

# IPS Supported Employment in SCI: Implementation Guide from the Predictive Model Over Time to Employment (PrOMOTE) Project

October 25, 2016

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*Lisa Ottomanelli, PhD*  
*Virginia (Jennie) Keleher, MSW*  
*Lynn Dirk, MAMC*

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Office of Research and Development*

## IPS Supported Employment in SCI: Implementation Guide from the Predictive Model Over Time to Employment (PrOMOTE) Project

The development of these materials was supported by the Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, Rehabilitation Research and Development Service. Contents of this guide do not represent the views of the Department of Veterans Affairs or the United States Government.

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**Suggested citation:** Ottomanelli L, Keleher V, Dirk L. IPS Supported Employment in SCI: Implementation Guide from the Predictive Model Over Time to Employment (PrOMOTE) Project. 2016 October. Retrieved (INSERT DATE RETRIEVED) from [https://www.cindrr.research.va.gov/CINDRRRESEARCH/investigators\\_staff/lisa\\_ottomanelli.asp](https://www.cindrr.research.va.gov/CINDRRRESEARCH/investigators_staff/lisa_ottomanelli.asp).

**Corresponding author:** Lisa Ottomanelli, PhD, HSR&D Center of Innovation on Disability and Rehabilitation Research (CINDRR), 8900 Grand Oak Circle, Tampa, FL 33637-1022.  
Email: [Lisa.Ottomanelli@va.gov](mailto:Lisa.Ottomanelli@va.gov); phone: (813) 558-3917; fax (813) 558-7616.



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
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### Rehabilitation Research and Development Service

<http://www.rehab.research.va.gov/>

Department of Veterans Affairs (10P9R)  
810 Vermont Avenue, NW  
Washington, DC 20420

## **DEDICATION**

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This Guide is dedicated to all the Veterans who participated in the SCI-VIP and PrOMOTE studies with the hope of realizing greater independence for themselves and with the desire to help broaden services available to future peers.

It is their time, willingness, and, indeed, courage that make our work possible. Ultimately, there would be no *IPS Supported Employment in SCI Implementation Guide*, or justification for it, were it not for this groundbreaking group.

## **ACKNOWLEDGEMENTS**

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The development of this guide was supported by the work of the PrOMOTE Coordinating Center Team at the HSR&D Center of Innovation on Disability and Rehabilitation Research: Lisa Ottomanelli, PhD, and Lance Goetz, MD, co-Principal Investigators; Scott Barnett, PhD; Bridget Cotner, PhD; Leah Drasher-Phillips, MPH; Lynn Dirk, MAMC; Virginia (Jennie) Keleher, MSW; Eni Njoh, MPH; Danielle O'Connor, MA, MPH; Bryce Sutton, PhD; Rich Toscano, MEd; and John Trainor, MS.

We gratefully acknowledge the participation and significant support of our site investigators across the nation who provided leadership and direction at the local level in their respective SCI Centers as well as the site coordinators who assisted them. We wish to thank the Compensated Work Therapy Program Managers who supported this effort.

Also, gratitude, respect, and appreciation go to each VRS who carried out the day-to-day work of this research. You represent openness, determination, persistence, and hope for Veterans with SCI who wish to work.

We thank all of the Veterans who voluntarily participated in this research and who gave consent to share their stories and photos in the hopes of improving services and increasing possibilities for future Veterans who wish to work.

Finally, most sincere thanks and special regard to Charles McGeough, without whose vision this research may not have come into being, without whose wisdom it would not be as strong, and without whose humor it certainly would not have been as fun.

## PROMOTE SITES

### ***Boston***

Boston VA Health Care System  
West Roxbury Division  
Spinal Cord Injury Unit, Bldg 2, 2<sup>nd</sup> Floor  
1400 VFW Parkway  
West Roxbury, MA 02132  
Phone 800-865-3384 Ext. 35128

### ***Cleveland\****

Louis Stokes Cleveland VA Medical  
Center  
Wade Park Campus  
Spinal Cord Injury Center  
10701 East Boulevard  
Cleveland, OH 44106  
Phone 216-791-3800 Ext. 4249

### ***Dallas\****

VA North Texas Health Care System  
Spinal Cord Injury Center  
Building 74, Room 1A-142  
4500 S. Lancaster Rd.  
Dallas, TX 75216  
Phone 214-857-1757

### ***Houston\****

Michael E. DeBakey VA Medical Center  
Spinal Cord Injury Unit, NU1A and  
NU1B  
2002 Holcombe Blvd.  
Houston, TX 77030  
Phone 713-794-7128 or 713-794-7057

### ***Palo Alto***

VA Palo Alto Health Care System  
Palo Alto Division  
Spinal Cord Injury and Disorders Center  
3801 Miranda Avenue  
Palo Alto, CA 94304  
Phone 650-493-5000 Ext. 11-65871

### ***Richmond***

Hunter Holmes McGuire VA Medical Center  
Spinal Cord Injury Unit  
First Floor, Room 1V  
1201 Broad Rock Blvd.  
Richmond, VA 23249  
Phone 804-675-5000 Ext. 5128

### ***Tampa***

James A. Haley Veterans' Hospital  
Michael Bilirakis DVA SCI Center  
13000 Bruce B. Downs Blvd.  
Tampa, FL 33612  
Phone 813-972-2000 Ext. 7517

### ***Coordinating Center***

HSR&D Center of Innovation on  
Disability and Rehabilitation Research  
8900 Grand Oak Circle  
Tampa, FL 33637-1022  
Lisa.Ottomanelli-Slone@va.gov

\*Also served as site for SCI-VIP.

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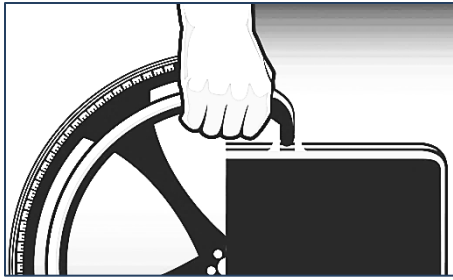


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## **LIST OF ABBREVIATIONS**

ASIA	American Spinal Injury Association
CWIC	Community Work Incentives Coordinators
CWT	Compensated Work Therapy Program
EBSE	Evidence-based supported employment
HUD/VASH	US Department of Housing and Urban Development / Veterans Affairs Supportive Housing
IDT	interdisciplinary team
IPS	Individual placement and support
NEPEC	Northeast Program Evaluation Center
NSO	National Service Officers
OT	occupational therapy
PM&RS	Physical Medicine and Rehabilitation Services
PrOMOTE	SCI-VIP: Predictive Outcome Model over Time for Employment
PTSD	Post-traumatic stress disorder
PVA	Paralyzed Veterans of America
RTW	Return to work
SAMHSA	Substance Abuse and Mental Health Services Administration
SCI	Spinal cord injury
SCI-VIP	Spinal Cord Injury-Vocational Integration Program
SE	Supported employment
TBI	traumatic brain injury
TSES	Therapeutic Supported Employment Services
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VAP	Vocational Assessment Profile
VBA	Veteran Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VR&E	Veterans Rehabilitation & Employment Services
VRS	Vocational rehabilitation specialist



# CHAPTER 1—FOUNDATIONS

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## Introduction

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From 2005-2015 the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Rehabilitation, Research and Development Service invested in two multi-center service directed projects to implement and test effective methods of helping Veterans with spinal cord injury (SCI) return to work: the Spinal Cord Injury Vocational Integration Program (SCI-VIP) and the Predictive Model Over Time to Employment (PrOMOTE).<sup>1-18</sup> This program of research demonstrated that Individual Placement and Support Supported Employment (IPS SE), also known as evidence-based supported employment, improves employment outcomes and quality of life among Veterans with SCI. To date, IPS SE shows the strongest evidence for effectiveness as a vocational intervention in SCI.

The intervention used in the research studies was the Individual Placement and Support (IPS) approach to supported employment (SE).<sup>19,20</sup> Developed and tested in the mental health field, IPS is a well-defined standardized approach to helping persons with disabilities find competitive employment in their communities based on consumer-driven preferences. Supported employment is a direct service with multiple components, including rapid job search, integration of rehabilitation services, job development, benefits counseling, and follow along supports to sustain employment.<sup>21</sup> Unlike more traditional models, where there is an emphasis on pre-vocational activities or work readiness and vocational care is delivered by ad hoc referrals to vocational rehabilitation (VR) agencies, the IPS SE model follows a “zero exclusion” principle, meaning that individuals are not excluded based on severity of disability and care is delivered using an integrated team-based model.

This guide is based on the experiences of project staff responsible for implementing IPS SE at participating SCI Centers as part of the SCI-VIP and PrOMOTE. As such, this Guide contains a compilation of the knowledge, adaptations, resources, and tools developed and used by researchers and practitioners in the VA over the course of implementation of IPS SE within VHA SCI care. The guide was written and developed by Jennie Keleher, MSW, Lynn Dirk, MAMC, and Lisa Ottomanelli, PhD, with input from Lance Goetz, MD, Bridget Cotner, PhD, Rich Toscano, MEd, Shaun Smith, MA, and Karen West, MS.

## About the Guide

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The purpose of the guide is to:

- Provide guidance on establishing IPS SE as a part of overall rehabilitation services offered to Veterans with SCI.
- Assist existing programs in strengthening IPS SE services for Veterans with SCI.

Potential users of this guide in VHA include:

- Vocational rehabilitation specialists (VRSs).
- Managers of local Compensated Work Therapy Supported Employment (CWT/SE) Programs.\*
- Chiefs and clinical staff of Spinal Cord Injury/Disorders Services (SCI/D)

Users of the Guide will find:

- Practical, experience-based information for translating research into practice to establish and continuously improve an IPS SE program in SCI.
- Tools to streamline implementation.
- Veteran stories of successful employment outcomes

Tips for using this guide:

- The Guide is organized chronologically in terms of recommended steps for start-up, development, and maintenance of an IPS SE program; the process, however, is seldom linear or formulaic. Readers are advised to keep in mind that effective implementation of IPS SE depends on active collaboration between healthcare teams and services, in this case, the local Spinal Cord Injury Service and the Compensated Work Therapy Program with national guidance from the respective program offices of Spinal Cord Injury and Disorders Service (SCI/D) and Therapeutic and Supported Employment Service (TSES). This guide is intended to equip and supplement, not replace, that collaborative process. For national guidance on IPS in VA, including policy and procedures, and for additional helpful resources, readers are encouraged to visit the TSES Program Guide SharePoint Site at <https://vaww.portal.va.gov/sites/OMHS/TSES/default.aspx> and the TSES group at VA Pulse.
- Resources are referenced throughout the Guide and are flagged [📖] to let readers know to consult the Appendix to access the material.
- Readers should note that this guide will no doubt be informed by future research and experience using the model in the field, including your own.

## Overview of IPS Supported Employment

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The model of IPS SE was developed by Dartmouth researchers Deborah Becker and Robert Drake,<sup>22</sup> after they examined what was being done in the field of developmental disabilities to help people go to work. Becker and Drake adapted and expanded on that work for persons with psychiatric disorders. Some of the key adaptations included basing individuals' eligibility for services on their expressed desire to work and foregoing pre-vocational assessments and evaluations in favor of prioritizing the search for a job at the point when a person enters the program.

In creating the IPS SE model, emphasis was placed on interaction and collaboration between vocational service and clinical treatment providers, which recognized the importance of shared decision making and cross-disciplinary understanding to successful employment plans and placement.<sup>22,23</sup> Over time, a set of core practice principles emerged that underpin successful implementation of IPS SE (Table 1.1) [1] †.

**TABLE 1.1. Individual Placement and Support Supported Employment (IPS SE) for Veterans with Spinal Cord Injury (SCI): Core Principles**

<b>Principle</b>	<b>Description</b>
<b><i>Zero Exclusion</i></b>	Any Veteran who wants to participate in IPS SE is eligible, regardless of status or severity of disability.
<b><i>Integrated Care</i></b>	The vocational rehabilitation specialist is a functioning, embedded member of the Veteran's clinical treatment team and: <ul style="list-style-type: none"> <li>• Engages clinical colleagues in vocationally-focused discussions.</li> <li>• Includes treatment recommendations and guidance in vocational plans.</li> </ul>
<b><i>Preferences Are Honored</i></b>	At each step of vocational assistance, the preferences of the Veteran guide the process, including preferences for type of job and duties, types of support provided, and disclosures.
<b><i>Rapid Job Search</i></b>	The job search is initiated soon after a Veteran enrolls in IPS SE, without requirement for any pre-vocational testing, evaluation, or activity.
<b><i>Competitive Employment</i></b>	Jobs that are targeted are those available to any person, with or without a disability, and that pay minimum wage or above, consistent with qualifications for the position.
<b><i>Benefits Counseling</i></b>	A Veteran who receives entitlements needs personalized planning when considering employment and as circumstances change during IPS SE participation, which enables confident, informed decisions about work hours and rate of pay.
<b><i>Community-Based Services</i></b>	Services are primarily delivered in the community to yield a richer and more accurate picture of the Veteran being served and to discover opportunities for the best employment match.
<b><i>Follow-Along Supports</i></b>	Once a Veteran is hired, supports continue on a time-unlimited basis and are individualized, which, for Veterans with SCI, often entails mediating with the health care team on the interplay between the Veteran's health and work factors such as environment, duties, and hours.

To date, substantial evidence establishes IPS SE as a best practice for vocational rehabilitation for those with severe mental illnesses.<sup>24</sup> IPS SE is the most clearly defined and best described employment model in the field. An aspect of IPS SE that has strengthened its implementation is a validated fidelity scale used to monitor program adherence to model principles.<sup>25</sup> Notably, IPS

SE has helped two-thirds of all participants achieve competitive employment, well above the 15% rate of employment typical for the public mental health population.<sup>26</sup>

The initial use of IPS SE in VA occurred in 2004 when IPS SE was rolled out nationwide as a best practice in Compensated Work Therapy (CWT) for Veterans with mental health disorders.<sup>27</sup> At that time, “mentor-trainers” were appointed to each Veterans Integrated Service Network (VISN) to guide and train vocational staff in implementing IPS SE. Fidelity monitors visited each site twice a year to review program effectiveness. As the employment rate for Veterans with mental illness increased, others began considering whether IPS SE might be effective for populations with different kinds of disabilities.

In 2005, Dr. Lisa Ottomanelli and her research team launched the Spinal Cord Injury-Vocational Integration Program (SCI-VIP) to study the application of IPS SE in VA SCI care.<sup>1</sup> This marked the first time IPS SE was evaluated for application among persons with a primary physical disability. In this randomized controlled trial, outcomes were compared between IPS SE and usual vocational care, such as referral to outside vocational services.<sup>4</sup> In keeping with the IPS SE principle of **Zero Exclusion**, Veterans who had complete or incomplete injuries at all spinal cord levels were enrolled and typically had one or more comorbidities, including mental illness, substance abuse problems, post-traumatic stress disorder (PTSD), or traumatic brain injury (TBI).

The results showed IPS SE was more effective than usual care: Veterans who received IPS SE were 2.5 times more likely to obtain competitive employment.<sup>7</sup> Following SCI-VIP, Dr. Ottomanelli received additional funding for a longitudinal multisite study, the Predictive Outcome Model Over Time for Employment (PrOMOTE). All participating sites provided 24 months of IPS SE to enrolled Veterans. Again, the sample included Veterans with all levels of injury and function, most also having one or more comorbidities. PrOMOTE’s overall competitive employment rate reached 43.2%.<sup>28</sup>

## CHAPTER SUMMARY

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- ✓ Individual Placement and Support Supported Employment (IPS SE) is an evidence-based practice that emphasizes interdisciplinary collaboration in assisting persons with disabilities to find and keep competitive employment in jobs they choose.
- ✓ VA research has shown that Veterans with SCI are significantly more likely to gain competitive employment if they participate in an IPS SE program than if they receive traditional vocational services.
- ✓ The Guide and accompanying tools will enable translation into clinical practice of research findings on IPS SE in SCI.
- ✓ Primary users of the Implementation Guide who are in a position to establish and strengthen IPS SE in SCI are:
  - Vocational rehabilitation specialists (VRS)
  - Managers of local Compensated Work Therapy Supported Employment (CWT/SE) Programs
  - Chiefs and clinical staff of Spinal Cord Injury Services

## CHAPTER NOTES

\*At the time of this writing, IPS SE services are offered by Compensated Work Therapy (CWT) and are typically aligned under Mental Health Services; however, local organizational alignment may vary. National guidance for CWT services, including SE programs, is provided by Therapeutic and Supported Employment Services (TSES) under the VACO Office of Mental Health Operations (OMHO). Throughout this guide, we refer to the local service as “CWT/SE.”

† At the time of this writing, those researching and refining the model of IPS SE consider the concept of community-based services not as a separate principle, but as implied in the successful implementation of the approach. At the same time, evidence from the field supports a specific, strategic approach to job development. “Systematic job development,” which speaks to the importance of developing relationships with employers in the process of finding jobs, is now a key principle of the IPS SE model.<sup>29</sup> The strategies of systematic job development provided the foundation for training and guidance of VRSs during the ProMOTe study.



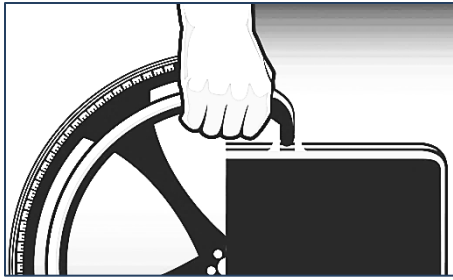
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## CHAPTER 2 – THE ROLE OF LEADERSHIP

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## IPS SE IN SCI – RUSSELL IN HOUSTON

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### In the Veteran's Own Words:

- *I like being around people and helping people. I would like a job in customer service.*
- *I don't want to use drugs anymore. My job makes me want to make better choices for myself.*



In 2006, Russell, a 55-year-old Veteran who had served in the Navy from 1977 to 1981, experienced a postoperative spinal hematoma, resulting in a C5 ASIA C spinal cord injury. Although retaining some ability to stand and walk, he required a cane for short distances, and a scooter for longer distances. At the time, of his injury, Russell was divorced and sharing a home with his mother. After his SCI, he spent most of his time watching TV. He struggled with substance abuse, which had disqualified him from participation in both the VA's Incentive Therapy Program and Winter Sports Clinic. Positive drug screens had also disqualified him from CWT services. Russell was not inclined to attend or adhere to outpatient substance abuse treatment.

By 2012, Russell began talking about wanting to return to work. He also wanted to move into his own place and obtain his own transportation. However, his addiction was interfering with all of these goals. In July of that year, his psychologist, aware that Russell could be served through IPS SE regardless of his substance abuse history, encouraged him to talk to the PROMOTE VRS. Two weeks later, he was enrolled.

Russell's employment goal was a customer service position, and the job search started immediately. Over the next few months, he had several job interviews, and, in spite of a relapse from sobriety during the winter holidays, Russell continued actively participating in his job search: He met with his VRS and other providers at the VA, and he consistently expressed motivation to pursue his goals. Additionally, for Russell, being assisted in returning to work despite his continuing struggle with substance abuse seemed to be a spark that enabled him to

then address other difficult areas of his life. Within a month of beginning his job search, he had independently engaged with the outpatient substance abuse treatment program available to him and reached out to a social worker for help finding independent housing. In the meantime, his VRS persisted with employer contacts. The interdisciplinary team met to focus interventions at this time on helping Russell focus on sobriety. Also, the team collectively shaped a proposal of work tasks and hours for the VRS to present to the right employer.

In late January 2013, the VRS found the right employer—a community thrift store—and began negotiating for a competitive position sorting donations to be sold in the store. On February 1, Russell began working as a Sorter part time (up to 30 hours per week). He was trained by coworkers, and the VRS negotiated space-related accommodations for his scooter. He was immediately comfortable interacting with coworkers and supervisors and enjoyed the work.

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## CRITICAL ROLE OF LEADERSHIP SUPPORT

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A main lesson during the implementation of SCI-VIP and PrOMOTE was the importance of leadership to success of the program. In PrOMOTE, leadership consisted of SCI Service Chiefs, CWT/SE managers, and VAMC directors and leadership. SCI and CWT/SE Services jointly provided supervision and support for VRS staff. In most instances, the VRS had office space in the SCI Center and was a member of the SCI interdisciplinary treatment team, and CWT provided administrative supervision and vocational expertise support. The SCI Chief and/or a designated *Clinical Champion* and the CWT/SE Program Manager provided leadership for the IPS SE in SCI program. It is recommended that those providing leadership collaborate regularly.

The critical leadership characteristics of being present, participatory, and effective cannot be overstated. Leadership is a key aspect of IPS SE implementation in community mental health programs as well.<sup>1,2</sup> Indeed, the importance of strong leadership has been so proven by research in the mental health field that the IPS SE fidelity scale was modified to add standards on leadership.

The current version of the fidelity scale, known as the Supported Employment Fidelity Scale [☐ 2.1], includes two distinct standards on leadership. One standard measures “agency focus on supported employment,” that is, promotion of competitive work through means such as asking questions about employment during an individual’s program intake, highlighting employment in public postings, encouraging participants to talk about their work experiences with others, and sharing employment outcomes throughout the organization. The second standard on leadership evaluates executive-level assistance and support for IPS SE implementation and sustainment.<sup>3</sup> In SCI-VIP and PrOMOTE, fidelity monitors used the original IPS fidelity scale but adapted it for VA [☐ 2.2]. This scale did not include specific items on leadership support; sites were, however, consistently given guidance about this critical piece. Playing a key role in working with SCI Center leadership, fidelity monitors would meet with leadership at the close of each fidelity visit, educate them on IPS model principles, share stories about working Veterans, and raise awareness about the implications of expanding rehabilitation services by integrating IPS SE.

## ENGAGING LEADERSHIP

The impetus to develop a program of IPS SE in SCI may start with staff at any level. This section presents strategies for advocating for IPS SE services in SCI with stakeholders. We found that, in the face of competing demands for resources and time, certain information was more likely to resonate with and be helpful to specific stakeholders (Table 2.1).

<b>TABLE 2.1. Examples of Information for Leadership Considering a Program of Individual Placement and Support Supported Employment (IPS SE) in Rehabilitation for Spinal Cord Injury (SCI)</b>	
<b>Stakeholder</b>	<b>Relevant Data or Resources</b>
SCI Services	<ul style="list-style-type: none"> <li>• Local needs assessment data about Veterans with SCI who want to return to work.</li> <li>• Information on outcomes from other VA facilities that have existing programs of IPS SE in SCI (See Acknowledgements) which can provide data on start-up experiences.</li> <li>• Proposal for an IPS SE in SCI program that has specific, realistic adaptations appropriate to the site.</li> <li>• Articles that address the health benefits seen in persons, including Veterans, with SCI who pursue and gain employment, such as references cited in the Guide.</li> <li>• Testimonials and stories found throughout the Guide and on the web about Veterans with SCI who have returned to work.<sup>4-6</sup></li> </ul>
Compensated Work Therapy Supported Employment Program	<ul style="list-style-type: none"> <li>• Caseloads of all VRS staff in light of number of SCI Veterans wanting to work to determine if more Veterans can be served.</li> <li>• Information on training on IPS SE in SCI as appropriate with resources found in this Guide.</li> <li>• Connections with CWT/SE at other facilities with existing programs of SE in SCI (See Acknowledgements) to learn about start-up experiences.</li> <li>• Input and support of a liaison with the national TSES administrator(s).</li> </ul>
VA Hospital Facility Director and Leadership	<ul style="list-style-type: none"> <li>• Meetings with vocational and clinical representatives to document support from those offices/programs.</li> <li>• Proposal with specific, realistic programmatic changes to initiate a program of IPS SE in SCI.</li> <li>• Testimonials and stories found throughout the Guide and on the web about Veterans with SCI who have returned to work.<sup>4-6</sup></li> <li>• Research articles on the rehabilitative benefits of employment to those with SCI.<sup>7,8</sup></li> </ul>

Strong IPS SE programs have advocacy for employment of Veterans with SCI from the top down. Each level provides a clear message about the value of work for Veterans with SCI who seek employment and about employment as an integral part of a Veteran's treatment. Leadership can communicate that message through actions such as:

- Hosting trainings
- Establishing a steering committee
- Posting signs in the facility that address employment of Veterans with SCI or that highlight examples of successful employment
- Collaborating with VA Human Resources around the hiring of Veterans with SCI.

The more often that direct care staff hear from leadership about the inclusion of employment services for Veterans with SCI, the more likely a “culture of employment” will develop.

## PREPARING TO ESTABLISH VOCATIONAL SERVICES WITHIN SCI

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At some SCI-VIP and PrOMOTE sites, we had all necessary staff hired well before the first Veteran entered the IPS SE program. We used that early time to address start-up needs that any program faces, and having that time before providing IPS SE services made the process easier. If possible—before beginning to enroll Veterans or even before a VRS is brought on—it is recommended that certain logistics be considered. Since these activities require navigating systems and policies to be successful, the best candidates to initiate or assure that these preparations are completed are the SCI Chief and CWT/SE Program Manager [■ 2.3].

## PREPARATIONS FOR THE VRS

- **Office space on the SCI unit.** Co-location of the VRS with the clinical team is critical to the success of integrated care. Whether the space will be fully dedicated to the VRS is a question of resources, however, provision for private space is required for situations such as the VRS interviewing a Veteran to discuss vocational goals and related health concerns.
- **A VA laptop and cell phone.** Due to the VRS being required to spend the majority of time in the community, a laptop with air card and a cell phone are essential. For example, the VRS may need a computer to help a Veteran complete an application for a job or to quickly document pertinent details about a contact. Having a laptop improves efficiency. A phone is critical for VRS safety in the community as well as for timely contact with employers and Veterans alike. Early submission of work orders for these devices will help mitigate delays in providing IPS SE services to Veterans.
- **Access to a vehicle.** For the best vehicle arrangement, some sites may find that significant intervention is needed by the SCI Chief or CWT/SE Program Manager. We have learned that it is not practicable for the VRS to rely on a VA motor pool vehicle. For example, during PrOMOTE, when a motor pool vehicle was used, the unpredictability of scheduling for IPS SE activities led many times to a VRS not being able to carry out plans. Initially, however, access

to the motor pool is a good interim plan until a permanent transportation solution is found. Options we have explored and used include CWT/SE providing a dedicated vehicle to the VRS, the VRS sharing transportation with Home Care staff, and, in one case, the SCI Chief making a special request of the motor pool for a dedicated SCI vehicle assigned to the VRS. If IPS SE is being conducted appropriately, the VRS will definitely accrue the necessary monthly mileage that is required for the service to retain it. Again, an early request can mitigate delays in IPS SE service delivery.

*Vehicles used to transport Veterans.* While some Veterans with SCI can access and ride in sedans, others require lift- or ramp-equipped vehicles with the option of having their wheelchairs secured inside the vehicle. In such cases, our VRSs approached the Recreation Therapy Service, which has modified vans for use by staff to transport Veterans. The VRSs requested and received the necessary training to operate these vehicles and to assist Veterans with safely entering, riding in, and exiting the vehicle. Subsequently, VRSs were permitted to sign out vans when needed to transport a Veteran for employment purposes.

## PREPARATIONS FOR THE COMPUTERIZED PATIENT RECORD SYSTEM

- ***Establish a vocational services template in the Computerized Patient Record System (CPRS) [▮ 2.4].*** This requires the time and involvement of several different people or services, so, again, starting early on the process is ideal. A progress note template was developed for use during SCI-VIP and was expanded during PrOMOTE to better operationalize vocational services including IPS SE and to facilitate accurate documentation and collection of data on the amount and type of services provided. In Appendix 2.4, an abbreviated example of this template with selected IPS SE-related services is provided. At your site, there may be existing clinical documentation standards that may work as well or better.
- ***Establish a consult request template [▮ 2.5].*** Sites may differ in how they wish to establish or modify existing consult processes to allow for referrals into the IPS SE program. For the research studies, we had a specific template to help track all referral activity. Where IPS SE has become a permanent part of care in SCI, some sites elected to continue the use of the study consult template. Again this is available as an option if sites choose to use it.

