persons who live with complex needs?

Barriers to Employment and Education for people with Mental Illness

- Fear, anxieties
- Lost motivation
- Poor concentration

Focus here in internal factors –

what about Stigma and social aspects of disability

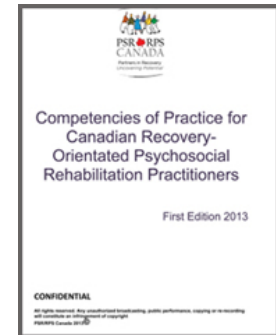
“Individuals would benefit from an approach that is customized and includes an evaluation of supports and barriers and internal and external resources to address them” (p. 29).

Schindler, V, P. & Kientz, M. (2013). *Journal of Vocational Rehabilitation*, 39(1) 29-41.

A Note About Competencies

- Emerging area of service development
- Not static
- Intended to positively shape practice, service development, possibly employee performance service experience and research
- Not intended to be a check-list.

PSR Competencies and Indicators and Employment



See PSR/RPS Canada

<http://www.psrrpscanada.ca/>

- See psyrehab.ca website

Recovery-Orientated Psychosocial

Rehabilitation: Competencies of Practice for

Canadian Practitioners Mar 27, 2014

Number of Competencies and Performance Indicators in Each Unit

Unit	Unit title	Number of competencies	Numbers of performance indicators
A	Culture & Diversity	4	16
B	Professional skills	4	11
C	PSR Practices and supporting services	6	33
D	PSR and Recovery-oriented services	4	20
E	Relational Skills	3	13
F	Social Inclusion	3	11
Total		24	103

Canadian Association for Supported Employment Guiding Principles

1. Choice and Control

Employment support is guided by the job seeker in order to achieve their career aspirations

2. Paid Employment

The job seeker receives the same rate of pay and benefits as other employees doing the same job. Individuals receive their paycheques directly from the employer.

3. Partnership

Job seekers, employers, and direct service providers determine the individualized strategies for providing support that will assist in career enhancement and ultimately facilitate long-term satisfaction for the job seeker and the employer.

4. Full Inclusion

When job seekers become employees, the goal is to find inclusion both socially and economically.

Canadian Association for Supported Employment Guiding Principles

5. Job Search

Timely and appropriate support is provided to achieve successful employment.

6. Individualized

Negotiate to meet the unique/specific needs of the employer and skills of the job seeker, one person at a time.

7. Natural Supports

Employment supports are as unobtrusive as possible and (may) fade over time by building on community support and social capital.

8. Long-term Support

All stakeholders require long-term support to ensure employment stability is maintained and career enhancement is achieved.

9. Continuous Quality Improvement

Stakeholders are involved in the evaluation of services for the job seeker, and the service provider implements improvements.

Reference for CASE Guiding Principles website:

<http://www.employmentforall.ca/>

Similarities and Differences

Example 1 Unit A. Culture and Diversity

A1: Demonstrates awareness of own cultural values & biases -1 competency and indicators

- A.1.1 Self reflects on and has an awareness of own values and biases with respect to culture and diversity.
- A.1.2 Uses appropriate engagement skills when interacting with individuals, families and communities.
- A.1.3 Able to recognize the limits of own competence in working with culturally diverse populations.
- A.1.4 Has an awareness of how biases manifest themselves and the impact on relationships.

Example 2 Unit B. Professional Skills

B.1 Demonstrates ethical practices - 1 *competency and indicators*

- B.1.1 Demonstrates knowledge of and provides services by adhering to the Psychosocial Rehabilitation /Réadaptation Psychosociale (PSR/RPS) Canada *Code of Ethics*.
- **B.1.2 Recognizes and appropriately responds to ethical issues encountered in practice. *(implicit)**
- **B.1.3 Maintains practitioner boundaries with individuals, families and communities.**

Example 3 Unit C. PSR Practices and Supporting Services

UNIT C. PSYCHOSOCIAL REHABILITATION (PSR) PRACTICES AND SUPPORTING SERVICES *1 competency and indicators*

- C.1.1 Recognizes the population with serious mental illness (including complex cognitive and behavioural challenges) that is served by psychosocial rehabilitation services.
- C.1.2 Demonstrates an understanding of the signs and symptoms of the most prevalent serious mental illnesses.
- C.1.3 Understands the effects of stigma and discrimination.
- C.1.4 Assesses the effects of biological, social and environmental factors in mental health.