## EDUCATING SCI STAFF ABOUT IPS SE AND THE CONCEPT OF INTEGRATED CARE

It is never too early to begin providing formal and informal education on the contribution of employment to restoring independence to Veterans with SCI and helping clinical staff to recognize points at which health care and vocational rehabilitation intersect. We have found that the concept of including IPS SE in SCI care can be met with skepticism and doubt, and shifting attitudes requires ongoing dialogue. We suggest that leadership introduce the IPS model and its concepts of zero exclusion and integrated care with a clear vision of how including a vocational component in treatment can enhance the lives of Veterans with SCI. Being open to questions



and concerns about program philosophy and eligibility as well as logistics will encourage discussion. Significant attention will be given to the topic of integration in Chapter 4. To facilitate initial educational efforts and productive discussion with clinical staff, several educational tools used during PrOMOTE are available [☞ 2.6.1 and 2.6.2].

## CLINICAL CHAMPIONS

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During SCI-VIP, we learned the value of Clinical Champions to developing strong programs of IPS SE in SCI. The role of a Clinical Champion is to educate and encourage peers to participate in integration of IPS SE into SCI care, to help other clinicians see the value of employment as part of a Veteran's rehabilitation, and to facilitate collaboration between the VRS and the clinical team.

It is likely that staff who would be competent and appropriate Clinical Champions will emerge naturally at your site and can be approached about playing such a role. They are those who immediately show interest in IPS SE, who understand and readily embrace IPS principles, and who envision what Veterans can accomplish post-SCI. Clinical Champions also tend to be easy to get along with, are respected and considered credible by their peers, and are comfortable with leadership duties. SCI Centers may want to reach out to other SCI Centers with similar characteristics for more detailed information about program building (see Acknowledgements).

## TIMELINE FOR IMPLEMENTATION

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Although there is no fixed, predictable timeline for implementation of IPS SE in SCI, our experience has provided insight into what can generally be expected from the point of establishing program building blocks to the point of the team demonstrating functional collaboration and seeing employment outcomes (Table 2.2). This information should be considered a guide, not an absolute, for each program. Variables include whether the VRS is already part of CWT/SE and is familiar with helping Veterans obtain employment, whether the VRS comes to the position with IPS SE experience, the receptivity of clinical staff to integrating IPS SE into clinical care, and again, the ability of key leaders to generate support for and commitment to implement IPS SE. The success of IPS SE in SCI is largely a matter of persistence. As with any new program, success does not occur overnight, and, in this case, there is extra complexity since two separate services are involved (SCI and CWT/SE).

**TABLE 2.2. Estimated Timeline for Implementing Individual Placement and Support Supported Employment (IPS SE) for Veterans with Spinal Cord Injury (SCI)**

<b>Duration or Timing</b>	<b>Phase of Program Development and Implementation</b>
3 months	Building blocks in place
2-6 months	Hiring a vocational rehabilitation specialist (VRS); this will be faster if the VRS is part of Compensated Work Therapy Supported Employment
1 month	Initial training of VRS prior to working with Veterans (faster depending on VRS experience)
Following VRS initial training	Program consults/enrollment begins
1-3 months after first enrollment	Job development begins in earnest/jobs obtained
6-12 months	VRS develops confidence and competence in position
6-12 months	SCI team demonstrates functional collaboration that indicates integration of IPS SE into SCI care

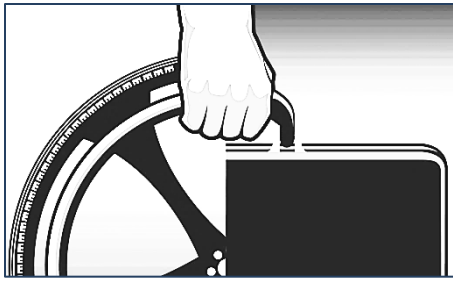
## CHAPTER SUMMARY

- ✓ Strong and committed leadership to IPS SE for Veterans with SCI is essential to success.
- ✓ Support must come from the top down and must start with the VA hospital/facility director, the SCI/D executive, and the CWT SE Program Manager.
- ✓ Preparations include providing space and equipment for a VRS and possibly including an IPS SE services template and/or consult in CPRS.
- ✓ A Clinical Champion (or more than one) may be recruited to facilitate program development and growth and contribute positively to the efforts of the SCI/D executive.
- ✓ Full implementation of the program can take up to 1 year.

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## CHAPTER 3 – THE IPS SE VOCATIONAL REHABILITATION SPECIALIST

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## IPS SE in SCI: Anthony in Cleveland

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### In the Veteran's Own Words:

- *I enjoy being around people, and helping them adds to the enjoyment. I wanted to get out and not stay home all day. [Speaking] with everyone during the [IPS SE] process helped [me] recognize my capabilities.*
- *This job allows me to get out and meet with people. . . . Working helps my mood. I wish I could work all the time.*

In 1985, Anthony, a 52-yr-old Army Veteran who was living with his girlfriend and young son, sustained an SCI during a motor vehicle accident. He spent the next 23 years out of work and undergoing rehabilitation. During this time, he also focused on his family, which, by 2008, included caring for his mother, who had cancer.

In March 2008, Anthony enrolled in SCI-VIP. He told his VRS he wanted to work around people, preferably in one of his favorite settings: a sports environment. His VRS, prioritizing Anthony's preference, secured a meeting with the General Manager (GM) of the local minor-league baseball team, during which the GM also gave him a tour of the facility. During their meeting, the VRS told the GM about Anthony's talents and interests. The GM, who himself was a Veteran, wanted to meet Anthony and, even before meeting him, said, "This is going to be a good match." Indeed, at the end of Anthony's interview, the GM immediately offered him a position as an usher. Anthony's duties would include showing patrons to their seats and managing the crowds. Anthony told his VRS, "You know, this is my first job since I was in the Army and I'm not nervous. I'm looking forward to it."

Anthony was especially excited about the job offer because he believed having a job would help make his son proud of him. Anthony even borrowed a video camera from a neighbor just so he could record the expression on his son's face when he heard the good news. The GM encouraged Anthony to bring his son to the games and to consider a season pass at a discounted rate.

Since starting in 2008, Anthony has worked every baseball season at the stadium. In July 2010, his son became a bat boy at the ballpark, which further increased Anthony's love of the job. When he later expressed a desire to the VRS for additional work, Anthony made it clear that the additional employment would have to be during the off-season, so as not to interfere with his stadium job.

## IPS SE in SCI: Rance in Boston

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### In the Veteran's Own Words:

*Being in the PrOMOTE program has changed my life. I love getting up in the mornings and I look forward to going to work.*



Rance, a 56-year-old Navy Veteran, developed cervical stenosis that resulted in an SCI. Following his injury, Rance focused on recovery from substance use and began learning skills to manage anger. He spent much of his time walking neighbors' dogs, something he really loved. He charged for this service, but the pay was limited and "under the table."

In October 2012, Rance decided to enroll in PrOMOTE with the aspiration of establishing a pet-sitting business. His VRS began meeting with Rance in his home to learn about him what his interests were – he even accompanied Rance on dog walks, not only to get a first-hand understanding of what Rance enjoyed about the work, but also to observe him interacting with his neighbors and to learn about his balance and stamina because, due to his SCI, Rance has to be very careful when walking to be aware of terrain changes and distances.

Rance initially agreed with his VRS that working for an existing dog care business would help him develop knowledge and skills in owning a business, so he enrolled in a Veterans' Small Business Development Class. While Vance was learning about writing a business plan and other critical pieces of starting a business, his VRS was conducting job development with pet businesses in Rance's community, which led his introducing Rance to a few potential employers.

As time progressed, Rance firmly decided he did not wish to work for someone else's business. He preferred to focus on developing his own plans, but he also realized this still left him with spare time. In thinking about what other tasks he enjoyed that did not cause stress, he decided on washing dishes. He determined that, if he could secure this type of work, he could remain busy, earn some money, and continue to work towards establishing his own pet-sitting business.

The VRS knew from spending time with Rance in his home and community that approaching businesses and restaurants in Rance’s immediate area was a priority because Rance did not have a car and his stamina and ability to manage safely during inclement weather were limited. The VRS approached a nearby Moose Lodge, a nursing home, restaurants and an assisted living facility, where the Food Services Manager needed part-time kitchen help. The VRS introduced the manager to Rance, and together they worked out a schedule and duties that were right for both parties.

On April 7, 2014, Rance began work as a part-time kitchen worker for \$15 per hour. He immediately related well to his supervisor and co-workers. His initial primary duty was dishwashing, but he has since moved into organizing and maintaining the kitchen itself. He displayed positive results from his anger management work when a conflict developed with a co-worker. His manager has been taking Rance to visit representatives of new food contractors in the community, and he is currently on the path to becoming a sous chef.

In January of 2015, Rance qualified for and moved into a new apartment even closer to his job, and a friend gave him a car. Rance’s ultimate professional goal now has transformed from operating his own pet-sitting business to being a head chef, which he is well on his way to achieving.

## Identifying the Right VRS

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Identifying the “right” VRS may be challenging, but it is critical to program success. While the entire team is ultimately responsible for employment outcomes and the sustainment of those outcomes, the VRS is tasked with balancing the clinical piece while navigating the job market and negotiating with employers for jobs that truly match the individual Veterans. Researchers have examined this issue to determine what characteristics rise to the surface in programs where outcomes are strong.<sup>1-3</sup> There is some general agreement in the literature that persons with existing clinical skills and knowledge of IPS SE tend to have greater success than those who do not. One study developed an assessment of provider knowledge of the IPS model that may be useful.<sup>4</sup> Additionally, it is generally held that those with strong interpersonal skills, and those who readily embrace the principles of the IPS model typically perform better than those who do not. We have found the same to be true in our studies, and offer here some additional meaningful characteristics to look for when seeking the “right” VRS for your program. This list is credited to Rich Toscano, Fidelity Monitor for the SCI-VIP and PrOMOTE programs, and, while it is not intended to set absolute criteria for a VRS, it is based on years of experience providing and training others to provide effective supported employment services.

## CHARACTERISTICS OF AN EFFECTIVE IPS SE VOCATIONAL REHABILITATION SPECIALIST [📄 3.1]

These characteristics or guidelines are indicators, not requirements or assurances. The work of job placement and career development for persons with disabilities who want to return to work is

not yet fully integrated into standard medical rehabilitation. It is hard work that requires perseverance and a belief system of hopefulness. The recruitment and hiring process must look beyond basic credentials, experience, and/or exposure to the population.

- **Positive Attitude/High Expectations** – The ideal VRS acknowledges, accepts, and values the role of being primarily responsible for outcomes. The ideal candidate demonstrates confidence in his/her skills of negotiation and persuasion. The candidate is just as comfortable talking with employers and colleagues as he/she is with persons served. The VRS thinks all persons on his/her caseload are employable and expects a job match to occur. Those who assertively pursue connecting persons to jobs have higher IPS SE outcomes. Obstacles become challenges to work on cooperatively with clinical staff, not excuses for limited outcomes.
- **Orientation to Marketing** – The ideal VRS is comfortable with “closing the deal.” This is not necessarily marketing in the “Madison Avenue” style of sales, but rather an ability to think on one’s feet and not be intimidated by hesitancy and rejection from employers.
- **Abstract Thinking and Analytical Skills** – The ideal VRS can see the gray between the black and white. The VRS gets to know the person, what skills and experiences they have had and what their expressed career goals are, and then formulates a strategy that merges skills, experiences and desires. Applying this kind of analysis/thinking helps a Veteran attain a job that also motivates the Veteran to stay in the job. Retention and motivation are critical features of a well-designed career plan.
- **Lifestyle/Cultural Fidelity** – The ideal VRS can relate to the life experiences of the service recipient. Look for demonstration of cultural competency based on past experiences, both personal and professional.
- **Personal Investment** – The ideal VRS should possess the skills, interest and ability to involve other paid and non-paid supports in the career planning and development process. These skills are most commonly associated with community organization techniques. The ideal candidate tends to have been involved in personal interests related to life experiences where community organizing skills were used effectively, for example, advocating for a friend or loved one who is ill or disabled or volunteering for a fundraiser.



## Options for Bringing on a VRS in SCI

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### TAPPING EXISTING RESOURCES

When it comes to bringing on a VRS to provide IPS SE to Veterans with SCI, there are several options within VA. The first, and perhaps the most expedient, is to consider IPS SE staff currently in the CWT/SE program. Most CWT/SE programs have VRSs trained in the IPS model. In general, a minimum of 75% of these providers' caseloads are dedicated to serving Veterans with severe mental illness. The remaining 25% may be comprised of Veterans experiencing different types of primary disabilities, including SCI. Depending on caseload size and capacity, it may be feasible for a current VRS in CWT/SE to accept referrals from SCI and to begin providing IPS SE services as part of his/her regular duties. If the SCI Center at your facility is considering adding a part-time VRS to provide IPS SE services, this may be a viable option. At one of the larger SCI Centers in the PrOMOTE study, based on the demand for services coupled with leadership support and high fidelity to implementation of IPS SE in SCI, the CWT/SE program manager dedicated a full time VRS to provide IPS SE in SCI.

### HIRING A VRS

Full-time hiring may be initiated by CWT/SE or SCI. In two of the PrOMOTE sites, at the end of study funding, CWT/SE administrators agreed to dedicate a full time FTE to SCI. At two other PrOMOTE sites, SCI Chiefs pursued and received approval to create full-time VRS positions for the SCI Center. These positions were justified by citing improved employment outcomes demonstrated during the study, and may serve as precedent cases for other sites desiring to do the same as Veterans with SCI begin to obtain jobs. Another site created a fee-for-service arrangement to hire a VRS for SCI and planned to pursue a full time VA FTE in the future.

For more information, PrOMOTE site contact information can be found in the Acknowledgement section of this guide. In hiring for the research study, we used a nationally classified position description to standardize our process. This sample job description, related documents, and sample interview questions used during the PrOMOTE study are available in the Appendix [📄 3.2]. We developed our questions specifically to:

- Screen for IPS model-related knowledge and experience.
- Assess candidates' personal characteristics as they pertain to providing employment services and working with persons with disabilities.
- Use a performance-based interviewing approach.

We used a two-part approach, with an initial interview held by phone and conducted by a panel of interviewers—SCI Chief, CWT/SE Program Manager, National Supported Employment Clinical Coordinator, and one or both Fidelity Monitors. That was followed by a second interview with one or two finalists, either by phone or face-to-face. Our method was in keeping

with typical VA interviewing in that question wording was performance-based and scores given by the interviewer panelists were anchored to likely types of responses. Those with the highest average scores were offered positions. Certainly, whether your program will bring on a VRS part-time, that is, by assigning an existing VRS to serve a percentage of Veterans with SCI, or full-time will come down to funding. In keeping with other system-wide VRS positions at the skill level needed to carry out necessary tasks, our full-time VRS staff were hired at the GS11 level.

## CLINICAL KNOWLEDGE

In our experience, identifying a candidate with as many of the above-listed characteristics as possible was challenging. Finding someone who also had experience and existing clinical knowledge about SCI was even more so. One of the PrOMOTE hires did have previous experience working in a rehabilitation hospital, a background that not only helped him to immediately relate to the Veterans with SCI, but which also gave him a comfort level with medical staff and nicely paved the way to establishing integrated care. However, this was the exception in our experience, and not surprising, for two reasons. First, before 2005, vocational services in VA SCI/D care were handled through referral, not requiring the vocational practitioner to coordinate with clinical staff and thereby the VRS would not necessarily develop clinical understanding about SCI. Second, IPS SE inside and outside the VA was only an option for persons with mental health conditions, rather than primary physical disabilities. Given these circumstances, the idea that we could find someone who had a background in both SCI and IPS SE was extremely unlikely. Therefore, we determined that while this was preferred, it was not mandatory. In terms of clinical knowledge, we prioritized experience with the IPS model. After the 10 years of SCI-VIP and PrOMOTE, practitioners with background in both IPS SE and SCI may be more likely to be available.

## Training the VRS

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Adequate training of a VRS to provide quality IPS SE services in SCI first requires establishing foundational knowledge of the IPS model and SCI, followed by ongoing monitoring, support and clinical guidance. The average VRS can be expected to require 6-12 months to become fully competent in implementing model principles and standards with good fidelity and to be comfortable with his or her working knowledge of SCI and related functional issues. During SCI-VIP, the bulk of the training of VRSs was done by Fidelity Monitors; supervision and knowledge/skill reinforcement was managed primarily by CWT/SE Program Managers. In PrOMOTE, a position was created to oversee and assume primary responsibility for VRS training and clinical development: The National Supported Employment Clinical Coordinator, who developed and delivered all trainings related to IPS-SE, monitored VRS understanding of information, and guided practice. Clinical supervision was provided weekly by phone on an individual basis and bi-weekly with the full group of VRSs (7 sites). In-person training and mentoring visits were conducted at each site at least once per year, and usually two to three times, depending on site needs.

It is recommended that new sites train VRS staff in keeping with usual clinical practices of both CWT/SE and SCI Service. TSES offers monthly IPS SE training calls, which are helpful to any VRS providing IPS SE services. You may also find the tools and materials used during PrOMOTE [▢ 3.2] and links to online training resources helpful as you prepare the VRS to effectively carry out the requirements of this position. Additionally, you may consider reaching out to sites that were in the PrOMOTE study who continued to provide IPS SE (e.g., Boston, Cleveland, Houston, Richmond, and Tampa, see contact information in the Acknowledgements section). At the time of this writing, VRSs in place at those sites have significant experience implementing IPS SE in SCI and can speak to the development of their skills and abilities. A mentoring for skills development in IPS is strongly recommended either through formal channels such as the VISN CWT Mentor Trainers, or informally through interaction and consultation with more experienced colleagues.

The responsibility for training and supervising the VRS will fall to the hiring service but, ideally, will be supported by both the SCI Chief and the CWT/SE Program Manager. If the VRS is hired by CWT, the CWT/SE Program Manager would be the VRS's official VA supervisor, whereas, if the VRS is hired by the SCI Service, the SCI Chief may be the official supervisor with professional support provided by CWT/SE (Table 3.1) [▢ 3.3 and 3.4]. In either case, a strong linkage with the CWT/SE service strengthens clinical skills and job development opportunities.

## Monitoring Progress and Performance

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Throughout the PrOMOTE study, various strategies were used to monitor VRS work and progress and to measure performance. Early on, it became very clear that good time management was essential for the VRS. Effort was spent helping VRSs organize daily and weekly calendars to allow time for each Veteran on the caseload and adequate time in the community [▢ 3.5].

Finally, it serves the VRS and the IPS SE in SCI program well if the team consistently pursues employment goals. We found that challenging VRS staff to obtain a certain number of jobs per month or to maintain a certain percentage of Veterans employed helped to focus energy on job development and on getting Veterans in front of employers. Once a program is up and running and the VRS has been working with Veterans for approximately 3-6 months, expectations should be set. We often asked VRSs individually and as a group to set goals and provide rationalization for them. With their own buy-in, then, we were able to champion efforts and brainstorm around the more nuanced aspects of job development, often dealing with “soft skills” and creative accommodation ideas to help the VRS “close the deal.” CWT/SE Program Managers play a key role in goal setting and can incorporate individual VRS goals into the IPS SE goals of the larger CWT/SE Program. This has the benefit of engaging all CWT providers in a collective effort and thus providing incentive to partner with one another on employer contacts and strategies for securing positions. The SCI Chief can also highlight employment goals with the interdisciplinary team (IDT) and remind all members that better outcomes result from collective work. In our experience, encouraging clinical staff to offer contact information about business owners or employers they know often helped VRSs establish employer relationships that led to Veteran jobs. This being said, we caution managers from thinking that, if there are no placements in a given month, something is wrong. Given the complexity of the population, the myriad factors

that go into securing solid jobs, individual circumstances, and unpredictable hiring processes, there will be times when gaps in obtaining placements occur. In such cases, it is prudent to support the VRS, ensure that he/she is following IPS model principles, and help identify barriers that may exist. Sometimes this extra attention and re-focus makes the difference, and other times, all is going as it should, but there are things beyond the control of the VRS and team. Certainly there may be times when employment outcomes are sub-optimal, and may indicate a need for careful examination of workload and how time is being spent.

While in this chapter we have outlined the process of training the VRS, in Chapters 5 and 6, we will describe IPS SE services and provide detailed guidance on critical practice activities. It is suggested that these chapters be considered in concert with one another for maximum benefit.

**Table 3.1. Roles of SCI Chief and CWT/SE Program Manager Over Time**

Period	SCI Chief/Clinical Champion	CWT/SE Program Manager
Initial Training	Oversee SCI elements of Initial Training Checklist [☞ 3.4].	Oversee IPS SE elements of Initial Training Checklist [☞ 3.4].
	Include VRS in weekly IDT meetings.	Include VRS in weekly CWT/SE meetings.
	Weekly: Meet one on one with VRS to assess knowledge and ensure learning.	Weekly: Meet one on one with VRS to assess knowledge and ensure learning.
Ongoing Clinical Supervisor	Ensure ongoing inclusion of VRS in the IDT and facilitate integrated care and shared vocational planning.	Ensure ongoing inclusion of VRS in weekly CWT/SE meetings for troubleshooting of cases and sharing of job leads/contacts.
	Bi-weekly: Meet with VRS to review and address caseload issues, provide continuing SCI education, and ensure relationship development among IDT members.	Weekly: Meet with VRS to review and address caseload issues and to provide continuing IPS SE.
	Monthly: Meet with CWT/SE Program Manager to ensure effective sharing of VRS supervision and coordination.	Monthly: <ul style="list-style-type: none"> <li>• Meet with SCI Chief or Clinical Champion to ensure effective sharing of VRS supervision and coordination.</li> <li>• Accompany VRS into community for job development training as needed.</li> <li>• Involve VRS in clinical training calls and therapeutic workgroup activities sponsored by the Therapeutic Supported Employment Program.</li> </ul>

## CHAPTER SUMMARY

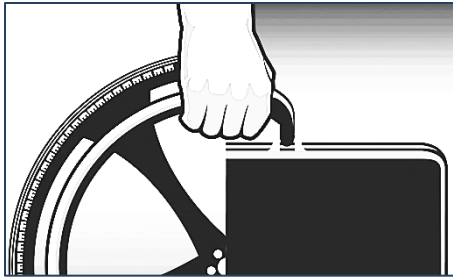
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- ✓ Identifying the “right” vocational rehabilitation specialist (VRS) is critical to success of the IPS SE in SCI program.
- ✓ The ideal formula for the right VRS is a combination of knowledge, skills, and personal characteristics.
- ✓ Programs have options to consider for integrating a VRS into the Spinal Cord Injury Center depending on existing resources and available funding.
- ✓ Training the VRS is the joint responsibility of SCI and Compensated Work Therapy Supported Employment.
- ✓ Joint supervision of the VRS can be accomplished with clear delineation of tasks.
- ✓ Oversight and monitoring of VRS performance, caseload, and time management is important.
- ✓ Setting employment goals for the VRS and the IPS SE program helps focus energy on job development and creativity.

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## CHAPTER 4 – INTEGRATION OF CARE

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## IPS SE in SCI: Kyle in Dallas

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### In the Veteran's Own Words:

*This is the perfect job for me. I get to use my nursing knowledge and help Veterans. The people here treat me great.*



In March 2012, Kyle, a 49-yr-old Air Force Veteran who served during the Gulf War, was working as a nurse when he experienced a sudden weakness in his right leg. It progressed to paralysis (T4 ASIA C), and he was diagnosed as having transverse myelitis. Being a nurse, Kyle was motivated to actively participate in his rehabilitation. Ultimately, he began thinking about returning to work, and he enrolled in the PrOMOTE study.

Kyle was enthusiastic about finding a job in nursing, and, working with his VRS and team around the change in his physical condition, he determined he would do best in a position that did not require hands-on patient care. Initially, his VRS made attempts to secure a position within the VA. She networked with a nursing supervisor to learn about the hiring process for nurses in the VA. After more networking led to informational interviews, Kyle became convinced the VA was where he wanted to work. He and his VRS identified public transportation options to use to and from the VA, resolving his concern about needing a modified vehicle otherwise. With his medical provider, Kyle determined best strategies for managing self-care tasks while on a job, agreeing he would need periodic breaks, and that it would be important for his supervisor to know a treatment team member could be accessed should a medical issue arise at work.

After several interviews in different departments did not result in a job match, a PrOMOTE colleague connected the VRS with the Clinical Research Unit. Kyle and the unit manager hit it off right away. She needed a nurse, and in order to ensure Kyle could carry out all the tasks she

had in mind, the VRS arranged for the team's Occupational Therapist to assess the job site with the unit manager to determine what accommodations could be made. Kyle was hired as Management Assistant (24 hours per week), to maintain clinical files, check Veterans in, and answer phones. His nursing expertise is an excellent match for working in clinical research.

The integrated efforts of his treatment team consistently advanced Kyle's job search, job negotiations and his job start. With the VRS as key liaison among the team, Kyle and the employer, critical care management plans were made, creative solutions were identified for accommodations, including the purchase of a standing wheelchair, and trusting relationships were built with the employer.

## Vocational and Clinical Integration

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As the Individual Placement and Support model was being developed, one of the priorities was to emphasize the collaborative efforts between vocational providers and those providing clinical treatment to persons with mental illness. Becker and Drake recognized the critical significance of treatment issues and of vocational staff understanding treatment recommendations, incorporating them into vocational plans, and taking them into account during job development and employment negotiation. Likewise, these innovators saw the importance of clinical providers valuing work as a part of a person's treatment. Having both medical doctors and case managers supporting the idea of returning to work and managing symptoms while an individual is employed was considered critical to that person's success.<sup>1</sup> For this reason, one of the key principles of the IPS model is the ***Integration of Vocational and Clinical Services***. While it sounds fairly straightforward, the actual practice of integrated care, given the fast pace and volume of work within clinics and medical units, is challenging. This change in standard care requires focused attention and deliberate action and, despite the challenges, can lead to positive attitude shifts and systems change when fully achieved.

When SCI-VIP was initiated, the idea of addressing a Veteran's vocational goals alongside SCI medical care (e.g., pressure ulcers, bowel and bladder care) was novel. Up to that point in VHA, when a Veteran with SCI desired employment, a referral was made to a vocational provider outside of SCI/D Services. A small number of service-connected veterans were eligible for Veterans Rehabilitation & Employment Services (VR&E) program under the Veteran Benefits Administration (VBA). Other veterans could be referred to state vocational rehabilitation programs. However, few veterans with SCI were served by these programs, navigation of these programs was complex, and there was little employment success. Veterans were "on their own" in these endeavors, without the support of the full rehabilitation team. In addition, these referrals were generally made after the Veteran's medical rehabilitation had completed. Employment was not considered to be a reasonable goal of early rehabilitation plans. Veterans were considered to be too complex or too medically unstable to achieve employment, which was viewed as a typical 40 hour work week.



As IPS SE was introduced, it created a new way of thinking about rehabilitation and a Veteran's path to independence.<sup>2</sup> Treatment providers were asked to set aside what were, in some cases, long-held beliefs about the abilities of Veterans with SCI, about what is "safe" in terms of not jeopardizing the health and functioning of Veterans, and about what role a therapist or clinical provider plays in helping a Veteran return to work. As you implement IPS SE in SCI at your site, you too may encounter beliefs about such limitations. It is important to recognize these beliefs as part of an older paradigm and as an opportunity to provide education about what is possible for Veterans to achieve. Since IPS SE uses a recovery model, medical, rehabilitation, and employment are all tackled at the same time. Work does not have to be full-time, especially in the beginning. Starting in the workplace can enhance the medical rehabilitation therapeutic process.

To make this a reality, SCI, SE, and facility leadership are important. This point harkens back to the discussion in Chapter 2 about the critical role leadership can play in setting a tone of open-mindedness and encouraging dialogue as steps to bring IPS SE into SCI care.

The spirit of integrated care in the IPS model is that vocational services are considered just another aspect of a person's treatment. Discussion around return to work occurs with participants and among providers as early and as often as discussion around medication issues, bowel/bladder management strategies, wheelchair cushions, or family dynamics occurs. Providers understand how a VRS can help advance a Veteran's rehabilitation, just as they understand how a physical therapist, psychologist, or other team member contributes. Employment is viewed similar to the way recreational therapy outings or training on assistive technology are viewed, as interventions intended to move a Veteran toward greater independence and functioning. Likewise, the VRS recognizes that it is critical to understand the implications of physical health for employment, such as when a Veteran has a pressure wound that is exacerbated by sitting in a chair for long periods or when a Veteran becomes fatigued from using a manual wheelchair to travel long distances. This kind of cross-disciplinary understanding is commonplace in teams providing integrated care. It leads to shared decision-making, meaning all staff and each Veteran plan together what will happen next. All opinions are considered as action steps toward a goal are developed. When a goal seems too lofty or unattainable, the question becomes: "What can be done differently in order to help this Veteran get a little closer to the goal?"

Engendering the spirit and practice of integrated care throughout the SCI unit requires multiple actions. The next section describes actions developed and implemented during SCI-VIP and PrOMOTE to help programs grow and mature in vocational and clinical collaboration. These may serve as recommendations for your site's methods of implementation.

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## Advancing Integrated Care

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- ***Provide regularly scheduled interactive educational opportunities.*** Share in various ways the material contained in this Guide about IPS SE and about integration in particular and focus on generating discussion and hands-on experience for staff.

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- Show videos produced by Dartmouth entitled, “Mental Health Treatment Team Meeting<sup>3</sup>” and “IPS Supported Employment and Vocational Rehabilitation<sup>4</sup>,” as well as the “Introductory Clinical Team Meeting” video located on the Spinal Cord Injury/Disorders website<sup>5</sup>. Facilitate discussion afterwards by drawing parallels to your SCI unit.
  - Present *Vocational and Clinical Integration: A Key Aspect of Supported Employment in Spinal Cord Injury* (PowerPoint) [📄 4.1]. Tailor the slides to your site’s circumstances or needs and follow it with a question and answer session to address uncertainties or logistical concerns that arise.
  - Have the SCI Clinical Champion and VRS co-facilitate small group discussions about the IPS SE approach and site-related issues. Consider informal times and settings, such as over lunch in a staff break room.
  - Have the VRS make rounds on the SCI unit every morning to get to know clinicians and therapists individually and to build/nurture relationships. Little by little, information about the IPS SE approach and ways each staff person can contribute to vocational outcomes can be shared.
  - Ask SCI team members to select one IPS principle each to research, to think about how they understand it in the context of their work with Veterans, and to report back to the group.
  - Engage in group exercises from the books, *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce* and/or *IPS Supported Employment: A Practical Guide*, both by Sarah Swanson and Deborah Becker, or found in the *Evidence-Based Practice Supported Employment Toolkit*, downloadable from the Substance Abuse and Mental Health Services Administration (SAMHSA) website.<sup>6,7</sup>
  - **Determine the most appropriate interdisciplinary treatment team (IDT) for the VRS to join.** Most SCI Centers have several IDTs that meet throughout each week. These may include Outpatient Rehabilitation, Home Care, Short-Term Rehabilitation, and Inpatient Rehabilitation. Consider how each of these teams operates, what time frames and structures they have for meetings, and who attends. What clinical discussion occurs at each meeting? Most importantly, which team has or will have primary clinical responsibility for Veterans enrolled in IPS SE services, and where do consults typically originate? Answers to these questions will help inform initial efforts to imbed the VRS with providers who know the Veterans, and who are involved in their regular medical care. The IPS model calls for a VRS to be attached to at least one treatment team and to meet each week.
    - As soon as possible, begin having the VRS attend meetings with the IDT. The SCI Chief or Clinical Champion should attend as well to facilitate relationship development, to lead cross-discipline discussion and learning, and to encourage and support the VRS in raising/responding to vocational issues experienced by Veterans.
    - Modify IDT practices to best accommodate discussion of vocational issues. Is there a weekly agenda to which IPS SE Veteran names need to be routinely added? Who is in charge of this process? Do team members wish to have information about Veterans on the
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agenda prior to the meeting? How does this occur? Does the VRS need support to deliver information in a concise, efficient manner, such as a staffing form? [📄 4.2]

- The SCI Chief or Clinical Champion should facilitate shared decision-making and collaborative vocational planning among IDT members. Remember that the most effective teams value work as part of a Veteran's overall treatment. Steer discussions away from talking about a Veteran's "readiness" for employment to talking about how the team can assist a Veteran in achieving his/her goals for work. Assign action steps in the vocational treatment plan [📄 4.3] that require the staff's collaborative efforts, such as conducting worksite assessments (VRS and OT) or developing strategies with a Veteran for managing the stress of a job search (VRS and psychologist).
- Encourage providers to use the "Additional Signer" feature in CPRS to notify one another of critical clinical and vocational issues as they arise, to promote timely service, and to strengthen integrated care.
- Within the confines of maintaining Veteran privacy, make a practice of clinical and vocational providers capitalizing on one-to-one opportunities to share information and address treatment goals when together on the SCI unit. Document pertinent discussions.
- ***Encourage Veterans to be actively involved with their teams and in their own treatment.*** The IPS model puts great emphasis on each person directing his or her plan. This value is perfectly aligned with VA's mission to be Veteran-centric. That being said, it is incumbent on providers to consistently remind ourselves of this value and to keep Veterans in the proverbial driver's seat. It is recommended that providers routinely invite Veterans to participate in IDT meetings and vocational plan development to ensure their voices are heard and their goals understood by all team members. When challenges to care arise, call ad-hoc meetings with providers and Veterans to resolve issues together. When treatment is a cooperative arrangement that prioritizes Veteran preferences, meaningful job matches are likely to occur.
- ***Identify and work to remove potential barriers to integrated care practices.*** During SCI-VIP and PrOMOTE, we encountered policy-based barriers that interfered with critical employment-related services, such as when a worksite assessment by an OT or an assistive device for work was needed, but the therapist was not authorized to make a community worksite visit. We learned that these policies were developed in keeping with Veteran medical treatment only. For example, in some cases, although OT staff had clearance to visit a Veteran's house to determine if home modifications were needed, there was no mechanism for to visit a community-based workplace. In others, there was no mechanism for authorizing a purchase for a needed technology item or piece of equipment unless it was deemed medically necessary for a Veteran's functional needs. In most cases, Veteran transportation services were restricted only to medical appointments. These kinds of barriers required administrative attention, creative problem-solving, and sometimes the use of outside resources. Teams are advised to evaluate existing policies and practices early on to develop justifications that will enable exceptions or changes in policies in such cases.
- ***Create an IDT culture of engaging and nurturing relationships with Veterans.*** Many Veterans who enroll in IPS SE have received VA care for many years; others have new injuries, are recently separated from active duty, or infrequently need medical care (for

example, annual exams only). It can be difficult for a vocational provider to engage some Veterans, even when they desire to work. In these cases, a trusted healthcare provider should assist the VRS to connect with the Veteran and, as needed, facilitate the development of a relationship between them. Many times during PrOMOTE, our VRSs relied on psychologists, physical therapists, or primary care doctors to establish rapport with Veterans, sometimes to ease tensions when a Veteran became anxious about working, or to mediate if the Veteran had a complaint about services, the job search, or a job. Other times, a Veteran would fall out of touch with the VRS but continue attending appointments or taking calls from another provider. In such cases, intervention by a clinical provider to help re-establish rapport was invaluable.

## Examples of Integration in Practice

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Three cases from the PrOMOTE study are briefly described here to help leadership and clinicians develop understanding of what successful integrated care looks like. Italicized statements highlight specific collaborative actions taken to advance a Veteran's employment goals.

### CASE 1

A 64-year old Veteran was married and lived at home with his wife and 12-year-old daughter. He sustained a C6 ASIA D SCI in 1967 from a fall during active duty in Germany. His vocational objective was to help other Veterans.

*The VRS had to take several medical and mental health issues into account during the Veteran's job search, including recent total knee replacement surgery, depression, and post-traumatic stress disorder (PTSD). The treatment team was comprised of the Veteran's primary physician, psychologist, and physical therapist, who provided aqua therapy. The VRS had to make special efforts to collaborate with the psychologist who was not located on the same campus as the SCI Center. It wasn't long before a job offer as a Peer Specialist in the VA was extended to the Veteran. He accepted this full time position, conducting outreach to homeless Veterans experiencing substance abuse problems.*

Soon, it was clear that a full time schedule interfered with the Veteran's aqua therapy, which was integral to his pain management. *With the assistance of the team, the VRS proposed to the employer a schedule modification that would allow the Veteran to start work later twice per week so he could attend therapy. It was also arranged with the physical therapist that he do the therapy at the VAMC pool where he worked, rather than at his "home" VAMC.* The Veteran was also experiencing greater fatigue related to crossing the VA campus multiple times per day. *Again with the team's assistance, the VRS drafted a proposal to the Reasonable Accommodations Committee on behalf of the Veteran to request a modified 3-wheel cycle the Veteran could use to travel underground tunnels between campus buildings.*

As time passed, the Veteran began experiencing exacerbation of his PTSD symptoms, which made it increasingly difficult to maintain personal boundaries as he helped other Veterans. *The psychologist and VRS worked together with him to create a plan for strengthening boundaries, and for relaxation exercises he would do at the end of the work day and at bedtime.* While these strategies did lead to an improvement in the short term, the Veteran ultimately decided to leave the position. His VRS moved forward with a new job search.

## CASE 2

A 55 year-old Veteran was married and living with his wife and mother-in-law. He loved music and had been a music teacher. He also enjoyed reading and spending time with his wife. Radiation treatment and a subsequent fall left him with a C3 ASIA D SCI. During his rehabilitation, the Veteran decided he wanted to return to work, preferably as a music or literacy teacher. He enrolled in IPS SE, and his VRS immediately began making contacts with local colleges and educational programs.

It was not long before the VRS and Veteran met with the hiring manager of a community college, and the Veteran began working as a GED Instructor. The VRS, who maintained close contact with the Veteran, learned that the Veteran's wheelchair needed a new thigh guard. *The VRS relayed the news to the kinesiotherapist, who was able to fix the problem with no interruption to the Veteran's work schedule. Later, when a caster on the wheelchair needed replacing, the VRS and kinesiotherapist again collaborated to quickly resolve the issue.*

One of the accommodations initially negotiated with this Veteran's employer was to have his wife come to class with him to manage audio/visual equipment. While the couple was close, interpersonal issues did occur as they adjusted to the Veteran's having an SCI. *The team psychologist, staying abreast of the home and work situation, provided couples counseling to help them work through issues. When appropriate, he transitioned the Veteran to individual sessions.*

After he completed his first semester teaching, the Veteran had a brief respite stay at the VAMC. *So that he would not miss a scheduled class, the VRS arranged for a pass from the inpatient physician and for transportation to the college.*

## CASE 3

A young Army Veteran was serving during the Persian Gulf War when he was shot and sustained a T1 ASIA A SCI. Since initial rehabilitation, he had lived with his mother and had considered going to college. He enjoyed wheelchair rugby and adaptive scuba diving and had gone on several dive excursions. He also had extensive knowledge about guns and weapons safety. His vocational goal was to teach weapons safety or to work in a retail gun store.

Job development conducted by the VRS included employer contacts with gun stores in the Veteran's area. However, the Veteran had a pattern of being in and out of contact with his VRS. When the Veteran began training for tryouts for the national wheelchair rugby team, he completely stopped returning calls or responding to the VRS's community visits. *By collaborating with the physical therapist (PT), who was helping the Veteran prepare for the rugby tryouts, the VRS learned more about the Veteran's focus on the tryouts, and the PT acted as liaison between the two during this time. The PT encouraged the Veteran to remain in touch with his VRS.*

When the Veteran did not make the rugby team, he took a more active role in his job search. Securing an interview with one of the employers the VRS had previously visited, the Veteran requested the VRS advocate with the employer on his behalf. The Veteran was ultimately offered and accepted a sales position at a retail gun store and range. This marked the first time the Veteran ever held a civilian job.

After being on the job for a few months, the Veteran experienced interpersonal problems with coworkers and his manager called the VRS to discuss. *She, in turn, went to the Veteran and his psychologist, who addressed the incidents as learning opportunities for the Veteran. He had not previously worked outside the military, so the sessions with the VRS and psychologist helped him to think about the expectations of different environments, and he was able to consider appropriate options for responding to coworkers when certain topics arose. During the sessions, it was discovered that the Veteran also had some anxiety, and coping strategies were developed for use at work.* These actions led to the Veteran keeping his job, and his employer was pleased with the positive changes in the Veteran's ability to interact with coworkers.

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## CHAPTER SUMMARY

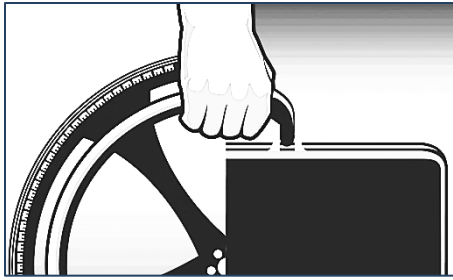
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- ✓ Integration of vocational and clinical services requires everyone with primary responsibility for a Veteran's care to be engaged and involved with ensuring that employment is considered as a part of overall rehabilitation.
- ✓ Effective collaboration between vocational and clinical providers requires deliberate actions and a top-down commitment to establish employment as a standard goal of rehabilitation after SCI.
- ✓ Specific strategies have proven effective in developing a culture of integrated care among VA SCI clinical staff.

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## CHAPTER 5 – PROGRAM SERVICES

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## IPS SE Services in SCI

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In Chapter 2, we introduced an example of a vocational service progress note template that may be useful for VRS staff in documenting the services they provide to Veterans in IPS SE [§2.4]. In the SCI-VIP and PrOMOTE research studies the template included both general vocational services and IPS SE services. For the purposes of this discussion, and this Guide, the focus is on the IPS SE services. Your program may elect to use the template presented here, however, it may make more sense both administratively and clinically at your site to use service menus and documentation processes already in place in SCI or CWT. This chapter offers guidance on how the research template was used.

During PrOMOTE, the National Supported Employment Clinical Coordinator was responsible for training the VRS staff on IPS SE services and their specific definitions. What follows is a list of brief definitions of the services on the progress note template. This list and the IPS SE portion of the Clinical Manual used during PrOMOTE are included in the Appendix [§5.1 and 5.2]. Where relevant, special notes are included for additional information. Expanded discussion of select key services can be found in Chapter 6. In the research studies, the VRS staff would indicate on the template which services were provided and then use a free text box below for narrative to elaborate on treatment details and indicate the plan moving forward.

## Definitions of IPS SE Services

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**CWT Intake/Orientation**—This process satisfies the requirement that any Veteran enrolled in IPS SE be enrolled in CWT/SE and allows for monitoring by the Northeast Program Evaluation Center (NEPEC).

This action is critical for Veterans participating in IPS SE because enrollment ensures protection of their VA service- and non-service-connected benefits under the Federal Code. Forms for reporting benefits protections can be found on the TSES Sharepoint site: [https://vaww.portal.va.gov/sites/OMHS/TSES/Vet\\_Benefits/Forms/AllItems.aspx](https://vaww.portal.va.gov/sites/OMHS/TSES/Vet_Benefits/Forms/AllItems.aspx).

**Assertive Engagement and Outreach**—These efforts convey the IPS SE value that no one will be dropped from services due to missed appointments, unreturned calls, ambivalence, passive service refusal, or doubts about ability to work.

The concept of *assertive engagement and outreach* is an innovation in the field of vocational rehabilitation and unique to IPS SE. Historically, more traditional vocational rehabilitation programs place most responsibility for attendance and subsequent receipt of services on the client. With IPS SE, some of this responsibility is transferred to providers, which validates the idea that sometimes people do not participate in treatment due to fears, concerns or circumstances. When providers reach out and make significant efforts to connect with and understand Veterans who have decreased or stopped participation, there is often a positive outcome, and valuable information is gained about the Veteran to apply in future treatment.

**Ongoing Vocational Assessment**—The IPS model emphasizes the value of gathering assessment information even while a Veteran is working in a competitive job to ensure continuous updating

of the Vocational Assessment Profile and vocational treatment plan. Assessment is continuous rather than a one-time event.

***Focused Interview Assessment and Initial Vocational Assessment Profile (VAP)***—This process is a critical part of ongoing vocational assessment, which allows the VRS to develop comprehensive knowledge about the Veteran via hands-on information gathering during several face-to-face meetings that focus on strengths, abilities, preferences for employment, and existing community contacts.

***Assistance in Obtaining Benefits Counseling***—This IPS principle ensures that Veterans enrolled in IPS SE receive accurate, comprehensive benefits counseling according to the type(s) of benefits they receive, which will help to address typical fears and concerns about the effects of returning to work on benefits eligibility.

Benefits counseling is considered to be of great significance to those receiving IPS SE.<sup>1,2</sup> When people are provided accurate and thorough information about how working may affect their benefits, they are empowered to make decisions about jobs with confidence and assurance. Typically, Veterans in IPS SE need benefits counseling at different points in the process: When they begin IPS SE, when a job is imminent, and after they begin drawing paychecks.

***Treatment Plan Development***—Following development of the VAP, the Veteran, the VRS, and the IDT develop a vocational treatment plan that addresses work goals, preferences, and supports and that outlines steps for goal attainment. Once the VAP is completed, the VRS enters the Treatment Plan into CPRS. It is critical to add all team members as additional signers.

***Referral for Collateral Services***—This is a treatment option when a needed resource has been identified but is not available within the VA and there is funding to offset costs.

An example of a referral for collateral services is requesting State Vocational Rehabilitation to provide a laptop computer for a non-service-connected Veteran who needs it for work.

***Network Contact***—This is a contact made with or on behalf of a Veteran in the course of the job search with the objective of getting one step closer to a potential employer.

In IPS SE, using network contacts is emphasized in job development training. According to conventional wisdom, using known contacts can make obtaining a job easier. We suggest VRSs and Veterans, clinicians and family members tap their own networks as appropriate to enhance a job search. Even if not an employer, a network contact can lead a VRS to someone in a position to hire a Veteran.

***Business and Industry Research***—This research is conducted by the VRS in preparation for an employer contact and with the intention of gathering information that will help determine whether there is potential for a good job match.

This type of research is often recommended for the VRS between first and second contacts with an employer, which allows the VRS to prepare for the second meeting with information about the business and with thoughtful questions.

***Job Development: Employer Contact***—This occurs over several face-to-face meetings with a potential employer and has the ultimate objective of gathering enough information to determine whether a competitive job match might be made for a specific Veteran.

**Job Development: Employer Negotiations**—These negotiations are held with a specific employer focused on hiring a specific Veteran and may be of the following types: Job proposal presentations, discussion of how the Veteran’s strengths fit the employer’s needs, job carving/creation, Veteran interviews, and schedule and shift determination.

**Vocational Rehabilitation Counseling**—This process helps Veterans achieve their objectives through problem identification and resolution, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.

**Worksite Accommodation**—Modifying or adjusting a worksite or the way a job is performed to accommodate restrictions imposed by an injury or disability. Worksite accommodations must be negotiated with employers and are determined by a thorough job analysis.

Teams are encouraged to partner in accomplishing job analysis and workplace evaluations by having the VRS and Occupational Therapist/Assistive Technology staff visit the worksite together and return to the team to discuss findings and options.

**Vocational Case Management**—Case management services provided by the VRS are those that are specifically related to the Veteran’s being equipped to participate in searching for, obtaining, and maintaining a competitive job.

**Employment Follow-Up/Follow-Along Supports**—Based on an IPS principle, these individualized, creative, and flexible supports are intended to assist a Veteran in maintaining employment and are provided with any time limit.

*Follow-along supports* encompass any service that is delivered to help a Veteran maintain a job. Supports should be as individualized as possible. For some, this means having the VRS present on the job site for the first couple of days to observe and coach the Veterans. For others, this means the VRs checks in on a weekly basis with the Veteran’s supervisor to ensure satisfaction and to respond to any concerns. In still other cases, *follow-along supports* could be the VRS transporting the Veteran after work to a VA physical therapy appointment, discussing work-related issues, and encouraging the Veteran to continue strength training for stamina purposes.

**Treatment Plan Review/Revision**—Review of each Veteran’s vocational treatment plan should occur at least monthly to allow for updates based on new profile information. Revision should occur at least every 3 months in concert with feedback from the IDT.

**Assistance with Job Transition**—In the event that a Veteran’s job is no longer a good match, the VRS provides assistance in making the transition from one job to another, in framing the end of a job as a learning experience that will inform a new job search.

**Consultation with CWT Staff**—Each VRS will attend weekly CWT/SE meetings and thereby participate as part of the vocational unit at the site as well as interact individually with colleagues and CWT Program Manager for additional assistance.

**Consultation with SCI IDT Member**—Based on an IPS principle, the VRS will foster and facilitate integration of clinical and employment services by communicating regularly with SCI IDT members about Veterans with SCI who want to return to work or who are employed.

Attending SCI IDT Meetings—In keeping with the IPS principle of treatment integration, the VRS attends weekly SCI IDT meetings to champion employment services as part of each Veteran’s treatment and to participate in shared decision-making with clinical colleagues.

## CHAPTER SUMMARY

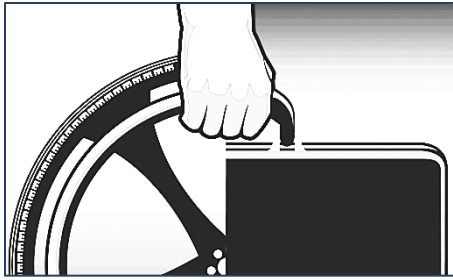
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- ✓ A vocational services template is useful for documenting the IPS SE services provided.
- ✓ Services included on the IPS SE template represent the operationalization of principles and practice standards of the IPS SE model.
- ✓ Training is recommended for those who choose to use templates to ensure consistency across providers. An advantage of templates is specifying exactly what IPS SE services can be and were provided.

## References

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## CHAPTER 6 – CRITICAL ACTIVITIES IN IPS SE

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## IPS SE IN SCI

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### LEROY IN TAMPA

#### In the Veteran's Own Words

- *I have always wanted to work for [this team] at their stadium. That is my dream job...I turned my new life over to doing the right thing ... I opened up.”*
- *It's kind of a redemption thing... I thought I had all kind of flaws – paralyzed, missing teeth, can't use my hand how I want – and when I got there, there were people just like me. You don't have to be a perfect physical specimen, you just have to be able and qualified.*



In 1988, Leroy, a 59-year-old Army Veteran, was involved in a bicycle accident that injured his spinal cord. Following the accident, Leroy returned home with care from a home health provider and his sister. He had had problems with substance use but wanted to get better, and he requested assistance. By the time he was enrolled in PrOMOTE, Leroy had been sober for nearly 6 months.

As the VRS got to know Leroy, his interest and passion for working with his city's National Football League (NFL) team became apparent. He had attempted to work at the stadium years before, but without success. His confidence was low, given his experience, but also due to his self-image. Leroy was concerned about being able to work due to his disability. How would he be viewed? Would he be able to do a “regular” job? His VRS recognized his fears and talked with him often about his engaging personality, his skills, and his accomplishments thus far in life. She knew he was capable of working a competitive job, and how valuable he would be to an employer and coworkers. She became determined to make the job at the stadium a reality for him, and Leroy was an active participant throughout his job search. The VRS made a connection at the stadium, and, being persistent, was able to establish a relationship with both Human Resources and the hiring authority at the stadium. Her efforts paid off.

On July 24, 2013, Leroy began a part time position in Guest Services. During home football games, he helped patrons find their seats, provided directions around the stadium, and handled other ushering duties. He quickly became well-liked by his coworkers and seen as fun, pleasant, and dependable. Leroy demonstrated his love of and loyalty to the team when he was the only person able to recite the team fight song during a staff meeting. At the end of his first season, Leroy was one of only two staff invited to play a highly visible and key role during a special event aired on national television.

It is not uncommon for people with disabilities to have doubts about being able to work a regular or competitive job because of negative stigma about disability. However, IPS SE prioritizes competitive work, because most people with disabilities want to have a job just like everyone else. We all want to use our gifts in meaningful ways, doing things we enjoy. We all deserve to be equally compensated for the work we do. Leroy's opinion of himself, and indeed opinions of those around him, changed after he started his job. He is recognized as a member of the guest services team, and sees that who he is and the abilities he has are more important than his limitations.

## **MARK IN RICHMOND**

### **In the Veteran's Own Words: *This job is fantastic!***

In July 2010, Mark (name changed for confidentiality), an Army Veteran, sustained an SCI as the result of a motor vehicle accident. By November of that year, in response to a discussion with an SCI provider about employment, Mark decided to pursue work, which resulted in a consult to CWT. With their help, Mark was connected to Goodwill, state vocational rehabilitation services, and classes for the GED test. In August 2011, however, he became increasingly busy with odd jobs for several neighbors, and CWT discharged him.

The next month, Mark enrolled in PrOMOTE. While still interested in securing a competitive job, he had concerns about how this might affect his Social Security benefits, so the VRS arranged a meeting with a benefits counselor. Together, they made sure Mark understood the work incentive rules. With his new knowledge, Mark expressed confidence about moving forward with a job search. As he got to know Mark, the VRS observed that he was very neat and orderly and that he got a sense of accomplishment from seeing a finished product. They agreed that a job capitalizing on these qualities would be a good fit.

In August 2012, the VRS approached a friend who owned a restaurant franchise. He learned about the store's need for someone who could maintain the dining area and interact with customers. The VRS outlined Mark's skills with organizing and arranged for the two to meet. Mark was interviewed and hired to bus tables, deliver food orders, keep the salad bar clean, and provide customer service to guests. He could use his cleaning and organizing skills and enjoy social interaction with coworkers and customers.

Once he began earning income, Mark again requested help with his benefits. The VRS walked him through the process of sending pay stubs to Social Security and reviewed the formula used

by the work incentives program. The VRS also helped Mark negotiate with his employer for only a certain number of hours per week, to maximize his work and Social Security earnings. Under this arrangement, Mark continued to feel confident about working because he knew how much money he would bring home between his job and his benefits. He also knew he would not jeopardize his healthcare benefits provided through Social Security.

It was not long before management staff reported how pleased they were with Mark as a member of the staff. By January, customers asked to see him when they came to the restaurant. That April, Mark was awarded Employee of the Month.

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## VOCATIONAL ASSESSMENT PROFILE

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One of the activities that set IPS SE services apart from traditional vocational services is the Vocational Assessment Profile, or “VAP,” which is intended to be a continuous process, rather than an event. Developing a VAP allows a provider to get to know the Veteran beyond just work and educational experiences. The profile is not expected to be completed in one meeting and does not include tests or questionnaires. It is not a part of determining eligibility for program participation. Rather, the VAP is a process that occurs over the first 3 to 5 meetings between the VRS and Veteran, ideally in community locations where the Veteran is comfortable. One or more of the meetings may revolve around employer contact(s), as well. At each meeting, the VRS gathers additional information about the Veteran’s likes and dislikes, daily routines, hobbies and interests, favorite places to go, care management, significant others, military and professional background, education and training, aspirations for work, and anxieties and concerns. With permission of the Veteran, the VRS also talks with family members and significant others and with treatment team members. Additionally, the VRS consults the record for medical information.

For the VAP process to unfold successfully, the VRS must have solid interview skills. We talked earlier in the Guide about the importance of an IPS SE VRS having strong clinical skills; in terms of getting to know Veterans, these skills are critical. For example, asking open-ended questions, active listening, showing unconditional regard, and using motivational interviewing techniques contribute significantly to Veterans’ comfort and willingness to share information. Typically, the VRS who establishes mutual positive regard and genuine relationships with Veterans gains the most comprehensive understanding of their preferences and potential job matches. Swanson and Becker speak extensively about clinical skills in getting to know clients.<sup>1,2</sup> In PrOMOTE, most of our VRS trainings were based on their texts and related exercises.

It is customary to record information gathered during the first 30 days of a Veteran’s enrollment, and we tailored a profile assessment form to use in PrOMOTE [📄 6.1]. Through italicized prompts, this form guides VRSs in eliciting rich information from Veterans. It is divided into sections corresponding to different aspects of life and includes space to record input from others, such as clinicians and family members. We encouraged VRSs to become familiar with the VAP because familiarity enabled fluid conversation without interruptions that occur when referring back to a form every few minutes. After each meeting, whether with Veteran, family member, or



clinical colleague, the VRS would enter additional information into the appropriate section of the VAP. At the end of the first 30 days, we required the VAP to be entered into CPRS, but profile assessment continued and update of the profile with new information was expected every 3 months.

## **RAPID JOB SEARCH**

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Initiation of a job search during the first 30 days of a Veteran's enrollment in IPS SE is in keeping with the IPS principle of ***Rapid Job Search***, another aspect that distinguishes this approach from traditional vocational services. Traditionally, an individual must complete numerous tests and undergo evaluations and other pre-vocational activities before employment is considered. In IPS SE, the job search starts right away. The rationale is that once a person expresses the desire to get a job, capitalizing on this desire and the motivation to fulfill it are critical to establishing trust and to developing confidence and excitement about the possibilities. Other potential benefits of rapid job search include finding a good employment match right away, creating a better understanding of what types of employers and work environments are best for the Veteran, and helping the Veteran refine ideas for jobs and rule out options that are not appropriate or appealing. We found that, for Veterans who were unsure about what they wanted to do, visiting a business connected to their personal interest, such as a fitness center for someone who is conscientious about health and wellness often inspires the development of concrete ideas.