Example 4 Unit D. Knowledge of PSR and Recovery Based Services

D. 1 Uses PSR and Recovery Principles and Values to guide practice *1 competency and indicators*

- D.1.1 Demonstrates the ability to form effective authentic relationships.
- D.1.2 Demonstrates an understanding of the central role of hope to the process of recovery.
- D.1.3 Emphasizes the imperative role of the **person driving** the PSR and recovery oriented process.
- Demonstrates knowledge of evidence based and evidence informed practices (including fidelity).

Example 5 Unit E. Relational Skills

E.1 Establishes collaborative relationships with whom they work¹ *competency and indicators*

- E.1.1 Relates to others (the individual, colleagues and stakeholders) and creates a trusting environment which allows for open and honest communication.
- E.1.2 Presents opportunities for a meaningful exchange of information that strengthens understanding of each other and promotes the process of rehabilitation and **recovery oriented services**.
- E.1.3 Demonstrates their belief in the person's abilities, pursuits and who they are.
- E.1.4 Instills and holds hope for in the person by offering encouragement and confirming the person's value and abilities.

Example 6 Unit F. Social Inclusion

F.1 Works with individuals to maximize access to work, education and community life¹ *competency and indicators*

- F.1.1 **Assists individuals to build skills** to maximize their engagement and natural supports in community, life, education and work.
- F.1.2 Works with individuals to overcome personal and environmental barriers to community life.
- F.1.3 Actively supports and encourages individuals to locate, utilize, enhance, or create opportunities in the community that reflect their personal values, interests and aspirations and leads to self-reliance.
- **F.1.4 Collaborates and networks with community partners to facilitate access to valued goods and services in society.**

Summary

Chris and Regina draw on their experiences and summarize some differences and similarities

Summary: Similarities & Differences According to Regina

Similar Competencies include a:

- focus on helping people get and keep jobs asap
- the essentiality of involving people in an individualized process – design services around them – offer choice
- using a strengths based assessment
- Identification of principles

Possible differences in competencies include a:

- Support people to find “competitive jobs” open marked, comparable wages, integrated (SAMHSA, 2009) – SE - only successful outcome
- PSR language- “choose get keep”, “rehab readiness/rehab process” (Farkas & Anthony, 2009)
- Focus on developing self-knowledge, skills and supports and link with recovery
- Perhaps a more fully developed self-directed strength based assessment process (see Psyrehab.ca webinar on strengths based assessment and goal identification)
- Link services to MH and benefits counseling
- Disclosure vs self-directed care

Summary: Similarities & Differences According to Chris

Similar Competencies include:

- Looking at how we can learn from a job seeker to understand their culture, values, needs, preferences and wishes so that we can ensure these are included in the employment services we provide. (A.2.2)
- Looking at a holistic view of an individual with multiple identities taken into consideration as far as how they might impact employment preferences or goals. (A.3.4)
- Emphasizing choice of the individual when developing and working towards goals. (B.2.3)
- Understanding the central role of hope to the process of recovery. (D.1.2)
- Social Inclusion (All of Section F)

Possible differences in competencies include a:

- Understanding of specific issues relating to mental illness and it's impact (C.1)
- Understanding interventions in PSR (C.2)

Comments

- What surprised you?
- What did we miss?