The purpose of the VAP is to inform the job search. Often, people in the Veteran's life discovered while getting to know the Veteran become the first contacts leading to employers who may know, or know of, the Veteran. Sometimes, the VRS, in learning about the Veteran, realizes an employer he/she already knows is an opportunity for a job match. Additionally, eliciting contact ideas from clinical or CWT/SE colleagues has proven effective for "warm handoffs" to the VRS. The job search informs the VAP, too. When the VRS makes an employer contact on behalf of a Veteran, information from that interaction can be weighed and considered:

- How does the Veteran react to an offer to meet with the employer?
- What thoughts does the Veteran have about the potential work with a specific employer?
- What concerns does the Veteran express when hearing about the employer contact?
- Is the Veteran noticeably excited, or does the Veteran light up when thinking about a potential opportunity?

When the VRS and Veteran make an employer contact together, more information can be learned:

- How does the Veteran present? What is the comfort level in talking with a potential employer?
- Is the work site apparently comfortable for the Veteran?
- How does Veteran navigate in the environment, that is, is it physically accessible?
- If not, what ideas are generated for possible accommodations?

Initial employer contacts and information learned about the Veteran during the first 30 days of developing the profile lay the foundation for a focused and individualized vocational treatment plan.

## VOCATIONAL TREATMENT PLAN

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The vocational treatment plan used during PrOMOTE [§ 4.3] is an example of a treatment plan form that clearly captures Veteran vocational and clinical input. It also includes sections for detailed steps toward goal attainment to be carried out by the VRS, the Veteran, and clinical providers. Those less familiar with the Veteran should be able to see the connections between information included in the VAP and information, goals, and action steps in the treatment plan.

While the actual writing of the plan typically falls to the VRS, the goals and action steps should be collaboratively constructed by VRS, Veteran, and treatment team. An IDT meeting specifically targeting this task is recommended to ensure that all team members offer input to the plan and that each person is aware of the responsibility he/she may have for certain action steps. This process harkens back to the spirit of *Vocational and Clinical Integration*, with clinicians offering input from their respective areas of expertise, with services overlapping one another to address complex goals, and with the Veteran's input, knowledge, and agreement. Once the plan is in place, it is ideally revisited every 3 months and revised every 6 months to keep pace with any changes. More guidance and information about individualized vocational treatment plans may be found in Swanson and Becker.<sup>1,2</sup>

## BENEFITS COUNSELING

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This key principle of the IPS model speaks to the importance of helping Veterans understand how earning income from a job can impact the entitlements they may receive from VA and/or Social Security. For many, if not most, who receive government monetary benefits, the thought of going to work elicits concerns about losing predictable and guaranteed income and sometimes about healthcare coverage as well. This is a common barrier to employment for those with disabilities.<sup>3-6</sup> Indeed, it is a valid concern, given the nature of our entitlement systems, and especially for those who rely exclusively on their benefits to manage expenses. Accurate and complete information about income restrictions, work incentive rules, disability reviews, and other related policies can empower Veterans to make informed decisions about how many hours per week to work or how much money to earn. Many choose to balance their benefits with earned income so as to maximize both. Ensuring Veterans have the information to make such decisions is critical to IPS SE, and, while it is not the job of the VRS to provide benefits counseling per se, it is the VRS's responsibility to make sure each Veteran has access to an expert and understands the impact of earnings on benefits as well as any work incentives that apply. The VRS may need to connect a Veteran to a benefits counselor more than once during IPS SE, for example, as soon as a Veteran enters the program, again when a job is pending or

obtained and income is generated, and anytime a Veteran raises a question that cannot otherwise be answered.

We have already mentioned that, when Veterans are enrolled in CWT/SE and entered into the NEPEC system, their service- and non-service connected VA benefits are protected. This applies to pension benefits, disability benefits and payments for the status of **Individual**

**Unemployability**. Nevertheless, we made it standard practice to connect IPS SE participants who were receiving VA benefits with National Service Officers (NSOs) who could evaluate individual situations, act as a liaison with the Veterans Benefits Administration, and otherwise advise Veterans about working while receiving VA benefits. Paralyzed Veterans of America (PVA) has NSOs located in VA facilities across the country. To locate the NSO for your facility, search “Chapters and NSOs” at the website of the [Paralyzed Veterans of America](http://www.pva.org/) (<http://www.pva.org/>).

Veterans who receive Social Security benefits, that is, Social Security Disability Insurance and/or Supplemental Security Income, are subject to the work incentive rules of Social Security as is anyone receiving benefits and earning income from a job. An excellent source of information about work incentive rules updated annually is the Social Security Red Book. At the [Social Security Red Book](http://ssa.gov/redbook) web page (<http://ssa.gov/redbook>), a PDF version of the Red Book may be downloaded and printed. The national Work Incentives Planning and Assistance (WIPA) Program has trained counselors throughout the country to offer guidance to beneficiaries who are interested in or are working. The VRS may visit [The Social Security Administration Ticket to Work Find Help website](http://www.chooseworkttw.net/findhelp) (<http://www.chooseworkttw.net/findhelp>) and use the zip code finder to locate a local WIPA program to ask about eligibility requirements for referrals for counseling. PrOMOTE VRSs made these contacts early on, established working relationships with WIPA counselors, and in some cases, set up regular appointment times when the counselors would visit the VA and meet with any Veterans requiring assistance at that time. When meeting with the WIPA counselors required paperwork to be prepared ahead of time, the VRS obtained permission from the Veteran to handle it or guided the Veteran in doing it. Levels of support necessary for each Veteran will vary; the important thing is for the VRS to ensure the Veteran receives complete and accurate information and is satisfied with it.

## **JOB DEVELOPMENT**

Research and practice in IPS SE in community mental health have resulted in a structured method of developing a relationship with a given employer. This method calls for investing time in getting to know an employer and the business; demonstrating genuine interest in the employer’s perspective, plans and needs; and returning to the same employer several times while figuring out if a good employment match can be made or not. Specific employers are targeted based on Veteran profile information, including preferences for a certain job, industry, and type of work environment. This is distinct from more traditional approaches of meeting with employers to ask if they are hiring or helping a person apply for a job without having information about whether it would be a good fit. While a certain amount of general job development can help increase a VRS’s network and knowledge of the business community, a VRS in IPS SE usually makes an employer contact on behalf of a particular Veteran. The IPS SE program should not be thought of as an employment agency, ready to plug applicants into

positions available in the job market, but as a program that helps Veterans find jobs that work well for both the employee and the employer.

Evidence gathered from programs using the structured job development method designed by Dartmouth has supported the addition of *Systematic Job Development* as a key principle of the IPS model, as noted in Chapter 1. When training VRS staff in this method, it is often referred to as “Three Cups of Tea,”<sup>1</sup> each cup representing a visit with a particular employer as follows:

**First Cup.** This visit represents the initial employer contact made by the VRS. This should be a face-to-face contact and should be brief. It is the first time a VRS pays a visit to a given employer, and the object is to request a day and a time for a second, 15- to 20-minute visit, ideally with a person who has hiring authority, when the VRS can ask questions about the business that will help determine if it might be a good fit for a particular Veteran.

**Second Cup.** During this second visit, ideally, the employer (with hiring authority) will do most of the talking. Prior to this meeting, the VRS may prepare by doing research on the business in order to develop educated and thoughtful questions to ask. During PrOMOTE, we generated and field-tested various questions suitable for these second-cup meetings and shared what did and what did not work well and, thus, collaboratively created a list for VRSs to use as a resource when preparing for these meetings [§ 6.2]. At this meeting, the VRS should not ask about existing position vacancies but should focus on gathering information about the business itself. This could include the employer’s connection to the business, workplace culture, the layout of work spaces (employers are often willing to provide tours), current and anticipated needs, hiring processes, and any other information that could help determine an employment match. We learned that guiding conversation with an employer helped to generate an employer’s interest and trust, put the employer at ease, and eliminated the concern that the VRS was there to “ask for something.” If, at the close of a second-cup meeting, the VRS believes moving forward is a good idea, he/she might use one of the following requests to meet again:

- *If I think about someone who might be a good fit for your business, would you mind if I came back to let you know a little about them?*
- *I’d like to take some time to consider what I’ve learned today. If I have additional questions, may I stop by again next week?*
- *Some of what you shared with me today makes me think about a Veteran I know, and I’d like a chance to share the information with him. If he decides he wants to learn more about this business, would it be ok for me to bring him by to meet you?*

**Third Cup.** Third cup meetings may be used to gather more information, to give a Veteran the chance to formally or informally meet an employer, or simply to nurture the relationship with the employer. Regardless, they are primarily intended as opportunities to discuss a specific Veteran for a specific position. Once the VRS and Veteran have learned enough about the business and the employer to determine it is worth pursuing a position, then a proposal can be presented to the employer.

Although the overall job development process is structured, interactions that occur at each meeting seldom are. We found that the most successful employer contacts were those during

which the VRS focused on identifying what really resonated with the employer and used that information to build a relationship. Perhaps it was something the VRS and the employer had in common, such as an interest in sports cars. It could be that the employer was a Veteran and open to discussing military service. Some employers shared that they had a family member with a disability.

There will be employers with whom establishing a connection is difficult. Interpersonal finesse notwithstanding, some employers are not as open to the process, and some are apprehensive, ambivalent, or doubtful. In these situations, for additional guidance, return to the works of Swanson and Becker, to training materials used during PrOMOTE [📖 6.3-6.5], and to helpful job development videos found under “Program Tools” at the [Dartmouth Center website](http://www.dartmouthips.org/) (<http://www.dartmouthips.org/>). Training videos specific to IPS SE in SCI employer meetings can be found on the [SCI/D intranet training web page](http://vaww.sci.va.gov/training.asp) (<http://vaww.sci.va.gov/training.asp>) at the bottom of the page.

The CWT/SE program at your site may have existing procedures in place for training in the IPS SE approach to job development. In such cases, we recommend supplementing that training with the materials referenced here and suggest that CWT/SE Program Managers periodically spend time in the community observing and mentoring VRSs to keep skills sharp.

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## EMPLOYMENT NEGOTIATION AND ACCOMMODATIONS

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Negotiating with an employer for a position is facilitated by *Systematic Job Development*. By the time the decision is made to address hiring a specific Veteran for a specific job, much information has already been gathered by both the VRS and the employer, and the discussion is often expected and sometimes initiated by the employer. These conversations may happen whether the business has an advertised opening or not. Creative job developers often identify situations where a need can be met through innovative means based on the skills and talents of a Veteran (job creation) or might suggest that several existing tasks be shifted from overworked employees into a job description for a Veteran (job carve). The VRS may also propose a Veteran as a good match for an existing position.

Regardless of the type of proposal being made, we learned that having already thought through any needed accommodations is an advantage. Good vocational profile work and planning anticipates needs a Veteran may have for optimal performance. During job development, the VRS considers these things while attending to the job site, the work environment, and potential duties. Sometimes, all that is needed is a flexible schedule that enables the Veteran to manage personal care needs or a desk to be raised so a wheelchair can comfortably fit under it. Accommodation needs, however, can certainly be more complicated than this. Following are suggested strategies for VRSs to use at different points in the job development and negotiation process that may be useful in addressing and securing needed accommodations:

- Request a job site tour in order to see the work space layout, the configuration of furniture and equipment, the location of other workers, the location and layout of restrooms and break rooms and to look for accessibility issues such as stairs and elevators.

- Ask to observe an employee carrying out the tasks that are to be included in the Veteran's job description. Observe the Veteran during PT and/or OT sessions to better understand the Veteran's physical ability, dexterity, strength, stamina, and related issues that may impact work.
- Bring the Veteran to the workplace to observe how the Veteran responds to the environment, to physically navigating the workspace, and to carrying out specific tasks.
- Arrange for the OT or the assistive technology (AT) specialist to visit and evaluate the workplace to make recommendations for equipment or task modification.
- Discuss accommodations with the employer in terms of what is possible to provide. Keep in mind that, by law, employers must provide reasonable accommodations deemed necessary for a person to carry out the essential duties of the position. Most accommodations end up costing employers \$500 or less,<sup>7</sup> a point worth mentioning to the employer.
- Have the IDT determine what the VA may be able to fund or provide in terms of equipment for the Veteran. Service-connected Veterans may be eligible for equipment that is necessary for work as long as it is deemed medically necessary to improve functioning or independence. In Chapter 2, we referenced the importance of understanding facility policies around what types of requests can be approved. When addressing accommodations, this issue is especially relevant.
- In some cases, approach outside resources to provide AT or equipment that the VA cannot provide to the Veteran. Consider organizations such as PVA, Easter Seals, State Vocational Rehabilitation, or other Veterans' organizations.
- Know the rights of the Veteran as a job seeker with a disability. Become familiar with these rights at the [Americans with Disabilities Act website](http://www.ada.gov) (<http://www.ada.gov>) and educate the Veteran about issues surrounding disclosure, permissible job interview questions, and protocols for requesting accommodations.
- For additional information and ideas about accommodations, visit [Job Accommodation Network website](http://www.askjan.org) (<http://www.askjan.org>).

Due to the range of injury levels and functional abilities among Veterans with SCI, we worked on a number of interesting accommodation arrangements during SCI-VIP and PrOMOTE. Here are a few examples:

A Veteran who enjoyed raising and racing Roller pigeons was interested in work that involved birds. His VRS found a taxidermist who specialized in preparing and mounting duck specimens. He agreed for the VRS, the Veteran, and an AT specialist to observe him going through the steps involved in the process in order to determine what steps could be delegated to the Veteran, which would allow the taxidermist to focus on other steps and, thus, expedite completing orders more quickly. It was determined that the Veteran could assume the tasks of gluing on eyes and base painting artificial duck heads used in the mountings. The Veteran, who had the use of only his right hand due to a stroke, could easily reach the work table and materials while seated in his wheelchair. However, a means of holding the wooden duck head still required brainstorming. The VRS and AT specialist identified a clamp that could be fixed onto the side of the work table. A wooden

duck head could be locked into place by the clamp, allowing the Veteran to use his right hand to affix adhesive and false eyes in the correct locations and to paint the entire head.

A Veteran who was on bed rest to heal a pressure wound lived in a small, rural community. He wanted to work and the VRS sought a job that he could start while still at home and continue once his health improved. The VRS met with the owner of the community's funeral home and learned of the business's need for service programs to be folded, periodic mailings to be prepared, and guests to be greeted when they arrived for services. The VRS negotiated for the Veteran to begin handling the paperwork duties from home and requested from Prosthetics a bed table he could use to complete this work. The funeral home owner offered to deliver materials to the Veteran's home and pick them up until he was able to come to work. At that point, the Veteran would also become an attendant.

For years before his high-level injury, a Veteran had owned and operated a restaurant with his brother. His passion was cooking, and he and his VRS pursued options in the restaurant industry. Through a network contact of the VRS, she met the owner of a restaurant and jazz club and developed a position for the Veteran as a prep cook. The restaurant owner was open to the VRS bringing in not only the OT from the VA but also her network contact, a professor of rehabilitative engineering, to evaluate the workspace and tasks of the position. Together, Veteran, employer, VRS, OT, and rehabilitative engineering professor determined space needs for a prep table and the value that a standing wheelchair would provide to the Veteran. They also determined what types of assistive devices would best suit the Veteran for chopping and slicing because the Veteran's hands had contractures. Devices were selected that allowed him too safely and firmly hold knives, and a special knife was developed for him. They also found a device that could hold vegetables in place while he chopped.

Other examples of accommodations can be found throughout the Guide in the IPS SE Veteran Success Stories. The creative solutions forged during SCI-VIP and PrOMOTE helped to further discussions with employers, advance jobs, and reveal what is possible when it comes to IPS SE and accommodations. The employers in these cases were open to brainstorming and considering options primarily because they trusted the VRS. They realized the VRS had their interests in mind as well as those of the Veteran. The strength of the relationship made significant difference.

## **FOLLOW-ALONG SUPPORTS**

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*Follow-Along Supports* is another key principle of the IPS model, and one more aspect of this approach that sets it apart from traditional vocational approaches. Where traditional programs must place limits on the length of time services are provided once after employment begins, in IPS SE, supports are to be provided for as long as they are needed. The Veteran's success

determines when services are no longer required. Additionally, follow along supports should be tailored to meet preferences and specific needs that arise during work over time – as individualized as each Veteran.

Practitioners are encouraged to be as creative and flexible as possible when determining and providing services to help Veterans keep their jobs and perform at their best. Sometimes, employers are the recipients of supports, in the form of on-site check-in meetings, education about disability etiquette, and guidance on how to effectively communicate direction to the Veteran. A VRS may also elicit feedback from an employer about a Veteran's performance and comfort on the job. Together, the whole IDT is responsible for anticipating and evaluating problems, for designing and providing adequate supports, and for moderating service intensity depending on the Veteran's needs. Both of the Swanson and Becker texts referenced below and helpful videos at the [Dartmouth Center Resources web page](http://www.dartmouthips.org/resources/programs/program-tools) provide excellent guidance on follow-along supports as critical to IPS SE success (<http://www.dartmouthips.org/resources/programs/program-tools>).

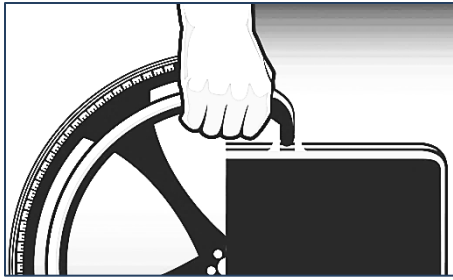
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- ✓ The Vocational Assessment Profile, or “VAP,” is one of the activities that sets supported employment services apart from traditional vocational services in that the VAP is a process rather than an event. Developing the VAP enables a VRS to get to know the Veteran apart from just work and educational experiences.
- ✓ **Rapid Job Search** is a principle that sets IPS SE apart from traditional vocational services. Whereas, usually, a person would have to complete numerous tests and evaluations and undergo other pre-vocational activities before being helped to find employment, in IPS SE, the job search is started right away.
- ✓ **Benefits Counseling** helps empower Veterans to make informed decisions about how many hours per week they wish to work or how much money overall they wish to earn.
- ✓ **Systematic Job Development** in IPS SE emphasizes establishing relationships with employers and conducting multiple visits with them to learn about the business while considering whether a good fit may exist for a Veteran.
- ✓ Employment negotiation usually includes addressing needed accommodations. Teams should work together with Veterans and employers to complete this step.
- ✓ **Follow-Along Supports** for Veterans who obtain employment are meant to be individualized and time-unlimited in order to maintain the Veteran's employment.





## CHAPTER 7 – PROGRAM IMPROVEMENT THROUGH FIDELITY MONITORING

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The IPS Supported Employment Fidelity Scale	7.2
The Significance of IPS SE Fidelity	7.3
Fidelity Monitoring in VA	7.3
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## The IPS Supported Employment Fidelity Scale

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The IPS model has been rigorously tested in the mental health field, and a fidelity scale (☞ 2.1 and 2.2) has been developed, revised, and validated for use in measuring program adherence to IPS principles and standards.<sup>1-4</sup> Research in the mental health field reveals a correlation between high fidelity scores and positive competitive employment outcomes,<sup>5-8</sup> a trend we noticed in SCI-VIP and PrOMOTE. Throughout both studies, two national fidelity monitors visited each implementation site twice per year to conduct fidelity reviews, which consisted of interviews with Veterans, VRS staff, SCI clinical staff, and employers. Monitors also reviewed medical records and held meetings with site investigators, CWT/SE program managers, SCI Service chiefs, and VAMC leadership. Overall score and scores for each domain of fidelity—staffing, organization, and services—served as site-level and study-level measures of strength of implementation. Following each review, monitors provided feedback and recommendations about critical implementation issues, which gave sites direction for improvement. Between visits, the National Supported Employment Clinical Coordinator helped sites focus on fidelity recommendations as part of ongoing guidance in and facilitation of IPS SE implementation.

Because success of IPS SE is based on integration and coordination of staff from different fields within a complex organization, fidelity to the IPS model can tend to drift from established standards without routine oversight and monitoring. The fidelity scale helps to prevent drift by evaluating programs in three broad domains:

- **Staffing:** Consists of elements such as caseload size and primary responsibility of the VRS to provide comprehensive and exclusive vocational services.
- **Organization:** Consists of elements pertaining to vocational and clinical integration and vocational unit strength.
- **Services:** Consists of all the services provided by the program, from assessment to job finding and nature of jobs, to follow-along supports.

Fidelity monitors are professionals have expertise in IPS SE and training in or familiarity with the fidelity scale and its use; and who understand the program's context. When they are independent of the specific program being reviewed this allows for an objective program review. Both of the fidelity monitors for SCI-VIP and PrOMOTE were part of the PrOMOTE Coordinating Center and closely associated with VA Central Office, which enabled them to provide an objective program review that was strengthened by top leadership support. The monitors reserved time during each visit to meet specifically with hospital leadership and administrative officers, to report on the status of the SCI-VIP or PrOMOTE program, raise awareness about IPS SE, point out specific benefits Veterans were experiencing, share stories of working Veterans, and highlight concrete ways leadership could strengthen their support for the program. This process was a vehicle for hospital leadership to grow in their understanding about IPS SE in SCI and about progress in IPS SE research across the country.

## The Significance of IPS SE Fidelity

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The significance of the IPS SE fidelity scale is in its proven ability to effectively measure the extent of a program's implementation of explicit standards. These standards relate specifically to the principles that underlie any effort to implement IPS SE. In a program that relies on a deliberate approach to achieve targeted outcomes, having a means of determining how successful efforts are at truly contributing to improvement and growth of the program and to effective management strategies: There is evidence that what is intended is actually happening.

To better understand and connect what should happen day-to-day with the goals of the IPS model, we created a table linking each vocational service to fidelity scale standards and subsequently to IPS principles [Table 7.1, ¶7.1]. This resource reminded staff of the reasons for particular steps and highlighted the broader context of what we were doing. It helped staff understand the connections between what they were doing and the fidelity review, which served as a bi-annual formal evaluation of the program. The table also served to translate principles into concrete actions and show their effects.

## Fidelity Monitoring in VA

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Fidelity monitoring was used routinely when IPS SE was initially implemented throughout the VHA in mental health care. Teams of monitors visited each IPS SE program bi-annually and always provided feedback and recommendations. At that time, funding was available for this level of program evaluation. During SCI-VIP and PrOMOTE, fidelity monitoring was supported either through in-kind VACO TSES funding, research funding, or a combination. By 2015 (at the time of this writing), no funding was available for fidelity review of clinical IPS SE programs in VA but TSES was investigating options such as conducting remote fidelity reviews. Sites that are implementing IPS SE or planning to are strongly encouraged to be in close contact with TSES to stay abreast of developments of VA system-wide efforts for fidelity reviews. Also, sites should look for community-based IPS Supported Employment programs and consider developing partnerships that could lead to planning for objective fidelity reviews. Many states have IPS SE programs that are members of a national learning collaborative initiated and facilitated by Dartmouth's Psychiatric Research Center, and connection to one of these state programs may benefit an IPS SE in SCI program in VA. As PrOMOTE came to a close, its fidelity monitors began to recommend periodic internal reviews for quality assurance until more formal processes could be identified and put in place. For a comprehensive look at the fidelity review process and related tools, visit the [Dartmouth Center's Trainers and Fidelity Reviewers Resources web page](#).

**TABLE 7.1. IPS SE Services, Fidelity Domains, and Principles in SCI**

IPS SE Service	Fidelity Domain and Criteria	Related IPS Principle(s)
<b>Service Domain</b>		
Orientation-compensated work therapy/supported employment (CWT/SE) intake	Assertive engagement and outreach	Zero exclusion
Benefits counseling assistance	Individualized job search	Benefits planning
Assertive engagement and outreach	Assertive engagement and outreach	Zero exclusion
Focused interview assessment/ vocational assessment profile	<ul style="list-style-type: none"> <li>• Ongoing, work-based assessment</li> <li>• Community-based services</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid job search</li> <li>• Community-based services</li> </ul>
Benefits counseling assistance	Individualized job search	Benefits planning
Treatment plan development	Individualized job search	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> </ul>
Referrals for collateral services	<ul style="list-style-type: none"> <li>• Staffing: vocational services staff</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive employment</li> <li>• Follow along supports</li> </ul>
Network contact	<ul style="list-style-type: none"> <li>• Rapid search for competitive job</li> <li>• Individualized job search</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid job search</li> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> </ul>
Business and industry research	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Diversity of jobs developed</li> <li>• Permanence of jobs developed</li> </ul>	Competitive employment
Job Development <ul style="list-style-type: none"> <li>• Employer Contact</li> <li>• Employment negotiation</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid search for competitive job</li> <li>• Individualized job search</li> <li>• Diversity of jobs developed</li> <li>• Permanence of jobs developed</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> </ul>
Vocational counseling	<ul style="list-style-type: none"> <li>• Ongoing, work-based assessment</li> <li>• Follow along supports</li> </ul>	Preferences are honored

IPS SE Service	Fidelity Domain and Criteria	Related IPS Principle(s)
Worksite accommodation	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Diversity of jobs developed</li> <li>• Permanence of jobs developed</li> </ul>	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> </ul>
Vocational case management	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive employment</li> <li>• Follow along supports</li> </ul>
Employment follow-up/ follow along supports	<ul style="list-style-type: none"> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> <li>• Follow along supports</li> </ul>
Ongoing vocational assessment	Ongoing, work-based assessment	<ul style="list-style-type: none"> <li>• Community-based services</li> <li>• Preferences are honored</li> </ul>
Treatment plan review/revision	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> </ul>
Assistance with job transition	<ul style="list-style-type: none"> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> <li>• Follow along supports</li> </ul>
Benefits counseling assistance	Vocational services staff	Benefits planning
Referrals for collateral services	Vocational services staff	<ul style="list-style-type: none"> <li>• Competitive employment</li> <li>• Follow along supports</li> </ul>
Organization Domain		
CWT/SE consultation	Vocational unit	Integration of vocational and medical services
SCI interdisciplinary team (IDT) member consultation	Integration of rehabilitation with mental health treatment	Integration of vocational and medical services
Attending SCI IDT meeting	Integration of rehabilitation with mental health treatment	Integration of vocational and medical services

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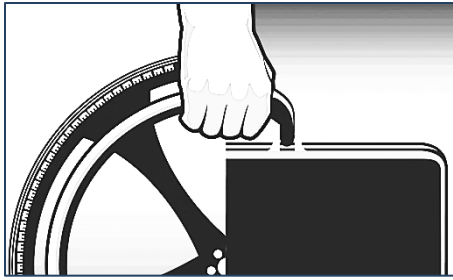
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- ✓ A validated fidelity scale is used to measure adherence of an IPS SE program to IPS model standards and principles.
- ✓ SCI-VIP and PrOMOTE and other research and community mental health programs have used fidelity monitoring for program evaluation and quality improvement.
- ✓ A typical fidelity review yields scores in three domains—staffing, organization, and services—and an overall score, which are accompanied by feedback and recommendations for improvements.
- ✓ Without the fidelity review process, programs may experience drift from intended implementation.
- ✓ To prevent drift from IPS principles, it is important for practitioners to understand how day-to-day activities relate to the IPS principles and recommended standards.
- ✓ IPS SE in SCI programs must be assertive in their efforts to include fidelity review as a part of program evaluation and quality improvement.

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## **CHAPTER 8– FACILITATORS AND BARRIERS TO IPS SUPPORTED EMPLOYMENT SUCCESS**

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## IPS SE in SCI: Desiree in Palo Alto

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### In the Veteran's Own Words

- *I am a creative person, and I want to give back to others.*
- *It's not about the money.*
- *On my first day, it was like the wheelchair didn't even matter....  
I would do this job for free.*



In 2009, Desiree, a 49-yr-old Army Veteran, experienced a spinal cord injury secondary to surgery. Adjusting to her new life required Desiree to build a sense of confidence and independence, which she did in part by participating in sports. When she was able to attend a Winter Sports Clinic in Colorado, she surprised herself by completing a climb on a modified climbing wall. She also took part in downhill skiing, a sport she loves.