How Competencies Can Positively Influence Practice

Desired outcome might be to reduce stigma re complex needs and employment, to build social capital and enact social justice/equity lenses

- Helping staff consolidate skills and employers to offer education and training support.
- To help clinicians/researchers develop and apply better strengths based assessment tools for self-directed care approaches
- To provide more focus on outcomes thus building the evidence base for effective and economic use of scarce resources

How CASE Guiding Principles Positively Influence Practice

I believe all 9 of the CASE Guiding Principles are very important but three in particular that can really influence practice in a positive way include:

#2. Paid Employment

#5. Job Search

#6. Individualized

Case Study: “Peter” @ Auto Dealership

- “Peter”. Mid 30’s. Bi polar & Depression.
- No work for 12+ years
- Living with parents
- No regular contact with Mental Health supports
- Inconsistent with medications
 - ✓ Through the supported employment program a W.R.A.P. was developed, he was connected with a mental health counsellor, updated his med routine, began scheduled injections.
 - ✓ He liked that the process was individualized (didn’t want anything to do with the clubhouse, or any generic ‘classes’ like resume writing etc.).
 - ✓ He liked that there was a step-by-step process, progressing at his pace.
 - ✓ He liked the situational assessments as a warm-up / practice for work as he really didn’t have a clear direction on what he wanted to do so the assessments helped him pick out things he liked.
- For Peter, ongoing supports were essential as he would go along well for about a month and then he would start to leave early, call in sick, have schedule conflicts, etc. The employment support would do regular check-in’s to review his W.R.A.P. and his work performance and in almost every case if something was off with the W.R.A.P. points his work performance went down.

Case Study: “Peter” @ Auto Dealership

- We learned that certain times of year were more of an issue (Holidays – depression from missing his son whom he does not have custody of).
- We learned that he also seemed to go through some cycles of depression.
- His family was important in helping ensure things like sleep routines and meds and diet were in order.
- He tended to take on extra projects when he was feeling good, but these overwhelmed him when he was not feeling as good. We encouraged him to just put extra projects on hold for 1 year so he could focus on his paid employment.

- **PSR Competencies Unit C**
 - Understanding of signs and symptoms of mental illness
 - Assess bio, social, environmental factors
- **PSR Competencies Unit E**
 - Create trusting environments
 - Belief in the persons’ abilities
 - Instills hope for the person

- **CASE Guiding Principles #6:**
 - Individualized supports
- **CASE Guiding Principle #8.**
 - Long Term Supports

What do you think?

- How might you use this information on competencies?

Access

An example from the US:

- Results indicated that 4.2% of Veterans Health Administration patients with a psychiatric diagnosis received employment services.

(Abraham et al., 2014)

A Vancouver Example 2013/2014

Some stats are available on individuals served in supported education/supported employment/therapeutic work/work experience/volunteering for a client population of 5,550

ACT - Employment and Education Support -13

MHSU - Pre-employment & Education Support - 1,554

MHSU Supported Education - 369

MHSU Supported Employment -1,002

MHSU Therapeutic Volunteer - 985

A Vancouver Community MHSU study (2008) suggests that approx 36% of a sample of individuals receiving services at a Mental Health Team were working or volunteering.

Recommendations

- Facilitate access to supported employment programs for persons with complex needs
- Recommend that service organizations set and meet employment goals for people they serve knowing that everyone may not be interested in this intervention but may will be.
- Celebrate and publish successes.

What we did

- Articulated PSR competencies and indicators with a specific focus on employment
- Articulated the Canadian Association for Supported Employment competencies
- Considered how these competencies are similar and different
- Articulated how these competencies can positively influence practice

Resources

- Anthony, W. A., & Farkas, M. D. (2009). *Primer on the psychiatric rehabilitation process*. Boston: Boston University Center for Psychiatric Rehabilitation.
- Dunn, E. C, Wewiorski, N. J, Rogers, E. S. (2008). The meaning and importance of employment to people in recovery from serious mental illness: Results of a qualitative study. *Psychiatr Rehabil J*. 32(1):59–62. [PMID:18614451]
<http://dx.doi.org/10.2975/32.1.2008.59.62>
- Farkas, M. D., & Anthony, W. A. (2010). Psychiatric rehabilitation a review. *International Review of Psychiatry*, 22(2): 114–129 <http://www.scribd.com/doc/32682545/psychiatric-rehabilitation-interventions-a-review>