Another activity Desiree loves is crocheting. She believes she inherited a gift for it from her mother. She finds the activity relaxing, fun, and worth sharing with others. In July of 2012, she enrolled in PrOMOTE with the following vocational goals: Short term, Desiree wanted to teach the art of crocheting. Long term, she wanted to start a non-profit that would allow her to use her talents to serve needy families and to create employment opportunities for other Veterans.

Within 3 weeks of Desiree's enrollment in PrOMOTE, her VRS, who chose to first target a retail fabric and crafts store, successfully connected with the company's Education Coordinator about the need for a crochet instructor. Once this seed was planted in Desiree's mind, she kept coming back to it, even as the VRS was investigating other options.

On her birthday that October, Desiree interviewed for a job at the fabric store. She started work that November for a minimum dollar amount per hour plus commission on each class she taught. Within just a few weeks, although Desiree was reporting new friendships with coworkers and customers alike, difficulties in her personal life were interfering with work, requiring help

from her VRS and treatment team. By responding to her specific needs, they made a difference in her being able to continue her job:

- When Desiree met obstacles dealing with an accessibility issue at her apartment complex, the VRS and social worker not only helped to reassure her but also advocated with the management company on Desiree's behalf.
- When she began experiencing increased anxiety and irritability related to divorce proceedings, the VRS arranged a visit with her mental health provider, who offered validation and considered medication options. The VRS counseled her around maintaining boundaries between work and home when it comes to personal issues.

With these “follow-along supports,” provided by her VRS and treatment team, Desiree not only continued at the fabric store but also became an instructor for the city recreation department. She even found time to knit and provide sweaters for two adapted snow skiing teams.

## Lessons Learned

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The last 10 years have yielded many lessons in VA regarding the implementation and evaluation of IPS SE in SCI. This guide shares the most important of those lessons, and its use by others will help advance the practice of IPS SE on behalf of Veterans with SCI. It was always the vision of those who had the initial idea to try IPS SE in SCI to find a standard practice that could be adopted at all VA SCI/D Centers to assist those Veterans who wanted to return to work. We are on our way, but still have much to do to make this vision a reality.

Learning about the implementation experiences of others as described here may enable those at new sites who want to implement programs to anticipate hurdles and thus more easily overcome them or avoid them completely. For example, when it comes to barriers, what we found in the VA SCI setting is consistent with what has been found in the community mental health field: Barriers can be encountered at the individual client level as well as at programmatic and organizational levels, for example<sup>7,8</sup>:

- Clients who doubt their ability to work.
- Employment staff who doubt the effectiveness of IPS SE.
- Employment staff whose clinical or business skills need development.
- Leadership that does not fully recognize the critical role of strong programmatic and/or executive support for employment.

Our efforts in the VA met with challenges such as limited clinical skills, lack of confidence in approaching employers, skepticism about the idea that everyone can work, and, in some cases, lack of interest or assertiveness on the part of managers and leaders. Specific barriers encountered in VA programs are discussed further below.

Just as they have encountered barriers, however, practitioners and researchers in the mental health field have also tested and identified what strategies can improve implementation and what components act as facilitators to success. Effective strategies include<sup>9</sup>:

- Outlining clear expectations for following the IPS model and carefully monitoring adherence.
- Generating active and obvious support from upper management.
- Encouraging willingness and participation of authorities in addressing policy or program structures when necessary.
- Promoting seamless collaborative care by means of broad education about IPS SE.

Successful facilitators include<sup>7,8</sup>:

- Employment staff who embrace the value of recovery.
- Deliberate and structured training on IPS model principles and job development skills, ideally provided by an external source.
- Fidelity monitoring.

Likewise, in VA, we realized that the more we clarified the standards and principles of the IPS model, the better program performance and the more positive staff feedback became. At sites where leadership was strong—which led to top-down encouragement to consistently advance the program and look for practical ways to remove barriers—success was greater. Integrated care was better understood and accepted at sites where education for *all* staff was emphasized and employment success stories were highlighted regularly.

The remainder of this chapter focuses on what we found to be barriers and facilitators specific to Veterans and the VA.

## Barriers and Facilitators

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### VETERANS WITH SCI

During the first 12 months of enrollment in PrOMOTE, several issues were raised as perceived barriers and facilitators by Veterans, some who gained employment and some who did not.<sup>6</sup> On entering the program, most Veterans perceived their disability and physical health status as barriers. To mitigate this barrier, an integrated team approach addressed medical issues and identified accommodations for work, which often led to Veterans' receiving accessible technology or equipment. Encouraging Veterans' work goals and empowering them to move forward reduced these concerns.

Another barrier cited by Veterans was transportation. Transportation issues proved to be an area that required frequent planning and coordination of resources by the VRS and team. Often, job development was conducted along the routes of public transportation for Veterans who were able to use it. For others, VRSs and Veterans recruited family members to help by driving the Veteran

to and from work. In some cases, the VRS found paratransit providers for transportation to and from work.

Although caseloads in IPS SE are capped at 25 Veterans per VRS, during PrOMOTE's enrollment period, there were sites where caseloads exceeded that number. Some Veterans cited increased caseload as a barrier to finding jobs starting from the time of program entry to obtaining work. This issue raised concerns about program integrity, and measures were taken to bring on additional VRS staff or otherwise adjust caseloads to meet IPS model standards.

For Veterans who did not find work within 12 months of starting IPS SE, barriers cited included fear of losing benefits and their own limited availability to work due to restrictions imposed by personal caregiver schedules. These issues were also noted by VRSs and IDTs as areas of focus and planning. As discussed earlier, the IPS model prioritizes benefits counseling to ensure Veterans understand how employment income may affect their benefits. We learned that benefits counseling was, indeed, critical to helping Veterans overcome their fears about working and enabling them to make informed decisions about how many hours to work or how much money to earn. Regarding their concerns about how caregiver schedules impacted Veterans' availability, VRS staff and clinical providers helped to evaluate options, negotiated work schedules around care routines, or sometimes made adjustments in caregiving schedules so a Veteran could work a job that was highly prized.

## **PROGRAMMATIC AND ORGANIZATIONAL FACTORS**

Some of the things that proved to be barriers at the program level were discussed in previous chapters, such as policies that interfere with community-based services and staff turnover. Other things that posed barriers to effective implementation included the timing of leadership support of the program and of the VRS feeling supported in his or her role. Time was needed to determine what really resonated with leadership at those sites in terms of supportive information and to respond adequately. We found that the best strategy for addressing ambivalence about the program was to share program outcomes or stories about Veterans who got jobs, like the example success stories featured in this this guide. Sharing employment stories became a very powerful tool for illustrating the benefits of IPS SE and helping those who needed concrete information and outcomes to understand what is possible when the IPS model is implemented in SCI. When opportunities were taken to disseminate information about successes through media such as VA Facebook pages, VA research publications, and local newspapers, support for IPS SE implementation increased.<sup>10–12</sup>

From the outset of SCI-VIP and again in PrOMOTE, although most VRSs were well-connected with their CWT colleagues, each VRS still needed additional support from peers serving the same population of Veterans. This was challenging to achieve within most sites as the VRS was typically the only person serving Veterans with SCI at any given location. During PrOMOTE, we worked to address this through several channels. The most consistent and frequent means of supporting the VRS staff was a bi-weekly teleconference with VRSs from all the study sites that was convened by the National Supported Employment Clinical Coordinator. At the teleconference, VRSs interacted and were able to:

- Address current clinical issues.
- Share strategies for dealing with caseload problems or individual Veteran situations.
- Encourage each other with information about employment successes.

The VRS staff reported appreciating these opportunities to hear from each other and to know that they were experiencing similar things at each site. We also convened the VRS meetings in person once each year at the PrOMOTE annual study meetings, which provided opportunities to learn from each other, to receive additional formal training on the IPS model, and to spend time together to build a sense of community. Other strategies used during PrOMOTE included meetings between the National Supported Employment Clinical Coordinator and CWT Managers to offer suggestions for education and training of VRSs and to brainstorm ways SCI VRS staff could be integrated with other CWT/SE staff for development of professional skills and sharing of employer contacts.

While our research on IPS SE implementation closely adhered to the requirements of the IPS model and those of the study protocol, local policies or workplace culture issues sometimes posed challenges that required research, vocational, and clinical staff to be innovative in order to meet those challenges. For example, at a couple of sites, no existing IDT meetings seemed appropriate for the VRS to attend because the Veterans being discussed at those meetings were mostly non-PrOMOTE Veterans. When this issue was examined locally by the SCI Chiefs, most decided to create an IDT composed of specific clinicians who served PrOMOTE Veterans. If the core team needed to include another clinical person at different points in time, this was done *ad hoc*. As another example, because one VRS's caseload had grown very rapidly, the decision was made to hire a second VRS. However, challenges were encountered with Human Resources that prevented a second VRS from being hired within PrOMOTE's time frame. The alternative was to provide the existing VRS with time management training and to adjust expectations at the site. Also, clinical colleagues, who at that point strongly supported IPS SE and wanted to see as many Veterans as possible benefit from it, stepped up to assist.

## Final Thoughts

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As you pursue a successful program of IPS Supported Employment in SCI, you are likely to encounter much of what is discussed in the Guide, and the strategies outlined in this guide to mitigate barriers and facilitate IPS SE implementation may be helpful. You are also likely to encounter barriers unique to your site. We encourage you to be flexible and creative as you try to solve problems, and to see them as learning experiences that will eventually strengthen your program.

We also encourage the development of a network among sites where IPS SE in SCI is being implemented, so that helpful ideas may be shared, difficulties addressed together, and successes highlighted as this important work continues.

## CHAPTER SUMMARY

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- ✓ Learning about the implementation experiences of others may allow new programs to anticipate hurdles and thus overcome them more easily or even prevent them.
- ✓ Barriers and facilitators experienced during SCI-VIP and PrOMOTE are explained here to provide guidance to those implementing new programs.
- ✓ As new programs move forward, it is recommended that a network of sites providing IPS SE in SCI be established in VA to allow for communication, joint problem-solving, and advancing the improvement of the lives of Veterans with SCI.

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# APPENDICES

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## **APPENDIX 1**

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### **Supported Employment (IPS SE) for Veterans with Spinal Cord Injury (SCI) – Core Principles**

**Core Principles of Individual Placement and Support Supported Employment  
(IPS SE) for Veterans with Spinal Cord Injury (SCI)**

<b>Principle</b>	<b>Description</b>
<b>Zero Exclusion</b>	Any Veteran who wants to participate in IPS SE is eligible, regardless of status or severity of disability.
<b>Integrated Care</b>	The vocational rehabilitation specialist is a functioning, embedded member of the Veteran's clinical treatment team and: <ul style="list-style-type: none"> <li>• Engages clinical colleagues in vocationally-focused discussions.</li> <li>• Includes treatment recommendations and guidance in vocational plans.</li> </ul>
<b>Preferences Are Honored</b>	At each step of vocational assistance, the preferences of the Veteran guide the process, including preferences for type of job and duties, types of support provided, and disclosures.
<b>Rapid Job Search</b>	The job search is initiated soon after a Veteran enrolls in IPS SE, without requirement for any pre-vocational testing, evaluation, or activity.
<b>Competitive Employment</b>	Jobs that are targeted are those available to any person, with or without a disability, and that pay minimum wage or above, consistent with qualifications for the position.
<b>Benefits Counseling</b>	A Veteran who receives entitlements needs personalized planning when considering employment and as circumstances change during IPS SE participation, which enables confident, informed decisions about work hours and rate of pay.
<b>Community-Based Services</b>	Services are primarily delivered in the community to yield a richer and more accurate picture of the Veteran being served and to discover opportunities for the best employment match.
<b>Follow-Along Supports</b>	Once a Veteran is hired, supports continue on a time-unlimited basis and are individualized, which, for Veterans with SCI, often entails mediating with the health care team on the interplay between the Veteran's health and work factors such as environment, duties, and hours.



## APPENDIX 2.1

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# **Supported Employment Fidelity Scale–Current**

## SUPPORTED EMPLOYMENT FIDELITY SCALE\*

1/7/08

**Rater:**

**Site:**

**Date:**

**Total Score:**

**Directions:** Circle one anchor number for each criterion.

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
<b>STAFFING</b>		
1. <u>Caseload size</u> : Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.	MIS, DOC, INT	1 = Ratio of 41 or more clients per employment specialist.  2 = Ratio of 31-40 clients per employment specialist.  3 = Ratio of 26-30 clients per employment specialist.  4 = Ratio of 21-25 clients per employment specialist.  5 = Ratio of 20 or fewer clients per employment specialist.
2. <u>Employment services staff</u> : Employment specialists provide only employment services.	MIS, DOC, INT	1 = Employment specialists provide employment services less than 60% of the time.  2 = Employment specialists provide employment services 60 - 74% of the time.  3 = Employment specialists provide employment services 75 - 89% of the time.  4 = Employment specialists provide employment services 90 - 95% of the time.  5 = Employment specialists provide employment services 96% or more of the time.

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

## Criterion

3. Vocational generalists: Each employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in “Services”.)

## Data Source\*\*

MIS, DOC,  
INT, OBS

## Anchor

- 1= Employment specialist only provides vocational referral specialist service to vendors and other programs.
- 2= Employment specialist maintains caseload but refers clients to other programs for vocational services.
- 3= Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports).
- 4= Employment specialist provides five phases of employment service but not the entire service.
- 5= Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).

## **ORGANIZATION**

1. Integration of rehabilitation with mental health treatment thru team assignment: Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist’s caseload is comprised.

MIS, DOC,  
INT, OBS

- 1= Employment specialists are part of a vocational program that functions separately from the mental health treatment.
- 2= Employment specialists are attached to three or more mental health treatment teams. OR Clients are served by individual mental health practitioners who are not organized into teams. OR Employment specialists are attached to one or two teams from which less than 50% of the employment specialist’s caseload is comprised.
- 3= Employment specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the employment specialist’s caseload is comprised.
- 4= Employment specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the employment specialist’s caseload is comprised.
- 5= Employment specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the employment specialist’s caseload is comprised.

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
<p>2. <u>Integration of rehabilitation with mental health treatment thru frequent team member contact:</u> Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services is integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services.</p>	MIS, DOC INT, OBS	<p>1= One or none is present.  2= Two are present weekly  3= Three are present.  4= Four are present.  5= Five are present.</p> <p><u>All five key components are present.</u></p> <ul style="list-style-type: none"> <li>• Employment specialist attends weekly mental health treatment team meetings.</li> <li>• Employment specialist participates actively in treatment team meetings with shared decision-making.</li> <li>• Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record.</li> <li>• Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members.</li> </ul> <p>Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.</p>
<p>3. <u>Collaboration between employment specialists and Vocational Rehabilitation (VR) counselors:</u> The employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.</p>	DOC, INT, OBS, ISP	<p>1= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) less than quarterly to discuss shared clients and referrals. <u>OR</u> Employment specialists and VR counselors do not communicate.</p> <p>2= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) at least quarterly to discuss shared clients and referrals.</p> <p>3= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals.</p> <p>4= Employment specialists and VR counselors have scheduled, face-to-face meetings at least quarterly, <u>OR</u> have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.</p> <p>5= Employment specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.</p>

\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
4. <u>Vocational unit</u> : At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.	MIS, INT, OBS	<p>1= Employment specialists are not part of a vocational unit.</p> <p>2= Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.</p> <p>3= Employment specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. <u>OR</u>, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference.</p> <p>4= At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. <u>OR</u>, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the employment specialist with activities such as taking someone to work or picking up job applications.</p> <p>5= At least 2 full-time employment specialists and a team leader form an employment unit with weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.</p>

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
5. <u>Role of employment supervisor</u> : Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.	MIS, INT, DOC, OBS	<p>1= One or none is present.</p> <p>2= Two are present.</p> <p>3= Three are present.</p> <p>4= Four are present.</p> <p>5= Five are present.</p> <p><u>Five key roles of the employment supervisor:</u></p> <ul style="list-style-type: none"> <li>• One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.)</li> <li>• Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.</li> <li>• Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.</li> <li>• Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.</li> <li>• Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.</li> </ul>



<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
6. <u>Zero exclusion criteria</u> : All clients interested in access to supported employment regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and These apply during supported services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.	DOC, INT	<p>1= There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners.</p> <p>2= Most clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low employment level of functioning, etc.).</p> <p>3= Some clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low health agency level of functioning, etc.).</p> <p>4= No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.</p> <p>5= All clients interested in working have access to supported employment services. Mental health practitioners encourage clients to consider employment, and referrals for supported employment are solicited by many sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held</p>
7. <u>Agency focus on competitive employment</u> : Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with leadership and staff.	DOC, INT OBS	<p>1= One or none is present.</p> <p>2= Two are present.</p> <p>3= Three are present.</p> <p>4= Four are present.</p> <p>5= Five are present.</p> <p>Agency promotes competitive work through multiple strategies:</p> <ul style="list-style-type: none"> <li>• Agency intake includes questions about interest in employment.</li> <li>• Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.</li> <li>• Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas.</li> <li>• Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.</li> <li>• Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.</li> </ul>

\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

## Criterion

8. Executive team support for SE: Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present.

## Data Source\*\*

DOC, INT  
OBS

## Anchor

- 1= One is present.  
2= Two are present.  
3= Three are present.  
4= Four are present.  
5= Five are present.
- Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.
  - Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability.
  - At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.
  - The agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.
  - SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

## Criterion

## Data Source\*\*

## Anchor

### SERVICES

1. Work incentives planning: All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits.

DOC, INT  
OBS, ISP

- 1= Work incentives planning is not readily available or easily accessible to most clients served by the agency.
- 2= Employment specialist gives client contact information about where to access information about work incentives planning.
- 3= Employment specialist discusses with each client changes in benefits based on work status.
- 4= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job.
- 5= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.

2. Disclosure: Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.

DOC, INT  
OBS

- 1= None is present.
  - 2= One is present.
  - 3= Two are present.
  - 4= Three are present.
  - 5= Four are present
- Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.
  - Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer.
  - Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers.
  - Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
<p>3. <u>Ongoing, work-based vocational assessment:</u>  Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc, is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers.</p>	DOC, INT, OBS, ISP	<p>1= Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.</p> <p>2= Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).</p> <p>3= Employment specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths, etc. and do not routinely analyze job loss (or job problems) for lessons learned.</p> <p>4= Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. They do not document these lessons learned in the vocational profile, <u>OR</u> The vocational profile is not updated on a regular basis.</p> <p>5= Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes.</p>

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
4. <u>Rapid job search for competitive job</u> : Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry.	DOC, INT, OBS, ISP	<p>1= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average 271 days or more (&gt; 9 mos.) after program entry.</p> <p>2= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry.</p> <p>3= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry.</p> <p>4= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.</p> <p>5= The program tracks employer contacts and the first face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average within 30 days (one month) after program entry</p>
5. <u>Individualized job search</u> : Employment specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.	DOC, INT OBS, ISP	<p>1= Less than 25% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc. rather than the job market.</p> <p>2= 25-49% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p>3= 50-74% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market</p> <p>4= 75-89% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan.</p> <p>5= Employment specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, employment specialists provide information about a range of job options in the community.</p>

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
<p><u>6. Job development - Frequent employer contact:</u> Each employment specialist makes at least 6 face-to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.</p>	DOC, INT	<p>1= Employment specialist makes less than 2 face-to-face employer contacts that are client-specific per week.</p> <p>2= Employment specialist makes 2 face-to-face employer contacts per week that are client-specific, <u>OR</u> Does not have a process for tracking.</p> <p>3= Employment specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a monthly basis.</p> <p>4= Employment specialist makes 5 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a weekly basis.</p> <p>5= Employment specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, employment specialist uses a tracking form that is reviewed by the SE supervisor on a weekly basis.</p>
<p><u>7. Job development - Quality of employer contact:</u> Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each employment specialist, then calculate average and use the closest scale point.)</p>	DOC, INT, OBS	<p>1= Employment specialist meets employer when helping client to turn in job applications, <u>OR</u> Employment specialist rarely makes employer contacts.</p> <p>2= Employment specialist contacts employers to ask about job openings and then shares these “leads” with clients.</p> <p>3= Employment specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client.</p> <p>4= Employment specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths and asks employers to interview clients.</p> <p>5= Employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer.</p>

\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
8. <u>Diversity of job types</u> : Employment specialists assist clients in obtaining different types of jobs.	DOC, INT, OBS, ISP	<p>1= Employment specialists assist clients obtain different types of jobs less than 50% of the time.</p> <p>2= Employment specialists assist clients obtain different types of jobs 50-59% of the time.</p> <p>3= Employment specialists assist clients obtain different types of jobs 60-69% of the time.</p> <p>4= Employment specialists assist clients obtain different types of jobs 70-84% of the time.</p> <p>5= Employment specialists assist clients obtain different types of jobs 85-100% of the time.</p>
9. <u>Diversity of employers</u> : Employment specialists assist clients in obtaining jobs with different employers.	DOC, INT, OBS, ISP	<p>1= Employment specialists assist clients obtain jobs with the different employers less than 50% of the time.</p> <p>2= Employment specialists assist clients obtain jobs with the same employers 50-59% of the time.</p> <p>3= Employment specialists assist clients obtain jobs with different employers 60-69% of the time.</p> <p>4= Employment specialists assist clients obtain jobs with different employers 70-84% of the time.</p> <p>5= Employment specialists assist clients obtain jobs with different employers 85-100% of the time.</p>
10. <u>Competitive jobs</u> : Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)	DOC, INT, OBS, ISP	<p>1= Employment specialists provide options for permanent, competitive jobs less than 64% of the time, <u>OR</u> There are fewer than 10 current jobs.</p> <p>2= Employment specialists provide options for permanent, competitive jobs about 65- 74% of the time.</p> <p>3= Employment specialists provide options for permanent competitive jobs about 75-84% of the time.</p> <p>4= Employment specialists provide options for permanent competitive jobs about 85-94% of the time.</p> <p>5= 95% or more competitive jobs held by clients are permanent.</p>

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
<p>11. <u>Individualized follow-along supports</u>:  Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.</p>	DOC, INT, OBS, ISP	<p>1= Most clients do not receive supports after starting a job.</p> <p>2= About half of the working clients receive a narrow range of supports provided primarily by the employment specialist.</p> <p>3= Most working clients receive a narrow range of supports that are provided primarily by the employment specialist..</p> <p>4= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialists provide employer supports at the client's request.</p> <p>5= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The employment specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.</p>
<p>12. <u>Time-unlimited follow-along supports</u>:  Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about the job loss.</p>	DOC, INT, OBS, ISP	<p>1= Employment specialist does not meet face-to-face with the client after the first month of starting a job.</p> <p>2= Employment specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job.</p> <p>3= Employment specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job.</p> <p>4= Employment specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients.</p> <p>5= Employment specialist has face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports, from a mental health worker following steady employment clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialist contacts clients within 3 days of hearing about the job loss.</p>

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key



<u>Criterion</u>	<u>Data Source**</u>	<u>Anchor</u>
13. <u>Community-based services</u> : Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their <u>total</u> weekly scheduled work hours, then calculate the average and use the closest scale point.)	DOC, INT, OBS	<p>1= Employment specialist spends 30% time or less in the scheduled work hours in the community.</p> <p>2= Employment specialist spends 30 - 39% time of total scheduled work hours in the community.</p> <p>3= Employment specialist spends 40 -49% of total scheduled work hours in the community.</p> <p>4= Employment specialist spends 50 - 64% of total scheduled work hours in the community.</p> <p>5= Employment specialist spends 65% or more of total scheduled work hours in the community.</p>
14. <u>Assertive engagement and outreach by integrated treatment team</u> : Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue SE services, the team stops outreach.	MIS, DOC, INT, OBS	<p>1= Evidence that 2 or less strategies for engagement and outreach are used.</p> <p>2= Evidence that 3 strategies for engagement and outreach are used.</p> <p>3= Evidence that 4 strategies for engagement and outreach are used.</p> <p>4= Evidence that 5 strategies for engagement and outreach are used.</p> <p>5= Evidence that all 6 strategies for engagement and outreach are used: i) Service or termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by employment specialist with integrated team member. vi) Connect with family, when applicable.</p>

\*Data sources:

MIS	Management Information System
DOC	Document review: clinical records, agency policy and procedures
INT	Interviews with clients, employment specialists, mental health staff, VR counselors, families, employers
OBS	Observation (e.g., team meeting, shadowing employment specialists)
ISP	Individualized Service Plan

2/14/96  
6/20/01, Updated  
1/7/08, Revise

\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key

## Supported Employment Fidelity Scale Score Sheet

### Staffing

### Score

1. Caseload size: \_\_\_\_\_
2. Employment services staff: \_\_\_\_\_
3. Vocational generalists: \_\_\_\_\_

### Organization

1. Integration of rehabilitation with mental health thru team assignment: \_\_\_\_\_
2. Integration of rehabilitation with mental health thru frequent team member contact: \_\_\_\_\_
3. Collaboration between employment specialists and Vocational Rehabilitation counselors: \_\_\_\_\_
4. Vocational unit: \_\_\_\_\_
5. Role of employment supervisor: \_\_\_\_\_
6. Zero exclusion criteria: \_\_\_\_\_
7. Agency focus on competitive employment: \_\_\_\_\_
8. Executive team support for SE: \_\_\_\_\_

### Services

1. Work incentives planning: \_\_\_\_\_
2. Disclosure: \_\_\_\_\_
3. Ongoing, work-based vocational assessment: \_\_\_\_\_
4. Rapid search for competitive job: \_\_\_\_\_
5. Individualized job search: \_\_\_\_\_
6. Job development—Frequent employer contact: \_\_\_\_\_
7. Job development—Quality of employer contact: \_\_\_\_\_
8. Diversity of job types: \_\_\_\_\_
9. Diversity of employers: \_\_\_\_\_
10. Competitive jobs: \_\_\_\_\_
11. Individualized follow-along supports: \_\_\_\_\_
12. Time-unlimited follow-along supports: \_\_\_\_\_
13. Community-based services: \_\_\_\_\_
14. Assertive engagement and outreach by integrated treatment team: \_\_\_\_\_

Total\*: \_\_\_\_\_

\*115-125 = Exemplary Fidelity  
100-114 = Good Fidelity  
74-99 = Fair Fidelity  
73 and below = Not Supported Employment

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\*Formerly called IPS Model Fidelity Scale

\*\*See end of document for key



## **APPENDIX 2.2**

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### **Supported Employment Fidelity Scale Adapted for VA**

**SUPPORTED EMPLOYMENT FIDELITY SCALE ADAPTED FOR VA**  
(Formerly called IPS Model Fidelity Scale)

**Enter the following information:**

**Rater:**

**Site:**

**Date:**

**Total Score:**

**Directions:** Circle one anchor number for each criterion.

**Data Sources:** DOC: Document review: clinical records, agency policy and procedures  
INT: Interviews with clients, employment specialists, mental health staff  
ISP: Individualized service plan  
MIS: Management Information System  
VL: Vocational log

**SUPPORTED EMPLOYMENT FIDELITY SCALE**

Criterion	Data Source	Anchor
<b>STAFFING</b>		
<i><b>Caseload size per vocational rehabilitation specialist (VRS):</b></i> VRSs manage caseloads of up to 25 clients	DOC INT MIS VL	1 = Ratio of 81 or more clients/employment specialist. <b>Or</b> Cannot rate due to no fit. 2 = Ratio of 61-80 clients/employment specialist. 3 = Ratio of 41-60 clients/employment specialist. 4 = Ratio of 26-40 clients/employment specialist. 5 = Ratio of 25 or less clients/employment specialist. 9 = Insufficient data to rate.
<i><b>VRS staff:</b></i> VRS provides only CWT/SE	DOC INT MIS	1 = VRS provides nonvocational services such as case management, or vocational services other than SE services 80% of the time or more. <b>Or</b> Cannot rate due to no fit. 2 = Employment specialists provide nonvocational services such as case management, or vocational services other than SE about 60% time. 3 = Employment specialists provide nonvocational services such as case management, or vocational services other than SE about 40% time. 4 = Employment specialists provide nonvocational services such as case management, or vocational services other than SE about 20% time. 5 = Employment specialists provide only CWT/SE services. 9 = Insufficient data to rate.

Criterion	Data Source	Anchor
<b><i>Vocational generalists:</i></b> Each employment specialist carries out all phases of vocational service, including engagement assessment, job placement, and follow-along supports	DOC INT MIS VL	1 = Employment specialist only provides vocational referral service to vendors and other programs. <b><i>Or</i></b> Cannot rate due to no fit. 2 = Employment specialist maintains caseload but refers clients to other programs for vocational service. 3 = Employment specialist provides one aspect of the vocational service (e.g., engagement, assessment, job development, job placement, job coaching, and follow-along supports). 4 = Employment specialist provides two or more phases of vocational service but not the entire service. 5 = Employment specialist carries out all phases of vocational service (e.g. engagement, assessment, job development, job placement, job coaching, and follow-along supports). 9 = Insufficient data to rate.
ORGANIZATION		
<b><i>Integration of rehabilitation with mental health treatment:</i></b> Employment specialists are part of the mental health treatment teams with shared decision making. They attend regular treatment team meetings (not replaced by administrative meetings) and have frequent contact with treatment team members (including via use of the electronic medical record).	DOC INT MIS VL	1 = Employment specialists are part of a vocational program, separate from the mental health treatment. No regular direct contact with mental health staff, only telephone or one face to face contact per month. <b><i>Or</i></b> Cannot rate due to no fit. 2 = Employment specialists attend treatment team meetings once per month. 3 = Employment specialists have several contacts with treatment team members each month and attend one treatment team meeting per month. 4 = Employment specialists are attached to one or more case management treatment teams with shared decision making. Attend weekly treatment team meetings. 5 = Employment specialists are attached to one or more case management treatment teams with shared decision making. Attend one or more treatment team meetings per week and have at least three client-related case manager contacts per week. 9 = Insufficient data to rate.

Criterion	Data Source	Anchor
<b><i>Vocational unit:</i></b> CWT/SE employment specialists function as a unit rather than a group of practitioners. They have group supervision, share information, and help each other with cases.	INT MIS	<p>1 = Employment specialists are not part of a vocational unit. <b><i>Or</i></b> Cannot rate due to no fit.</p> <p>2 = Employment specialists have the same supervisor but do not meet as a group.</p> <p>3 = Employment specialists have the same supervisor and discuss cases between each other. They do not provide services for each other's cases.</p> <p>4 = Employment specialists form a vocational unit and discuss cases between each other. They provide services for each other's cases.</p> <p>5 = Employment specialists form a vocational unit with group supervision at least weekly. Provide services for each other's cases and backup and support for each other.</p> <p>9 = Insufficient data to rate.</p>
<b><i>Zero exclusion criteria:</i></b> No eligibility requirements such as job readiness, lack of substance abuse, no history of violent behavior, minimal intellectual functioning, and mild symptoms. Individuals with alcohol and/or substance use disorders without a mental illness are referred to CWT/TWE.	DOC INT	<p>1 = Clients are screened out on the basis of job readiness, substance use, history of violence, low level of functioning, etc. Referrals first screened by case managers. <b><i>Or</i></b> Cannot rate due to no fit.</p> <p>2 = Some eligibility criteria. Screened by vocational staff who make client referrals to other vocational programs.</p> <p>3 = Some eligibility criteria. Screened by vocational staff of the program that will provide the vocational service.</p> <p>4 = All adult clients with severe mental disorders are eligible, including dual disorders of substance abuse and mental illness. Services are voluntary.</p> <p>5 = All clients are encouraged to participate. Referrals solicited by several sources (self-referral, family members, self-help groups, etc.).</p> <p>9 = Insufficient data to rate.</p>

Criterion	Data Source	Anchor
<b>SERVICES</b>		
<b><i>Ongoing, work-based vocational assessment:</i></b> Vocational assessment is an ongoing process based on work experiences in competitive jobs.	DOC INT	<p>1 = Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples. <b>Or</b> Cannot rate due to no fit.</p> <p>2 = Client participates in a prevocational assessment at the program site (e.g., work units in a day program).</p> <p>3 = Assessment occurs in a sheltered setting where clients carry out work for pay.</p> <p>4 = Most of the assessment is based on brief, temporary job experiences in the community that are set up with the employer.</p> <p>5 = Vocational assessment is ongoing. Occurs in community jobs rather than through a battery of tests. Minimal testing may occur but not as a prerequisite to the job search. Aims at problem solving using environmental assessments and consideration of reasonable accommodations.</p> <p>9 = Insufficient data to rate.</p>
<b><i>Rapid search for competitive job:</i></b> The search for competitive jobs occurs rapidly after program entry.	DOC INT ISP	<p>1 = First contact with an employer about a competitive job is typically more than 1 year after program entry. <b>Or</b> Cannot rate due to no fit.</p> <p>2 = First contact with an employer about a competitive job is typically at more than 9 months and within 1 year after program entry.</p> <p>3 = First contact with an employer about a competitive job is typically at more than 6 months and within 9 months after program entry.</p> <p>4 = First contact with an employer about a competitive job is typically at more than 1 month and within 6 months after program entry.</p> <p>5 = First contact with an employer about a competitive job is typically within 1 month after program entry.</p> <p>9 = Insufficient data to rate.</p>

Criterion	Data Source	Anchor
<p><b><u>Individualized job search:</u></b> Employer contacts are based on clients' job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, symptomatology, and health, etc., and how they affect a good job and setting match) rather than the job market (i.e., what jobs are readily available).</p>	DOC INT ISP	<p>1 = Employer contacts are based on decisions made unilaterally by the employment specialist. These decisions are usually driven by the nature of the job market. <b>Or</b> Cannot rate due to no fit.</p> <p>2 = About 25% employer contacts are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p>3 = About 50% employer contacts are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p>4 = About 75% employer contacts are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p>5 = Most employer contacts are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p>9 = Insufficient data to rate.</p>
<p><b><u>Diversity of jobs developed:</u></b> Employment specialists provide job options that are diverse and are in different settings.</p>	DOC INT ISP	<p>1 = Employment specialists provide options for either the same types of jobs for most clients, e.g., janitorial, or jobs at the same work settings most of the time. <b>Or</b> Cannot rate due to no fit.</p> <p>2 = Employment specialists provide options for either the same types of jobs, e.g., janitorial, or jobs at the same work settings about 75% of the time.</p> <p>3 = Employment specialists provide options for either the same type of jobs, e.g., janitorial, or jobs at the same work settings about 50% of the time.</p> <p>4 = Employment specialists provide options for either the same types of jobs, e.g., janitorial, or jobs at the same work settings about 25% of the time.</p> <p>5 = Employment specialists provide options for either the same types of jobs, e.g., janitorial, or jobs at the same work settings less than 10% time.</p> <p>9 = Insufficient data to rate.</p>



Criterion	Data Source	Anchor
<b><i>Permanence of jobs developed:</i></b> Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TWEs.	DOC INT ISP	1 = Employment specialists usually do not provide options for permanent, competitive jobs. <b><i>Or</i></b> Cannot rate due to no fit. 2 = Employment specialists provide options for permanent, competitive jobs about 25% of the time. 3 = Employment specialists provide options for permanent, competitive jobs about 50% of the time. 4 = Employment specialists provide options for permanent, competitive jobs about 75% of the time. 5 = Virtually all of the competitive jobs offered by employment specialists are permanent. 9 = Insufficient data to rate.
<b><i>Jobs as transitions:</i></b> All jobs are viewed as positive experiences on the path of vocational growth and development. Employment specialists help clients end jobs when appropriate and then find new jobs.	DOC VL	1 = Employment specialists prepare clients for a single lasting job, and if it ends, will not necessarily help them find another one. <b><i>Or</i></b> Cannot rate due to no fit. 2 = Employment specialists help clients find another job 25% time. 3 = Employment specialists help clients find another job 50% time. 4 = Employment specialists help clients find another job 75% time. 5 = Employment specialists help clients end jobs when appropriate and offer to help them all find another job. 9 = Insufficient data to rate.
<b><i>Follow-along supports:</i></b> Individualized follow-along supports are provided to employer and client on a time-unlimited basis. Employer supports may include education and guidance. Client supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), networked supports (friends/family).	DOC INT VL	1 = Follow-along supports are nonexistent. <b><i>Or</i></b> Cannot rate due to no fit. 2 = Follow-along supports are time-limited and provided to less than half of the working clients. 3 = Follow-along supports are time-limited and provided to most working clients. 4 = Follow-along supports are ongoing and provided to less than half the working clients. 5 = Most working clients are provided flexible follow-along supports that are individualized and ongoing. Employer supports may include education and guidance. Client supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), networked supports (friends/family). 9 = Insufficient data to rate.

Criterion	Data Source	Anchor
<b><i>Community-based services:</i></b> Vocational services such as engagement, job finding and follow-along supports are provided in natural community settings.	DOC INT MIS VL	<p>1 = Employment specialist spends 10% time or less in the community. <b><i>Or</i></b> Cannot rate due to no fit.</p> <p>2 = Employment specialist spends 11-39% time in community.</p> <p>3 = Employment specialist spends 40-59% time in community.</p> <p>4 = Employment specialist spends 60-69% time in community.</p> <p>5 = Employment specialist spends 70% or more time in community.</p> <p>9 = Insufficient data to rate.</p>
<b><i>Assertive engagement and outreach:</i></b> Assertive engagement and outreach (telephone, mail, community visit) are conducted as needed.	DOC INT MIS VL	<p>1 = Employment specialists do not provide outreach to clients as part of initial engagement or to those who stop attending the vocational service. <b><i>Or</i></b> Cannot rate due to no fit.</p> <p>2 = Employment specialists make one telephone or mail contact to clients as part of initial engagement or to those who stop attending the vocational service.</p> <p>3 = Employment specialist makes one or two outreach attempts (telephone, mail, community visit) as part of initial engagement and also within one month that client stops attending the vocational service.</p> <p>4 = Employment specialist makes outreach attempts (telephone, mail, community visit) as part of initial engagement and at least every 2 months on a time limited basis when client stops attending.</p> <p>5 = Employment specialists provide outreach (telephone, mail, community visit) as part of initial engagement and at least monthly on a time unlimited basis when clients stop attending the vocational service. Staff demonstrates tolerance of different levels of readiness using gentle encouragement.</p> <p>9 = Insufficient data to rate.</p>

**Fidelity Scale Score**

Rater:

Site:

Date:

**Staffing**Caseload: \_\_\_\_\_Vocational services staff: \_\_\_\_\_Vocational generalists: \_\_\_\_\_**Organization:**Integration of rehab. with mental health  
treatment: \_\_\_\_\_Vocational unit: \_\_\_\_\_Zero exclusion criteria: \_\_\_\_\_**Services:**On-going, work-based assessment: \_\_\_\_\_Rapid search for competitive job: \_\_\_\_\_Individualized job search: \_\_\_\_\_Diversity of jobs developed: \_\_\_\_\_Permanence of jobs developed: \_\_\_\_\_Jobs as transitions: \_\_\_\_\_Follow-along supports: \_\_\_\_\_Community-based services: \_\_\_\_\_Assertive engagement and outreach: \_\_\_\_\_**Total\*:** \_\_\_\_\_**Items Not Rated Due To Insufficient Data:** \_\_\_\_\_

\*66-75 = Good Supported Employment Implementation  
56-65 = Fair Supported Employment Implementation  
≤ 55 = Not Supported Employment



## APPENDIX 2.3

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### **Personnel and Infrastructure Preparations for an Individual Placement and Support Supported Employment (IPS SE) Program for Veterans with Spinal Cord Injury (SCI)**

## Personnel and Infrastructure Preparations for an Individual Placement and Support Supported Employment (IPS SE) Program for Veterans with Spinal Cord Injury (SCI)

Who	Preparations
Vocational Rehabilitation Specialist (VRS)	<b>Office</b> <ul style="list-style-type: none"> <li>● Co-location of the VRS in the clinical setting to facilitate integration with the SCI care team is critical.</li> <li>● Private space is required for when the VRS meets with a Veteran to discuss sensitive issues</li> </ul>
	<b>IT/Communications</b> <ul style="list-style-type: none"> <li>● VA laptop with air card</li> <li>● VA cell phone</li> <li>● Submit requests for these early to mitigate delays</li> </ul>
	<b>Transportation</b> <ul style="list-style-type: none"> <li>● <i>For VRS alone</i> <ul style="list-style-type: none"> <li>■ Permanent transportation dedicated for the VRS is needed</li> <li>■ VA motor pool van <ul style="list-style-type: none"> <li>◆ Helpful initially</li> <li>◆ Not practicable in the long term</li> </ul> </li> <li>■ Other options <ul style="list-style-type: none"> <li>◆ Compensated Work Therapy Supported Employment (CWT/SE)</li> <li>◆ Sharing with Home Care</li> <li>◆ Special request from SCI/D executive to motor pool for a dedicated SCI vehicle assigned to VRS.</li> </ul> </li> </ul> </li> <li>● <i>For VRS to transport Veteran:</i> Sharing with Recreation Therapy Services. This requires VRS training to operate a modified van.</li> </ul>
CPRS	<ul style="list-style-type: none"> <li>● Vocational Services Template [📎 2.4]</li> <li>● Consult Request [📎 2.5]</li> </ul>
SCI Staff	<ul style="list-style-type: none"> <li>● Education about integration of vocational rehabilitation into SCI care</li> <li>● Requires leadership support</li> <li>● Clinical Champion facilitates this paradigm shift</li> </ul>



## **APPENDIX 2.4**

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### **A CPRS Vocational Services Template**

## **Example**

# **VOCATIONAL REHABILITATION SERVICES NOTE**

1. Appointment Date (mm/dd/yyyy):
2. Appointment Time (indicate AM or PM):
3. The appointment was (circle one): Attended / No-Show / Cancelled
4. Contact Type (circle one): Face-to-Face / Phone / Email
5. VRS met with (circle all that apply): Veteran / Employer / State VR / VR&E /  
Other:

**Clinical Activity. If provided record minutes; if not, enter 0**

6. Orientation / CWT Intake:
7. Assertive Engagement and Outreach:
8. Focused Interview Assessment/Vocational Assessment Profile:
9. Assistance in Obtaining Benefits Counseling:
10. Treatment Plan Development:
11. Referrals for Collateral Services:
12. Network Contact:
13. Business and Industry Research:
14. Job Development: Employer Contact:
15. Job Development; Employment Negotiation:
16. Vocational Rehabilitation Counseling:
17. Worksite Accommodation:
18. Vocational Case Management:
19. Employment Follow-up/Follow-Along Supports:
20. Ongoing Vocational Assessment:
21. Treatment Plan Review/Revision:
22. Assistance with Job Transition:
23. Consultation w/CWT staff:
24. Consultation w/SCI Interdisciplinary Team Member:
25. Attending SCI Interdisciplinary Team Meeting:
26. Other:
27. Treatment Setting (circle one): Individual / Group – Number of Patients in Group:

**Computerized Patient Record System (CPRS) Procedure Codes  
Matching Vocational Rehabilitation Specialist Services**

<b>SE in SCI VRS Service Description</b>	<b>Corresponding Procedure (CPT) Code on Encounter Form for Face-to-Face Contacts</b>
<ul style="list-style-type: none"> <li>• Assistance in Obtaining Benefits Counseling</li> <li>• Referrals for Collateral Services</li> <li>• Network Contact</li> <li>• Business &amp; Industry Research</li> <li>• Job Development-Employer Contact</li> <li>• Job Development-Employment Negotiation</li> <li>• Worksite Accommodation</li> <li>• Vocational Case Management</li> <li>• Employment Follow-up/Follow-Along Supports</li> <li>• Assistance with Job Transition</li> </ul>	90882 CASE MGT W/OUTSIDE AGENCIES (A.K.A. Agencies, Employers, and Institutions)
<ul style="list-style-type: none"> <li>• Assertive Engagement &amp; Outreach</li> <li>• Vocational Rehabilitation Counseling</li> </ul>	97537 COMMUNITY/WORK REINTEGRATION (15 minutes = 1 unit)
<ul style="list-style-type: none"> <li>• Referrals for Collateral Services</li> <li>• Attending SCI Interdisciplinary Team Meeting</li> </ul>	99366 TEAM CONF W/PATIENT BY HEALTH CARE PROFESSIONAL (30 minutes = 1 unit)
<ul style="list-style-type: none"> <li>• Referrals for Collateral Services</li> <li>• Consultation w/CWT Staff</li> <li>• Consultation w/SCI Interdisciplinary Team Member</li> <li>• Attending SCI Interdisciplinary Team Meeting</li> </ul>	99368 TEAM CONF W/O PATIENT BY HEALTH CARE PROFESSIONAL (30 minutes = 1 unit)
<ul style="list-style-type: none"> <li>• Orientation/CWT Intake</li> <li>• Focused Interview Assessment/VAP</li> <li>• Ongoing Vocational Assessment</li> </ul>	H0031 MH HEALTH ASSESSMENT BY NON-MD
<ul style="list-style-type: none"> <li>• Treatment Plan Development</li> <li>• Treatment Plan Review/Revision</li> </ul>	H0032 MH SVC PLAN DEVELOPMENT BY NON-MD
Services Delivered over the Phone	98966 = BRIEF PHONE CONTACT 8967 = INTERMEDIATE LENGTH PHONE CONTACT 98968 = LONG PHONE CONTACT





## **APPENDIX 2.5**

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### **CPRS Consult Request Template**

## NEW CONSULT REQUEST FORM

*\* indicates required response; text in brackets indicates information to be provided*

**Email form to Clinical Applications Coordinator for processing and SCI Chief for approval.**

- 1) Consult Name: IPS SE in SCI
- 2) Location of consult
  - a) Spinal Cord Injury Consults Menu
  - b) New consult option (listed as # 5)
- 3) Who should be notified (view alert) when new consult requested:
  - a) Name of CWT Program Manager:
  - b) Name of Vocational Rehabilitation Specialist:
  - c) Name of SCI Chief:
- 4) Name of printer if consults are to be printed out when requested or N/A:
- 5) Prerequisite (any conditions/guidelines for when consult can/cannot be ordered), if appropriate.
  - a) This consult is for the IPS SE in SCI program. If you are not a licensed provider working in the [insert name of SCI Clinic/Center], please DO NOT USE THIS CONSULT.
  - b) Please limit access to complete this consult to licensed providers within the [insert name of SCI Clinic/Center].
- 6) Is a provisional diagnosis required? Possible choices are: R REQUIRE
- 7) Reason for Request template
  - a) Are you the Veteran's primary SCI physician? YES / NO  
*NOTE: Consult must be entered by Veteran's primary SCI Physician*
  - b) Is the Veteran interested in returning to competitive employment? YES / NO  
Part-time / Full-time
  - c) Are you aware of any disabilities that could be a barrier to the Veteran's ability to function in a work setting? YES / NO  
If yes, please include accommodations and limitations necessary in Comments box.
- 8) \*Consult progress note title that will be used to complete the consult. Indicate if this is a new title that needs to be created (Yes): IPS SE in SCI Consult Note
- 9) \*Who will be responsible for training staff on use/completion of new consult? Enter Name and title.
- 10) \*This consult will be used for: Outpatients and Inpatients
- 11) \*Contact and extension for any questions regarding this consult service – Provide name, title, and phone number:
- 12) \*Service Chief approval of the above (can be via e-mail) – [Insert name], Chief, Spinal Cord Injury and Disorder (SCI&D) Service Line:



## **APPENDICES 2.6.1 AND 2.6.2**

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### **Educational Tools**

#### **PowerPoint PDF Handouts**

**Note: PPT Versions included on Disk/in Folder**

#### **2.6.1**

**Integrating Individual Placement and Support  
Supported Employment (IPS SE) into  
Spinal Cord Injury (SCI) Treatment and Rehabilitation**

#### **2.6.2**

**Vocational and Clinical Integration:  
Maximizing Our Potential for Collaboration**

# **Integrating Supported Employment into Spinal Cord Injury Treatment and Rehabilitation**



Following the  
Supported Employment Model  
to Achieve Maximum Employment Outcomes

# What is Supported Employment?

- Supported employment (SE): An evidence-based approach for those with significant disabilities.
- Targets jobs that are:
  - Preference-based
  - Minimum wage or above
  - Permanent in the community
  - Alongside persons without disabilities
- Provides follow-along supports
- Proven effective by empirical data
  - 20 years in mental health
  - 10 years in spinal cord injury (SCI)

# Why SE for Veterans with SCI?

- After SCI, employment rate has been very low for both Veterans and the general population.
- SE proven empirically to be effective for those with serious mental illness.
- 10 years of VA research on SE for Veterans with SCI: Significantly greater employment rate with SE than usual vocational rehabilitation (referral to agencies outside SCI care).

# VA Research Efforts

	<b>SCI-VIP*</b>	<b>PrOMOTE†</b>
Years	2005-2010	2010-2015
Study Type	<ul style="list-style-type: none"> <li>• 6 sites</li> <li>• Randomized clinical trial</li> <li>• SE vs treatment as usual (TAU)</li> </ul>	<ul style="list-style-type: none"> <li>• 7 sites</li> <li>• Longitudinal</li> <li>• SE at all sites</li> </ul>
Results	SE employment rate <ul style="list-style-type: none"> <li>• 2 ½ times &gt; than TAU</li> <li>• 12 times &gt; than TAU at observational sites (SE not available)</li> </ul>	Competitive employment rate: 43%

\* Spinal Cord Injury-Vocational Integration Program

† Predictive Outcome Model over Time for Employment

## 8 SE Practice Principles (1-4)

- *Zero exclusion* - Eligibility based solely on desire to work
- *Integration of clinical and vocational services* – Vocational provider is part of clinical treatment team
- *Competitive employment* - Jobs obtained are open to any qualified person, with or without disability
- *Rapid job search* - No pre-vocational activity required or needed



## 8 SE Practice Principles (5-8)

- *Preferences are honored* – The Veteran's preferences guide choice of type and setting of job to pursue
- *Community-based services* – 70% of VRS time is in community
- *Benefits planning* – Facilitates informed decisions about optimal amount of hours and rate of pay
- *Follow-along supports* – After employment begins, individualized supports continue

# What is the Role of the Vocational Rehabilitation Specialist (VRS)?

## ***Being Veteran Centered***

- Veteran meetings: Veteran determines place and time.
- Vocational profile: Probe to determine all of Veteran's strengths, preferences, skills, needs.
- Vocational treatment plan: Develop collaboratively.
- Benefits: Connect Veteran to benefits counselors.

# What is the Role of the VRS?

## Health Care Providers and Employer

- Interdisciplinary team (IDT): Involves team in vocational planning.
- Job development: Uses networks and base on Veteran's preferences for work.
- Employers: Negotiates for job carving.
- Follow-along supports: Continue to maintain employment.

# **Critical Component: Treatment Integration!**



# Achieving Integration

- Co-location of VRS and SCI team members
- Reciprocal education about respective areas of expertise
- VRS participation in weekly IDT meetings and shared decision-making
- Timely contact between vocational and clinical staff about Veteran issues by the following as needed: face-to-face meetings, telephone, CPRS, email

# Role of VRS within Integrated Team

- Champions employment.
- Brings Veterans' vocational issues to team's attention.
- Highlights clinical issues observed in the field.
- Receives input from IDT.
- Encourages shared decision-making regarding employment and clinical needs.
- Facilitates implementation of vocational plans developed collaboratively.

# Practice Examples

- Primary physician orders medication regimen: Team plans Veteran's work schedule to take into account potential side effects, such as drowsiness.
- Veteran is concerned about managing catheter at work: VRS brings questions to nurse for input.

# Practice Examples (continued)

- Veteran begins to experience skin breakdown after starting job: VRS notifies team and arranges appointment for evaluation, which leads to modification of work schedule.
- Veteran, ambivalent about working due to concerns with physical functioning, meets with team and together they explore the pros and cons of work and develop ideas for employment that address the concerns.



# Practice Examples (continued)

- A social worker is brought in to help a Veteran who is missing work due to landlord difficulties.
- Physical and Occupational Therapy staff assist the VRS in training a Veteran on how to use public transportation to get back and forth to work.

# Expected Results of Successful Integration

- Competitive employment for Veterans.
- Consistent and continuous focus on medical issues related to employment.
- Decrease in emergency care.
- Veterans' interest in maintaining overall health is increased.
- Increased quality of life for Veterans.

# **Vocational and Clinical Integration:**

**Maximizing  
Our Potential  
for Collaboration**

# IPS Fidelity

## Definition of Integration

“VRS is part of the clinical team with shared decision making. They attend regular treatment team meetings ...and have frequent contact with treatment team members.”



# What We've Learned

## Integration Is Not...



- Interdisciplinary groups meeting to report information about Veterans
- VRS or clinical staff simply giving one another updates on a Veteran's status
- Simply signing someone on a note
- Referring Veteran to vocational staff after they've reached a pre-determined point in rehab



# What We've Learned

## Integration Is...



- Learning about all aspects of a Veteran's condition/care
- Mutual education/utilization of shared knowledge to contribute to vocational plans
- Willingness to set aside doubts in the spirit of what may be possible
- Recognizing that a Veteran is multi-dimensional
- Clinicians seeing vocational services as an integral piece of a Veteran's rehabilitation and recovery

# To Achieve and Maintain Integration

- Evaluate what is best IDT for VRS
- Call ad hoc treatment team meetings PRN
- Maximize opportunities 1:1 to exchange valuable information
- Always emphasize the spirit of the integration principle
- Encourage clinical staff to present issues that could impact employment
- Offer regular “refresher courses” on IPS principles
- Routinely call upon expertise of whole SCI unit to address complex cases





# Additional Guidance

- 1) Are active clinicians involved in IDT, contributing to vocational plans, sharing knowledge of Veterans that affects employment? Are there other clinicians representing disciplines that are not currently involved, but having their input would add value to the overall process? What mechanisms are in place to ensure the “right” staff are invited to meetings on a PRN basis? What mechanisms are in place to ensure comprehensive discussion occurs during meetings, i.e. addressing recent job development outcomes, clinical needs, accommodation needs, ideas for job carves, soliciting network contact ideas?
- 2) Include clinical providers involved in Veteran cases when necessary; these providers may not have been asked to contribute to vocational plans thus far; time is of the essence at this point and harnessing the knowledge of relevant clinical staff could make the difference in final successful placements.
- 3) Responsibility for integration and prioritizing of employment services is that of the whole team and cannot exclusively rely on VRS persistence or assertiveness.
- 4) What is the purpose? Encourage timely communication between vocational and clinical staff and respond directly to questions about a Veteran’s condition or vocational plan. How do we determine who should be added?
- 5) Community activities should build on plans generated by team discussion, network contacts, employer contacts, and Veteran meetings/observations in the community.





## **APPENDIX 3.1**

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**Characteristics of an Effective Individual Placement and Support  
Supported Employment (IPS SE) Vocational Rehabilitation Specialist (VRS)**

## **Characteristics of an Effective Individual Placement and Support Supported Employment (IPS SE) Vocational Rehabilitation Specialist (VRS)**

- **Positive Attitude/High Expectations** – The ideal VRS acknowledges, accepts, and values the role of being primarily responsible for outcomes. The ideal candidate tends to demonstrate a high level of confidence in his/her skills of negotiation and persuasion. The candidate is just as comfortable talking with employers and colleagues as he/she is with persons served. The VRS assumes “employability” for all persons on his/her caseload and expects a job match to occur. Those who assertively pursue connecting persons to jobs have higher IPS SE outcomes. Obstacles become challenges to work on cooperatively with clinical staff, not excuses for limited outcomes.
- **Orientation to Marketing** – The ideal VRS is comfortable with “closing the deal.” This is not necessarily marketing in the “Madison Avenue” style of sales, but rather an ability to think on one’s feet and not be intimidated by hesitancy and rejection from employers.
- **Abstract Thinking and Analytical Skills** – The ideal VRS can see the gray between the black and white. The VRS gets to know the person – what skills and experiences they have had and what their expressed career goals are – and then formulates a strategy that merges skills, experiences, and desires. Applying this kind of analysis/thinking helps a Veteran attain a job that also motivates the Veteran to stay in the job. Retention and motivation are critical features of a well-designed career plan.
- **Lifestyle/Cultural Fidelity** – The ideal VRS can relate to the life experiences of the service recipient. Look for demonstration of cultural competency based on past experiences, both personal and professional.
- **Personal Investment** - The ideal VRS should possess the skills, interest, and ability to involve other paid and non-paid supports in the career planning and development process. These skills are most commonly associated with community organization techniques. The ideal candidate tends to have been involved in personal interests related to life experiences where community organizing skills could be used effectively, for example, advocating for a friend or loved one who is ill or disabled or volunteering for a fundraiser.

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**NOTE:** *These characteristics or guidelines are indicators, not requirements or assurances. The work of job placement and career development for persons with disabilities who want to return to work is not yet fully integrated into standard medical rehabilitation. It is hard work that requires perseverance and a belief system of hopefulness. The recruitment and hiring process must look beyond basic credentials, experience, and/or exposure to the population.*



## APPENDIX 3.2

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### Human Resources Tools

- Vocational Rehabilitation Specialist  
Position Description
- Sample Interview Questions
- Sample Phone Interview Questions
- Human Resources Evaluation Documents

POSITION DESCRIPTION (Please Read Instructions on the Back)								1. Agency Position No.	
2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced)		3. Service <input type="checkbox"/> Hdqrs <input checked="" type="checkbox"/> Field		4. Employing Office Location		5. Duty Station		6. GPM Certification No.	
		7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Employee Personnel Financial Statements <input type="checkbox"/> Employment and Personnel Services		9. Subject to LA Action <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Comparative Level Code	
		10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input type="checkbox"/> 1-High Sensitive <input type="checkbox"/> 3-Official Sensitive <input type="checkbox"/> 2-Moderate Sensitive <input type="checkbox"/> 4-Special Sensitive		14. Agency Use	
15. Classified/Graded by		Official Title of Position				Pay Plan		Occupational	
a. U.S. Office of Personnel Management									
b. Department, Agency or Establishment									
c. Second Level Review									
d. First Level Review		Vocational Rehabilitation Specialist				GS		1715	
e. Recommended by Supervisor or Issuing Office		Vocational Rehabilitation Specialist				GS		1715	
16. Organization, Title of Position (if different from the official title) Vocational Rehabilitation Specialist (PROMOTE)						17. Name of Employee (if vacancy specified)			
18. Department, Agency, or Establishment Department of Veterans Affairs						a. Third Subdivision			
a. First Subdivision						d. Fourth Subdivision			
b. Second Subdivision						e. Fifth Subdivision			
19. Employee Review — This is an accurate description of the major duties and responsibilities of my position.						Signature of Employee (optional)			
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that the information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.									
a. Type Name and Title of Immediate Supervisor						b. Typed Name and Title of Higher-Level Supervisor or Manager (optional) Charles McGough, National Marketing Director			
Signature _____ Date _____						Signature _____ Date 12-14-10			
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.						22. Position Classification Standards Used in Classifying/Grading Position			
Typed Name and Title of Official Taking Action Deonte Pitts, HR Specialist (Classification)						Information for Employees: The standards, and information on their application, are available in the personnel office. The classification of the position may be and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.			
Signature _____ Date 12/15/10									
23. Position Review		Initials		Date		Initials		Date	
a. Employee (optional)									
b. Supervisor									
c. Classifier		DOP		12/15/10					
24. Remarks This is a national position that has been classified by VACO, OHRM and cannot be revised without VACO approval.									
25. Description of Major Duties and Responsibilities (See Attached)									

## **Vocational Rehabilitation Specialist, GS-1715-11**

### **I. INTRODUCTION**

**The Primary Purpose of the Position Is:** To carry out all duties related to attaining and maintaining competitive employment for veterans living with Spinal Cord Injury (SCI) who are assigned a caseload through VA SCI vocational research. The focus of the research is to maximize optimal occupational functioning of veterans with SCI within the community. Vocational Rehabilitation Specialist (VRS) carries out all phases of vocational service, including engagement, assessment, job placement, and follow-along supports. VRS pursues employment contacts and supports veterans in the community a minimum of 70% of work week. As it relates to job seeking or retention, the VRS will be responsible for coordinating the veteran's medical care with his or her SCI treatment team. All duties performed should be consistent with evidence-based supported employment principles and the individual treatment plan, and coordinated through and with the clinical team. The work requires driving a government vehicle, and making home, business, and office visits. It is estimated that 70% of work week will be spent in the community. Other physical demands include stooping, bending and lifting.

### **II. MAJOR DUTIES**

#### **Conducts Initial and Ongoing Employment Profiling and Planning: 25 Percent**

VRS conducts community-based vocational profile with each veteran to get to know veteran's strengths, abilities, needs and preferences, including veteran's family members/friends/community contacts in the process as appropriate. VRS uses time in community settings with veterans to enhance understanding, make behavioral observations and learn environments in which veteran is comfortable.

VRS solicits input from clinical treatment team as it relates to veteran's medical status, functioning, symptoms, coping abilities, support needs, and employment goals.

VRS synthesizes all information into an individualized strategic employment plan. Preferences or needs for specialized education or training to reach career goals are included in plan and addressed alongside pursuit of competitive employment.

Profiling and assessment continues as employment is pursued, acquired and maintained. The strategic plan is modified accordingly and treatment team is updated as dictated by new profile information.

#### **Assists Veterans in Obtaining Employment: 50 Percent**

VRS is responsible for rapidly placing veterans into competitive jobs in the community, with first employer contact being made within one month of veteran entering the program. Job search is guided by the strategic employment plan, developed using the vocational profiling process. Employer contacts are initiated based on veteran's interests, rather than made in response to advertised positions. Employer contacts can occur through direct veteran involvement/networks or advocacy on behalf of the veteran based on the strategic plan objectives. Contacts are used to establish rapport, learn about the business, market the program and/or veteran, and open the door to negotiations if it is determined that an appropriate match can be made. VRS is responsible for any supports necessary to facilitate employer meetings with veterans, job interviews, and hiring processes.

When appropriate reasonable work accommodations or other supports are required to meet the needs of veterans based on performing worksite analysis, VRS negotiates accordingly with employer. VRS advocates/negotiates for job training to be provided by supervisor or co-workers, as would be provided to any new employee.

VRS develops strategies to engage clients who may be reluctant to actively pursue employment or risk a reduction of benefits. VRS handles the most difficult placement cases. Cases demand considerable ingenuity and persuasiveness on the part of VRS to meet veteran preferences and needs. Assertive outreach is conducted to engage difficult-to-reach veterans and those who indicate ambivalence, those who are symptomatic and those who express other perceived barriers to employment.

### **Provides Individualized, Follow-Along, Time-Unlimited Supports: 25 Percent**

VRS supports and guides new employee through difficult transition or rough spots in the adjustment to the job, modifying or increasing supports as necessary. VRS facilitates relationships between veterans and co-workers so as to enhance the veteran's job satisfaction and build natural supports in the workplace. VRS supports veteran in all work related tasks, including but not limited to, coordination of transportation, on the job training, support with co-workers and supervisor negotiations, ongoing and follow along supports, and compliance with specification of appropriate clinical support(s). VRS develops, maintains, and nurtures positive employer relationships. VRS conducts ongoing assessment of job performance to keep profile, plan and clinical team updated.

VRS participates regularly in SCI treatment team meetings to be aware of any clinical concerns and shares strategies, progress, needed support and decision-making with other members of the treatment team. The employment objectives should be an active, ongoing component of the treatment plan. VRS attends and participates in weekly CWT/Supported Employment vocational unit meetings, contributing actively to the strategies and support plans for all rehab veterans served by the team. VRS communicates strategies developed to the appropriate clinical treatment team. VRS maintains timely documentation of all activities (face-to-face and non face-to-face) according to VA regulations, CARF, JCAHO, AAHRPP and human protection guidelines.

VRS meets weekly with SE Clinical Coordinator or in appropriate supervisory arrangement, including telephone conferences, to report caseload activity and status and to receive clinical supervision and support on the implementation of duties within the context of the evidence-based supported employment model.

Meets the needs of customers (veterans, their representatives, visitors, and all VA staff) while supporting the mission of VA SCI vocational research. Consistently communicates and treats customers in a courteous, tactful, and respectful manner. Provides the customer with consistent information according to established policies and procedures. Handles conflict and problems in dealing with the customer constructively and appropriately.

### **Nature of Assignment**

The work is complex as the incumbent must deal successfully with a broad range of human behaviors and with veterans who have spinal cord injuries and related, co-existing conditions. Decisions require extensive knowledge of physical disabilities and other limitations relative to job placement. Placement is difficult, requiring careful selectivity, since there is a strong likelihood of (1) great employer resistance and prejudice in hiring the individual and (2) a possible loss of good relations painstakingly established with the employer, if the individual suffers a relapse or proves

unsatisfactory . There is also the danger that, in case of relapse or failure with one such worker, the employer may be unwilling to hire other disabled workers in the future.

The incumbent will be responsible for promoting a culture of safety and will fully cooperate in efforts to improve veteran safety and eradicate potential events including the reporting of events resulting in actual or potential injury to a veteran. Incumbent must demonstrate knowledge of the reporting procedures involving safety issues relating to veterans.

The incumbent provides the veteran care/support which is appropriate to the cognitive, emotional and chronological maturation needs of the young adult (18-44 years old), middle adult (45-64 years old), and older adults (65-older) veterans. The incumbent must demonstrate the knowledge and skills necessary to provide care/support appropriate to the age of the veterans served in the assigned service area. The incumbent must demonstrate the knowledge of the changes associated with aging and possess the ability to provide care/support based upon age related factors.

The work requires use of MS Word or comparable word processing software with proficiency. Uses the Veterans Health Information & Technology Architecture (Vista) to access information in the Medical Center Computer System.

### **Level of Responsibility**

Incumbent is assigned to the Research Service and is organizationally under the administrative oversight of the Principal Investigator (PI), but clinically supervised by the SCI vocational research SE Clinical Coordinator. Incumbent is given assignments with general instructions, and carries out assignments independently and consults with supervisor and with colleagues in developing knowledge and applying agency policies and practices to new matters. The VRS keeps the supervisor informed of problems that arise through regular progress reports. Work is reviewed for conformance with agency policy and practices applicable to the subject.

Contacts are with all types of Medical Center employees, both in professional and administrative services. Primary contacts will be with veterans and their families/significant others, employers numerous clients, professionals and administrative and managerial staff in other agencies, as well as with community agencies, industry, state and federal agencies and employers. Contacts with training and employment sources are with both new and well- established facilities, typically institutional in nature that may or may not have been previously used by the program. The purpose of the contacts is to assist the veteran in obtaining and maintaining employment to provide follow-along services to the veteran as needed and, to coordinate treatment and supportive services with treatment providers and community agencies which involves finding and negotiating with individuals/facilities who are particularly competent to develop and conduct individually tailored programs for veterans who have spinal cord injuries and additional related, co-existing conditions .

## **POSITION CLASSIFICATION EVALUATION STATEMENT**

**CURRENT TITLE/SERIES/GRADE:** Vocational Rehabilitation Specialist, GS-1715-11

**PROPOSED TITLE/SERIES/GRADE:** Vocational Rehabilitation Specialist, GS-1715-

**11 FINAL TITLE/SERIES/GRADE:** Vocational Rehabilitation Specialist, GS-1715-11

**ORGANIZATION ALLOCATION:** Veterans Health Administration - multiple sites.

**REFERENCES:** OPM Position Classification Standard for Vocational Rehabilitation Series, GS-1715

**BACKGROUND:** The position description for this position was submitted to the Compensation and Classification Service for a classification determination. This position will be involved in a multi-site longitudinal research study called Predictive Outcome Model Over Time for Employment (PrOMOTE). The VA Research and Development was funded a five-year research study to measure the effectiveness of using a vocational rehabilitation model called Evidence Based Supported Employment (SE) to secure competitive employment positions for Veterans with spinal cord injury (SCI). The position will be operational in several sites as a pilot.

In five years, if the PrOMOTE study is fully successful, the expectation is the Evidence Based Supported Employment model will be expanded to all of VHA's twenty three (23) Spinal Cord Centers. Given expansion of PrOMOTE, a standardized VRS PD was requested for future hiring of the VRS personnel that will be needed nationally.

### **SERIES AND TITLE DETERMINATION:**

The duties of this positions fall within the type of work covered by the Vocational Rehabilitation Series, GS-1715, which includes positions requiring the application of knowledge of training programs and occupational information in relation to vocational rehabilitation problems of the physically or mentally disabled, or of other individuals whose background or lack of job skills impairs their employability. The work also involves the application of counseling techniques and methodology in motivating individuals and helping them to adjust to the training or work situation; however, full professional counseling knowledge is not required.

The field of vocational rehabilitation is generally recognized as including provision of services to individuals whose employability or job adjustment is impaired by (a) a physical, mental, emotional, or other disability or (b) a lack of basic education and job skills or other disadvantaged background condition. Vocational Rehabilitation Specialist is the appropriate title for nonsupervisory positions.

### **GRADE DETERMINATION:**

The position is evaluated by reference to OPM Position Classification Standard for Vocational Rehabilitation Series, GS-1715. The standard is in the narrative format. The GS-1715 standard uses two classification factors to evaluate positions: Characteristics



of the Assignment and Level of Responsibility. The evaluation with respect to these factors follows.

### **Characteristics of the Assignment**

This factor measures the difficulty of the assignment. It takes into account the complexity of the problems involved; the knowledge, originality, and judgment required; and other qualifications to perform the work. Generally, as cases involve impairments of increased severity, in relation to the work demands, difficulty of the specialist's position increases.

This factor measures the extent of supervisory instruction and review received and the extent of independence of action exercised by the specialist in carrying out assignments. It takes into consideration the scope and nature of the person-to-person work contacts involved and includes consideration of responsibility for negotiations and arrangements with prospective employers and officials of training facilities.

At the GS-9 level, contacts with training and employment sources are largely with well-established facilities that have been previously used by the program. The GS-9 independently develops training plans or employment arrangements for regular procedures type cases. The GS-9 specialist's recommendations are highly relied upon by the supervisor, but more complicated situations involve consultation with and subsequent checking by the supervisor. Supervision on regular procedures type cases is general in nature, and the specialist keeps the supervisor informed of problems through regular progress reports. On special procedures type cases, where the GS-9 specialist performs a partial range of case coverage, a specialist at a higher grade or the supervisor gives close technical review and guidance.

In contrast, contacts at the GS-11 level may involve nonstandardized sources. The GS-11 specialist may be responsible for finding and negotiating with individual instructors to provide the necessary skills training to meet the individuals' needs. The supervisor relies heavily upon the GS-11 specialist's decisions, arrangements, and recommendations. While the GS-9 specialist may independently make decisions regarding training and employment, the decisions and recommendations of the GS-11 involve considerably more complex situations calling for greater knowledge and judgment. In general, GS-11 specialists receive and carry through the full range of difficult special procedures cases assigned to them, typically without supervisory guidance. If a case is exceptionally complex, the specialist consults with the supervisor. In contrast, GS-9 specialists operate with similar independence of action only in the regular procedures cases. Special procedures case assignments at the GS-9 level are limited by closer supervision or a partial range of case coverage.

Progress reports, decisions, and recommendations of GS-11 specialists are subject to supervisory review for information or formal approval or for discussion of any questions raised by the specialist where there is need for a joint decision on matters that may serve as precedent, present potential public relations problems, or otherwise require

specific attention. Periodic supervisory review is made to evaluate quality and continuing effectiveness of performance.

At the GS-11 level, the incumbent handles veterans living with Spinal Cord Injury (SCI) and is assigned a caseload through VA SCI vocational research with little or no supervision. The rehabilitation programs at the medical centers are structured to deal with veterans who suffer from the full range of SCI afflictions that fit the description for special procedures type cases. Cases involve both inpatient and outpatient veterans and the incumbent perform counseling and program development services for all outpatients and walk-ins. In that capacity, the incumbent independently develops and carries out the vocational rehabilitation plans for outpatients and walk-ins. The incumbent initiates the plan as the veteran reaches the appropriate stage of rehabilitation. The SCI treatment team relies heavily upon the incumbent's decisions, arrangements, and recommendations. In cases that are extremely complex, the incumbent draws upon the expertise of the SCI treatment team to provide guidance. The incumbent consults with the supervisor when there is a question of agency policy. The SCI vocational research SE Clinical Coordinator provides feedback to the service line supervisor on the incumbent's performance as a team member with regard to inpatient care. The supervisor assesses the incumbent's performance in terms of quality and continuing effectiveness. Guidance is given to the incumbent and the level of independence are comparable to the GS-11 level where specialists typically carry through the full range of difficult special procedures cases without supervisory guidance and the supervisory review is for evaluation of quality and effectiveness of performance.

To help veterans in getting appropriate training or other assistance, the incumbent contacts Federal, State, and local agencies for employment, education or training, and disability program information. The incumbent works closely with many outside agencies, such as the [state] Department of Employment Services Job Service in discussing potential training programs with private employers that might be offered, usually in trade occupations such as carpentry or construction. The incumbent has regular contact with other outside local and State agencies Rehabilitation Offices, and private organizations that provide training or work sites for the disabled and disadvantaged. While the GS-1715 standard indicates that GS-9 and GS-11 specialists may negotiate contracts for training or employment, that function is not mandatory. The incumbent not have the authority to make contracts with outside agencies, the overall level of outside contacts is equivalent to the level described for a GS-11 specialist in a contract negotiating role. The incumbent's level of responsibility and independence fully meet and do not exceed the intent of the GS-11 level.

## **Summary**

The characteristics of the incumbent's assignments and the level of responsibility fully meet but do not exceed the GS-11 level.

**Conclusion:** The position is properly classified as Vocational Rehabilitation Specialist, GS-1715-11.

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**HR SPECIALIST (CLASSIFICATION)**

**DATE**

## Vocational Rehabilitation Specialist VRS for IPS Supported Employment Questions for Initial Face-to-Face Interview

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**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

**Scoring Ratings:** 5 = Superior 3 = Average 1 = Minimal

**No Score:** Included for non-vocational services interviewers, such as spinal cord injury (SCI) clinicians, who would rate only items they have knowledge to evaluate.

**Score:** 100% = 75 points 90% = 67.5 points 80% = 60 points 70% = 52.5 points

**1. What is your experience working with evidence-based supported employment model (SE) as a vocational model?**

**Score:** \_\_\_\_\_

5 = Cites experience with hands-on implementation of the SE model.

3 = Cites training received or collaborative work done with SE provider.

1 = Describes no experience with SE model.

No Score—Rater does not have content knowledge on which to base scoring.

**2. How have you gone about obtaining jobs for yourself?**

**Score:** \_\_\_\_\_

5 = Discusses learning as much as possible about position, networking, utilizing informational interviews, trying to get hiring authority face time.

3 = Discusses heavy focus on submitting applications and resumes for posted openings.

1 = Discusses use of internet searches, classified ads, blanket resume strategies.

No Score—Rater does not have content knowledge on which to base scoring.

**3. If everything is equal, why would an employer elect to hire a person with a spinal cord injury SCI?**

**Score:** \_\_\_\_\_

5 = Expresses commitment to competitive employment for anyone with a disability who desires to work, discusses the value of a diverse workforce for businesses.

3 = Expresses belief in the viability of competitive employment for some, but not all people with disabilities, does not verbalize positive implications of employer hiring someone with a disability.

1 = Does not mention competitive employment as a viable treatment option for people with disabilities.

No Score—Rater does not have content knowledge on which to base scoring.

Interviewer: \_\_\_\_\_

**4. Describe an example of a difficult case that required you to use the principles of SE and please specify the principles used.**

Score: \_\_\_\_\_

5 = Discusses at least three principles of SE.

3 = Discusses two principles of SE.

1 = Discusses only one or no principle of SE.

No Score—Rater does not have content knowledge on which to base scoring

**5. In order to enroll in SE, Veterans must verbalize a desire to pursue employment. However, there are times when Veterans may appear uncooperative and/or unmotivated. What expectations have you had on clients demonstrating such behaviors?**

Score: \_\_\_\_\_

5 = Discusses ideal participation that could be expected from person served such as motivated behavior, taking initiative, and keeping all appointments but recognizes that there are factors that naturally interfere, such as illness, fears, ambivalence, or family circumstances; indicates importance of VRS being proactive with engagement and service provision.

3 = Discusses concept of providing services in keeping with the level of participation demonstrated by the person served (“I will do as much as s/he will do; it’s her/his job search”).

1 = Uses terms such as “readiness” or “does not want to work” as indicators of persons who have not been given priority.

No Score—Rater does not have content knowledge on which to base scoring.

**6. A Veteran, who you have never met and has minimal background data available, is referred to you for vocational services. What types of assessment do you feel will be necessary in order for you to commence with job development and employment services?**

Score: \_\_\_\_\_

5 = Discusses client-centered, on-going, in-vivo assessment; response may also include mention of collateral input from family/significant others.

3 = Discusses office-based question/answer of assessment and review of employment history; may or may not discuss person-centered approach; does not discuss collateral input.

1 = Discusses approaches such as standardized tests and pre-vocational evaluation processes; does not discuss person-centered or on-going, in-vivo assessment approaches or collateral input.

No Score—Rater does not have content knowledge on which to base scoring.

Interviewer: \_\_\_\_\_

**7. Typically, those served by SE programs contend with multiple challenges, that is, mental health, social, medical, and legal as well as vocational issues. What have you found to be the best approach to ensuring treatment of the whole person?**

Score: \_\_\_\_\_

5 = Expresses commitment to competitive employment as part of treatment as well as assertiveness/confidence in presenting to interdisciplinary treatment team members, describes strategies for fostering integration of employment and clinical services.

3 = Expresses recognition of need to regularly attend treatment team meetings and represent employment services, but does not describe strategies for fostering integration.

1 = Does not address role as one of advocate/responsible for employment among treatment team; does not describe strategies for fostering integration.

No Score—Rater does not have content knowledge on which to base scoring.

**8. What are the essential elements in a comprehensive employment plan and why is each necessary and appropriate?**

Score: \_\_\_\_\_

5 = Discusses plan derived from assessment and summary of information, including individual's strengths, needs, abilities and preferences; discusses clinical input, goals with measurable objectives, services/interventions, timeframes for completion, accountable individuals.

3 = Discusses plan derived from assessment and summary of information; discusses goals with measurable objectives and services; does not mention clinical input, timeframes for completion, accountability.

1 = Discusses plan including goals, objectives and services; does not address strengths, needs, abilities, preferences, clinical input, timeframes for completion, accountability or measurability.

No Score—Rater does not have content knowledge on which to base scoring.

**9. The job for which you have applied requires the VRS to secure meaningful and gainful competitive employment for referred Veterans with SCI. Please demonstrate your best techniques for convincing a resistant employer to consider hiring the Veteran whom you represent.**

Score: \_\_\_\_\_

5 = Provides at least three examples of successful techniques, such as interviews and/or employment was secured.

3 = Provides two examples of successful techniques.

1 = Provides only one example or response indicates lack of success in overcoming resistance.

No Score—Rater does not have content knowledge on which to base scoring.

Interviewer: \_\_\_\_\_

**10. Give an example of bringing up and negotiating with an employer for a reasonable accommodation needed by one of your Veterans. Score: \_\_\_\_\_**

- 5 = Discusses at least one case involving a reasonable accommodation request and related negotiations; may include discussion of suggestions made to employer as to how request could be fulfilled without undue hardship.
- 3 = Discusses at least one case involving a reasonable accommodation but does not address a specific presentation to employer, that is, candidate was aware of what person needed but was not sure how to bring it to employer's attention.
- 1 = Does not respond in terms of reasonable accommodations.
- No Score—Rater does not have content knowledge on which to base scoring.

**11. Talk about a client whom you were working with who decompensated in the workplace and the employer called you for help. What did you do and what were some of the underlying issues that you had to consider? Score: \_\_\_\_\_**

- 5 = Discusses timely responsiveness, bringing information to treatment team to engage in shared decision-making, for example, to collaboratively develop proposal of modified work conditions to present to employer.
- 3 = Discusses bringing information to team but would allow team to dictate next steps, that is, no vocational advocacy or shared decision-making.
- 1 = Does not discuss integration of employment and medical goals, that is, maintaining both employment and optimum health; sees employment and medical as separate treatment components.
- No Score—Rater does not have content knowledge on which to base scoring.

**12. The SE model calls for VRs to spend at least 70% of their time in the community, meeting with both clients and employers. The job requires that the incumbent has a good driving record and a valid driver's license, as transporting Veterans with a government vehicle in the community may be required and is considered essential to successful completion of the job. Please discuss your understanding of and preparation for this requirement. Score: \_\_\_\_\_**

- 5 = Describes confidence in ability to and experience with responsibly conducting duties in the community as expected; provides affirmative response regarding driving record and license and recognizes that transporting Veterans may be critical to effective job development; may cite relevant example(s).
- 3 = Describes understanding this expectation and ability to fulfill it; may cite limited experience in field/community-based work; provides affirmative response regarding driving record and license, and recognizes that transporting Veterans may be critical to effective job development.

Interviewer: \_\_\_\_\_

1 = Describes reticence about community-based work and/or no experience in community-based work; provides non-affirmative response regarding driving record and/or license.

No Score—Rater does not have content knowledge on which to base scoring.

**13. Talk about a time when you felt you had done a good job but the client you were working with verbalized to your supervisor and coworkers that you could and should have done more?** Score: \_\_\_\_\_

5 = Discusses willingness to ask questions and obtain clarification; mentions client preferences as guiding treatment.

3 = Discusses apprehension to ask questions and obtain clarification but willingness to do so; may blame client in attempt to justify decisions.

1 = Does not discuss willingness to ask questions or clarify.

No Score—Rater does not have content knowledge on which to base scoring.

**14. Based on this interview, what have you determined to be the key activities in the workday of a VRS successfully practicing SE for Veterans with SCI?** Score: \_\_\_\_\_

5 = Discusses at least three of the following:

- Community-based work
- Face-to-face work with Veterans, such as assessments, home visits, and job site visits
- Meeting employers/learning about local business community
- Job development on behalf of specific Veterans
- Interacting with clinical providers
- Synthesizing resources necessary for a Veteran to go to work

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**15. Please tell us why we should recommend you over other applicants for this position.** Score: \_\_\_\_\_

3 x \_\_\_\_\_ = \_\_\_\_\_

5 = Discusses at least three of the following:

- The belief that competitive employment is attainable for all persons
- Specific experience related to the SE model
- Specific experience with business networking
- History of creativity and tenacity in job development/employer negotiation
- Documented competitive employment outcomes for clients in previous job(s)  $\leq 40\%$
- Experience conducting person-centered assessment and planning

**Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Page 6**

**Interviewer:** \_\_\_\_\_

- Experience collaborating on an interdisciplinary team(s)

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**Total Score:** \_\_\_\_\_.



Interviewer: \_\_\_\_\_

### Questions for Follow up Telephone or Face-to-Face Interview

---

**1. Based on what you know about this position, what do you think a typical day would look like?**

**Score:** \_\_\_\_\_

5 = Discusses at least three of the following:

- Community-based work
- Face-to-face work with Veterans, such as assessments, home visits, and job site visits
- Meeting employers/learning about local business community
- Job development on behalf of specific Veterans
- Interacting with clinical providers
- Synthesizing resources necessary for a Veteran to go to work

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**2. What do you think about people with disabilities working?**

**Score:** \_\_\_\_\_

5 = Expresses commitment to competitive employment for anyone with a disability who desires to work.

3 = Expresses belief in the viability of competitive employment for some, but not all people with disabilities.

1 = Does not mention competitive employment as a viable treatment option for people with disabilities.

No Score—Rater does not have content knowledge on which to base scoring.

**3. What techniques have you used to get to know the people you are serving? Score:** \_\_\_\_\_

5 = Discusses face-to-face interactions intended to elicit a person's strengths, interests, preferences, needs, and abilities; highlights benefits of conducting interactions in the community with the person.

3 = Discusses office-based interaction, completion of assessment documents.

1 = Discusses use of tests and assessment tools to determine aptitude and interests.

No Score—Rater does not have content knowledge on which to base scoring.

Interviewer: \_\_\_\_\_

**4. From your perspective, what has been the value of a treatment plan to a client's vocational services?****Score:** \_\_\_\_\_

5 = Discusses treatment plan as a collaboratively developed document, that is, includes the client and treatment providers, which summarizes assessment information; defines specific and measurable goals, objectives, and interventions; and guides all treatment.

3 = Discusses treatment plan as a document that includes the client's goals and services to be delivered.

1 = Discusses treatment plan as a document required as part of the client's medical record.

No Score—Rater does not have content knowledge on which to base scoring.

**5. What have your expectations been for persons on your caseload in terms of their participation in employment services?****Score:** \_\_\_\_\_

5 = Discusses ideal participation that could be expected from person served such as motivated behavior, taking initiative, and keeping all appointments but recognizes that there are factors that naturally interfere, such as illness, fears, ambivalence, or family circumstances; indicates importance of VRS being proactive with engagement and service provision.

3 = Discusses concept of providing services in keeping with the level of participation demonstrated by the person served, such as saying "I will do as much as s/he will do; it's her/his job search."

1 = Uses terms such as "readiness" or "does not want to work" as indicators of persons who have not been given priority.

No Score—Rater does not have content knowledge on which to base scoring.

**6. What are three strategies you have used to assist people with disabilities to obtain jobs?****Score:** \_\_\_\_\_

5 = Discusses at least three of the following:

- Utilized contacts of the client, such as family members, friends, former employers and co-workers, to network to potential employers.
- Utilized contacts of the VRS to network to potential employers.
- Arranged informational interviews to learn about potential jobs or to facilitate a client's meeting with those in the community working in jobs and at businesses where s/he would like to work.
- Researched local businesses and industry and established contacts for face-to-face job development meetings.
- Proposed job carving/job creation plans.
- Facilitated appropriate and accurate negotiation and provision of job accommodations.

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

Interviewer: \_\_\_\_\_

No Score—Rater does not have content knowledge on which to base scoring.

**7. How have you built credibility or strengthened relationships with employers?**

Score: \_\_\_\_\_

5 = Discusses at least three of the following:

- Researched business/learn as much as possible prior to and during contacts.
- Made multiple face-to-face contacts.
- Demonstrated respect for time limitations/business flow of employer.
- Presented accurate, truthful information about SE program.
- Being reliable.
- Proposed employment arrangements that are well thought-out and planned for best interests of employer and employee.
- Being available to employer/easily accessible.

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**8. What are at least three individualized supports you have provided to help a client keep a job?**

Score: \_\_\_\_\_

5 = Discusses individualized examples in at least three of the following areas:

- *Transportation*, such as arranging for a co-worker to drive a client to and from work on certain days.
- *Healthcare*, such as involving a nurse to develop a plan for managing medication dosing or self-catheterization while at work.
- *Tasks*, such as working with an employer to modify client's tasks to create a better fit and improve productivity.
- *Job coaching*, such as being on-site for defined periods of time to mentor, demonstrate, prompt, and observe the client while conducting duties according to expectations of manager.
- *Personal circumstances*, such as meeting with a client and family members to develop a plan for managing a client's home responsibilities such as cooking and child care during work time.
- *Leave*, such as negotiating with an employer when a client becomes sick or symptomatic and requires a period of time for recovery.

3 = Discusses individualized examples in only two of the above areas.

1 = Discusses individualized examples in only one of the above areas or does not discuss individualized examples.

No Score—Rater does not have content knowledge on which to base scoring.

**Interviewer:** \_\_\_\_\_

**9. For what reasons have you found it important to stay in close contact with a client's other (non-vocational) treatment providers?**

**Score:** \_\_\_\_\_

5 = Discusses importance of interdisciplinary work to evidence-based SE and overall vocational outcomes.

3 = Discusses importance of remaining aware of a client's healthcare status in terms of its impact on working.

1 = Does not offer indication of recognizing the importance of interdisciplinary work or discusses contact only in terms of referrals when needs arise.

No Score—Rater does not have content knowledge on which to base scoring.

**10. What would you enjoy about this job?**

**Score:** \_\_\_\_\_

5 = Discusses at least three positive aspects of implementing SE with Veterans with SCI.

3 = Discusses only two positive aspects.

1 = Discusses only one or no positive aspects.

No Score—Rater does not have content knowledge on which to base scoring.

**Total Score:** \_\_\_\_\_



## **APPENDIX 3.3**

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### **Roles of the SCI Chief and the Compensated Work Therapy Supported Employment (CWT/SE) Program Manager in Training and Supervision of IPS SE Specialists**

**Roles of the SCI Chief and the Compensated Work Therapy  
Supported Employment (CWT/SE) Program Manager  
in Training and Supervision of IPS SE Specialists**

<b>SCI Chief/Clinical Champion</b>	<b>CWT/SE Program Manager</b>
<b>Initial Training</b>	
Oversee SCI elements of Initial Training Checklist [☐ 3.4].	Oversee IPS SE elements of Initial Training Checklist [☐ 3.4].
Include VRS in weekly Interdisciplinary Team (IDT) meetings.	Include VRS in weekly CWT/SE meetings
Meet weekly one on one with VRS to assess knowledge uptake and ensure learning.	Meet weekly one on one with VRS to assess knowledge uptake and ensure learning.
<b>Ongoing Clinical Supervision</b>	
Ensure ongoing inclusion of VRS in the IDT and facilitate integrated care and shared vocational planning.	Ensure ongoing inclusion of VRS in weekly CWT/SE meetings for troubleshooting of cases and sharing of job leads/contacts.
Bi-weekly: Meet with VRS to review and address caseload issues, provide continuing SCI education, and ensure relationship development among IDT members.	Weekly: Meet with VRS to review and address caseload issues, and provide continuing IPS SE.
Monthly: Meet with CWT/SE Program Manager to ensure effective sharing of VRS supervision and coordination.	Monthly <ul style="list-style-type: none"> <li>• Meet with SCI chief or Clinical Champion to ensure effective sharing of VRS supervision and coordination.</li> <li>• Accompany VRS into community for job development training as needed.</li> <li>• Involve VRS in clinical training calls and therapeutic workgroup activities sponsored by the Therapeutic Supported Employment Program.</li> </ul>



## APPENDIX 3.4

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### **Vocational Rehabilitation Specialist for Individual Placement and Support Supported Employment (IPS SE) in Spinal Cord Injury (SCI): Initial Training Checklist**

**Vocational Rehabilitation Specialist for Individual Placement and Support  
Supported Employment (IPS SE) in Spinal Cord Injury (SCI): Initial Training Checklist**

<b>Activity</b>  <i>You may be able to access some of the journals and books at the VA National Desktop Library: <a href="http://www.va.gov/library/">http://www.va.gov/library/</a></i>	<b>Discipline</b>	<b>Date Discussed/ Reviewed with Supervisor</b>
<b>Read:</b> Ottomanelli L, Barnett SD, Toscano R. Individual placement and support (IPS) in physical rehabilitation and medicine: The VA spinal cord injury experience. Psychiatr Rehabil J. 2014;37:110–112.	SE/SCI	
<b>Read:</b> Becker D, Drake RE. A working life for people with severe mental illness. Oxford, New York: Oxford University Press; 2003.	SE/SCI	
<b>Read:</b> Swanson SJ. Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help clients compete in the Workforce. 2nd ed. Hazelden Educational Foundation; 2011.	SE	
<b>Read:</b> Hammond MC, Burns SC, editors. Yes, you can! Guide to self-care for persons with spinal cord injury. 3rd ed. Washington, DC: Paralyzed Veterans of America; 2000.	SCI	
<b>Review:</b> Supported Employment Fidelity Scale (2008) [§2.1] IPS Fidelity Scale, Adapted for VA [§2.2]	SE	
<b>View:</b> VA Content Distribution Network Video Series: “SCI-VIP Integrated Planning Process” <a href="http://vaww.sci.va.gov/Training.asp">http://vaww.sci.va.gov/Training.asp</a>	SE/SCI	
<b>View:</b> Videos at <a href="http://www.dartmouthips.org/resources/programs/program-tools/">http://www.dartmouthips.org/resources/programs/program-tools/</a> . <i>Note: May not be accessible at all VA locations. Dartmouth SE videos also available at YouTube.</i>	SE	
<b>View:</b> SAMHSA (Substance Abuse and Mental Health Services Administration). Supported Employment Evidence-Based Practices Tool KIT [Internet]. 2010 [cited 2015 Sep 24]; available from: <a href="http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365">http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365</a> . <b>Free download</b>	SE	
<b>Shadow</b> –At least one day: Compensated Work Therapy/SE Staff	SE	
<b>Shadow</b> –At least one day: SCI Physician/Physician Assistant	SCI	
<b>Shadow</b> –At least one day: SCI Nurse	SCI	
<b>Shadow</b> –At least one day: SCI Psychologist	SCI	
<b>Shadow</b> –At least one day: SCI Occupational/Physical Therapist	SCI	
<b>Attend:</b> SCI Patient Education Training	SCI	
<b>Attend:</b> Weekly SCI Interdisciplinary Team Meeting	SCI	
<b>Attend:</b> Weekly CWT/SE Unit Meeting	SE	
<b>Meet:</b> Local representatives of Work Incentive Planning and Assistance and Paralyzed Veterans of America to establish relationships and protocol for benefits counseling.	SE/SCI	
<b>Recommended Training*:</b> IPS Dartmouth Supported Employment Center: IPS Practitioner Skills Online Training: <a href="http://www.dartmouthips.org/training-consultation-services/ips-practitioner-skills-online/">http://www.dartmouthips.org/training-consultation-services/ips-practitioner-skills-online/</a>	SE	





## **APPENDIX 3.5**

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### **Sample VRS Weekly Schedule for IPS SE in SCI**

### Sample VRS Weekly Schedule for IPS SE in SCI\*

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>7:30 am</b>	Organize Day	Organize Day	Organize Day	Organize Day	Organize Day
<b>8 am</b>	Travel	Job Development in community	Interdisciplinary Team Meeting	Travel	Documentation
<b>8:30 am</b>	"	"	"	Veteran I @ home	"
<b>9 am</b>	Meet with Veteran A	"	Job Development with Veteran F	"	Compensated Work Therapy/SE Meeting
<b>9:30 am</b>	"	"	"	Travel	"
<b>10 am</b>	Job Development with Veteran A	"	"	Job Development with Veteran J	Travel
<b>10:30 am</b>	Travel	"	Job Development with Veteran G	"	"
<b>11 am</b>	Veteran B @ coffee shop	"	"	"	"
<b>11:30 am</b>	"	"	"	Lunch	Lunch
<b>12 pm</b>	Travel	Lunch	Lunch	"	"
<b>12:30 pm</b>	Lunch	"	"	Job Development in community	Veteran K @ home
<b>1 pm</b>	"	Travel	Travel	"	Job Development with Veteran K
<b>1:30 pm</b>	Travel	Veteran D @ library	Veteran H @ home	"	"
<b>2 pm</b>	Veteran C @ home	Veteran E @ library	"	"	"
<b>2:30 pm</b>	"	"	Travel	"	Travel
<b>3 pm</b>	Travel	Travel	Documentation	Clinical Supervision	"
<b>3:30 pm</b>	Documentation	VRS Clinical Management Call	"	"	"
<b>4 pm</b>		"			

\*Notes: Reflects 28 hours (70% time) in community. Accounts for time for each Veteran on caseload. Accounts for time for job development each week.



## **APPENDIX 4.1**

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### **Educational Tools**

**PowerPoint .PDF Handout**

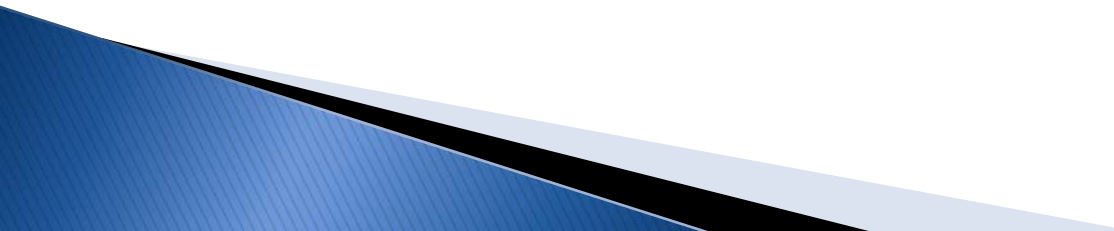
**Note: PPT Version included on Disk/in Folder**

**Vocational and Clinical Integration – A Key Aspect of  
Individual Placement and Support Supported Employment  
(IPS SE) for Veterans with Spinal Cord Injury**

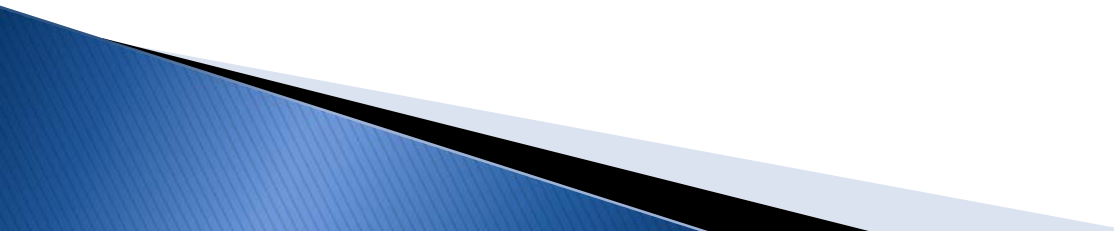
# Vocational and Clinical Integration

A Key Aspect of Supported Employment for  
Veterans with Spinal Cord Injury

# What is “Integration?”

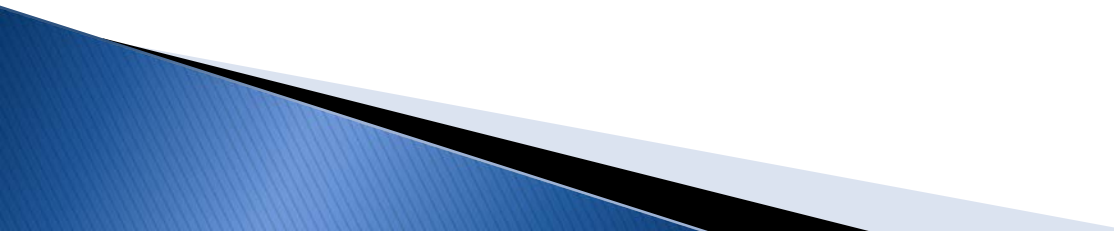
- Bringing together practitioners who work with Veterans enrolled in supported employment (SE)
  - Meeting once per week
  - VRS being a team member and participating like any other provider
  - Reviewing cases, sharing information and decision making, coordinating care
  - Focusing on recovery–promoting strategies
- 

# Other SE Integration Practices

- Sub-teams may gather to address specific individuals and planning
  - Sub-teams include Veteran, those directly providing services to that Veteran, and invited support people
  - One-to-one consultation outside of meetings, including face-to-face opportunities, and co-signing notes
- 

# High Fidelity Criteria

“Employment specialists are attached to one or more case management treatment teams with shared decision making. Attend one or more treatment team meetings per week and have at least three client-related case manager contacts per week.”



# So How Does Integration Really Work?

You Want To See Veterans Succeed, But.....

- You're not sure if work is right for all Veterans
  - ◀ OR
- You're not a vocational staff person and you are wondering exactly how you could help
  - ◀ OR
- You don't have time for another meeting
  - ◀ OR
- You are unclear about the big picture of SE

Let's Look at Each of These Concerns.....





# But...Can Everyone Work?

- ...Even those with most severe disabilities?
  - Impressions from long-term tx relationships
  - Can SE really work with SCI??
- 

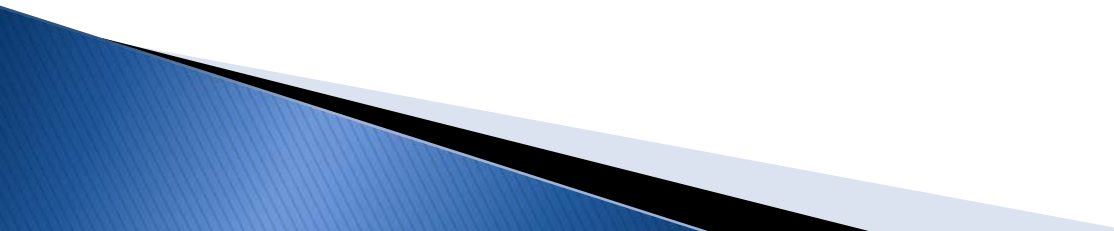
- Consider the concept of Zero Exclusion
  - Do away with pre-existing notions
  - Examine Veteran's strengths & preferences
  - Be creative with job development & supports
- Work doesn't have to be 9-5, 40 hours per week

## So What Can I Do?

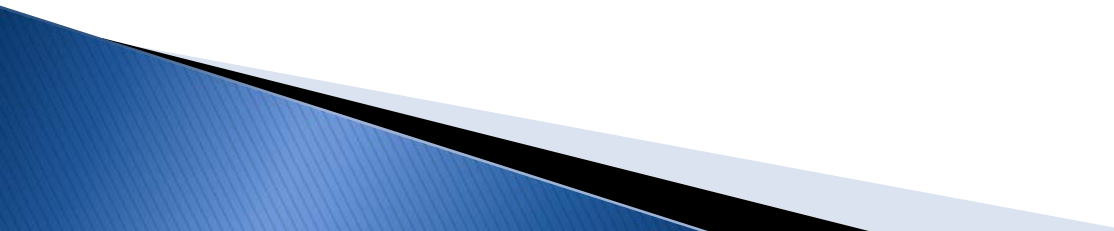
Things To Be Done	Veteran	Phys- iatrist	Nurse	Psychol- ogist	Therapist (KT, PT, OT)	Social Worker	VRS
Share preferences, guide treatment, set goals and action steps	Vet						
Assess employment interests and preferences, conduct job development, report to team and solicit feedback, suggest supports							VRS
Encourage vocational goals		Phys	Nur	Psy	Ther	SW	VRS
Monitor physical status, functioning; advise on how functioning affects employment	Vet	Phys	Nur		Ther		VRS
Advise on daily health-care maintenance needs as they relate to workplace	Vet	Phys	Nur				
Advise on strategies for managing mental health status in the workplace				Psy			
Evaluate worksite for accommodation needs/ equipment	Vet				Ther		VRS

# Together We Create Stronger Outcomes... and Reduce Service Intensity

That “One More Meeting” is designed to result in:

- Responsive treatment and timely interventions
  - Creation of holistic plans in which everyone plays a role
  - Action steps to be addressed concurrently and, thus, advance recovery more rapidly
  - More Veterans going to work, which typically leads to greater stability and decreased service needs
- 


# What's the Big Deal with SE?

- Advances Veteran-centric care
  - Expands Veterans' access to best practice in field of employment for those with disabilities
  - Enhances rehabilitation options available through primary treatment team (“one-stop shopping”)
  - Addresses the common desire Veterans have to return to work
- 


# An Example of the Power of Our Collective Efforts



# Story of Veteran with SCI Finding Work


- 47-yr-old single Army Veteran
  - C4, ASID A complete tetraplegia secondary to diving accident in 2001
  - Social person, easy to talk to, enjoys learning new things
  - Receiving home care services and assistance with ADLs from family members
  - Candidate for LTC bed
- 

## Story of Veteran with SCI Finding Work (cont)

- As Veteran became more involved with job search, he declined option for LTC bed.
  - Excited to pursue Peer Mentor work.
  - VRS brought together a local rehab hospital and a Veteran-owned business to create joint position as Peer and Workplace Diversity Consultant.
  - Part time, \$14 per hour, counseling peers at rehab facility and reporting to business on issues related to workers with disabilities.
- 



# Integrated services that made this happen:

- VRS and Home Care: Work schedule was proposed based on Veteran's personal care routine, and negotiated effectively with employers by the VRS for one day per week.
  - Social Work and Psychology: The social worker and psychologist contributed many hours to researching peer mentoring trainings and opportunities that could be used to prepare Veteran for the position and to support him as he began working.
  - OT/PT/Prosthetics: Equipment, such as a tablet and Dragon software, were provided by the VA and Veteran-owned business to ensure remote work could be done smoothly and effectively, as needed.
- 



**What Will the Next SE Stories Be?**



## **APPENDIX 4.2**

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### **Interdisciplinary Staffing Form**

**Interdisciplinary Staffing Form**

**Veteran to be staffed:** \_\_\_\_\_

**Date of staffing:** \_\_\_\_\_

**Clinical Treatment Providers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vocational Rehabilitation Spec:** \_\_\_\_\_

**Most recent clinical presentation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current vocational situation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Issues for treatment team consideration:**

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

**Interdisciplinary Plan:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## APPENDIX 4.3

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### **Vocational Treatment Plan for Use with Veterans with Spinal Cord Injury Enrolled in Individual Placement and Support Supported Employment (IPS SE)**

# Vocational Treatment Plan

**For Use with Veterans with Spinal Cord Injury Enrolled in Individual Placement and Support Supported Employment (IPS SE)**

**Date of Enrollment:** \_\_\_\_\_

**VRS Name:** \_\_\_\_\_

**Members of Veteran's Interdisciplinary Team:** \_\_\_\_\_

**Date of Plan Development** (*Indicate "initial" or "update"*): \_\_\_\_\_

**Vocational Goal.** *Include specifics regarding employment preferences such as setting, desired duties, and hours*

**Rationale for the Goal.** *Explain assessment information that led to the development of this particular goal*

**Clinical Considerations.** *Include input from clinical treatment providers regarding this goal, including workplace health and safety factors:*

**Cultural Considerations.** *Include information pertaining to Veteran's cultural and family background as it may relate to goal:*

**Recommended Supports.** *Describe in terms of follow-along supports necessary for success such as anticipated worksite accommodations, clinical supports, transportation, family/significant others, self-care routines, or natural supports in the work place:*

**Objective 1.** *Objective must be specific, realistic, and measurable.*

<b>Action Steps</b> <i>Describe exactly what must happen to meet objective. If certain individuals/employers are to be contacted, include names and affiliation.</i>	<b>People Responsible</b> <i>Who will be accountable for ensuring objective is met?</i>	<b>Target Date</b>	<b>Date Completed</b>

**Date Objective Achieved:**

**Objective 2.** *Objective must be specific, realistic, and measurable.*

<b>Action Steps</b> <i>Describe exactly what must happen to meet objective. If certain individuals/employers are to be contacted, includes names and affiliation.</i>	<b>People Responsible</b> <i>Who will be accountable for ensuring objective is met.</i>	<b>Target Date</b>	<b>Date Completed</b>

**Date Objective Achieved:**

**Objective 2.** *Objective must be specific, realistic, and measurable.*

<b>Action Steps</b> <i>Describe exactly what must happen to meet objective. If certain individuals/ employers are to be contacted, includes names and affiliation.</i>	<b>People Responsible</b> <i>Who will be accountable for ensuring objective is met.</i>	<b>Target Date</b>	<b>Date Completed</b>

**Date Objective Achieved:**

**COMPLETION OF THIS DOCUMENT REQUIRES**

- **VRS AND VETERAN SIGNATURES**
- **ENTRY INTO CPRS**



## **APPENDIX 5.1**

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### **IPS SE Services – Brief Definitions**



## IPS SE Services – Brief Definitions

- **CWT Intake/Orientation**—This process satisfies the requirement that any Veteran enrolled in IPS SE be enrolled in CWT and allows for monitoring by the Northeast Program Evaluation Center (NEPEC).
- **Assertive Engagement & Outreach**—These efforts convey the IPS SE model value that no one will be dropped from services due to missed appointments, unreturned calls, ambivalence, passive service refusal, or doubts about ability to work.
- **Ongoing Vocational Assessment**—The IPS model emphasizes the value of gathering assessment information even while a Veteran is working in a competitive job to ensure continuous updating of the Vocational Assessment Profile and vocational treatment plan.
- **Focused Interview Assessment and Initial Vocational Assessment Profile (VAP)**—This process is a critical part of ongoing vocational assessment, which allows the VRS to develop comprehensive knowledge about the Veteran via hands-on information gathering during several face-to-face meetings that focus on strengths, abilities, preferences for employment, and existing community contacts.
- **Assistance in Obtaining Benefits Counseling**—This SE principle ensures that Veterans enrolled in IPS SE receive accurate, comprehensive benefits counseling according to the type(s) of benefits they receive, which will help to address typical fears and concerns about the effects of returning to work on benefits eligibility.
- **Treatment Plan Development**—Following development of the VAP, the Veteran, the VRS, and the IDT develop a vocational treatment plan that addresses work goals, preferences, and supports and that outlines steps for goal attainment.
- **Referral for Collateral Services**—This is a treatment option when a needed resource has been identified but is not available within the VA and there is funding to offset costs.
- **Network Contact**—This is a contact made with or on behalf of a Veteran in the course of the job search with the objective of getting one step closer to a potential employer.
- **Business and Industry Research**—This research is conducted by the VRS in preparation for an employer contact and with the intention of gathering information that will help determine whether there is potential for a good job match.
- **Job Development: Employer Contact**—This occurs over several face-to-face meetings with a potential employer and has the ultimate objective of gathering enough information to determine whether a competitive job match might be made for a specific Veteran.
- **Job Development: Employer Negotiations**—These negotiations are held with a specific employer focused on hiring a specific Veteran and may be of the following types: Job proposal presentations, discussion of how the Veteran's strengths fit the employer's needs, job carving/creation, Veteran interviews, and schedule and shift determination.
- **Job Placement**—Refers to commencement of a competitive job based on a Veteran's abilities, needs and preference(s) for work, and is the culmination of the highly individualized processes of gathering vocational profile information and targeted job development.
- **Vocational Rehabilitation Counseling**—This process helps Veterans achieve their objectives through problem identification and resolution, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.
- **Worksite Accommodation**—This is an individualized adjustment or alteration to a worksite or the way a job is performed to accommodate restrictions imposed by an injury or disability. Worksite accommodations must be negotiated with employers and are determined by a thorough job analysis.
- **Vocational Case Management**—Case management services provided by the VRS are those that are specifically related to the Veteran's being equipped to participate in searching for, obtaining, and maintaining a competitive job.
- **Employment Follow-Up/Follow-Along Supports**—Based on an IPS principle, these are individualized, creative, and flexible supports intended to assist a Veteran in maintaining employment and are provided with any time limit.
- **Treatment Plan Review/Revision**—Review of each Veteran's vocational treatment plan should occur at least monthly to allow for updates based on new profile information. Revision should occur at least every 3 months in concert with feedback from the IDT.
- **Assistance with Job Transition**—In the event that a Veteran's job is no longer a good match, the VRS provides assistance in making the transition from one job to another, in framing the end of a job as a learning experience that will inform a new job search.
- **Consultation with CWT Staff**-- Each VRS will attend weekly CWT/SE meetings and thereby participate as part of the vocational unit at the site as well as interact individually with colleagues and CWT Program Manager for additional assistance.
- **Consultation with SCI IDT Member**-Based on an IPS principle, the VRS will foster and facilitate integration of clinical and employment services by communicating regularly with SCI IDT members about Veterans with SCI who want to return to work or who are employed.
- **Attending SCI IDT Meetings**—In keeping with the IPS principle of treatment integration, the VRS attends weekly SCI IDT meetings to champion employment services as part of each Veteran's treatment and to participate in shared decision-making with clinical colleagues.



## **APPENDIX 5.1**

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### **IPS SE in SCI Clinical Manual**

# **IPS SE in SCI Clinical Manual**

**Jennie Keleher, MSW**

**Charles McGeough, MS**

## CWT Intake/Orientation

**Definition:** Veterans enrolled in IPS SE must also be enrolled in the Compensated Work Therapy (CWT) program. This process will require an initial Northeast Program Evaluation Center (NEPEC) form to be completed on each Veteran. A NEPEC quarterly form and discharge form are also required for CWT participation. CWT enrollment is precipitated by a written consult/order for services. Orientation consists of introducing the participating Veteran to spinal cord injury (SCI) and appropriate CWT staff, reviewing the employment process and all related forms required by ProMOTe, CWT and NEPEC.

### Steps:

1. As soon as possible within the first two weeks following a Veteran's enrollment in IPS SE, arrange to conduct an interview with the Veteran to complete this intake. Additional meetings may be required.
2. Educate the Veteran about the Individual Placement and Support Supported Employment (IPS SE) model:
  - a. Emphasizes competitive employment in the community
  - b. Veteran and VRS work closely together through all aspects of the program including assessment, treatment plan development, job development and employment.
  - c. Job selection is based on the Veteran's preference and includes his or her interests, skills, goals and specific limitations
  - d. VRS provides or facilitates support necessary to maintain status in competitive employment.
3. Discuss IPS SE in SCI Specific Goals (How is this Supported Employment model tailored to veterans with SCI?)
  - a. *Integrate* Supported Employment vocational rehabilitation with overall treatment and rehabilitation at the Spinal Cord Injury Center.
  - b. VRS consults regularly with the SCI interdisciplinary team and Compensated Work Therapy vocational staff.
  - c. VRS combines SCI Center, CWT and other resources to help the Veteran achieve her/his vocational goals.
4. Discuss ADA and Disability. "All Persons with Disabilities Should Have the Same Opportunity As Their Non-disabled Peers to Experience and Enjoy Working, Leisure Time Activity and Other Life Experiences in Our Society." American with Disabilities Act, 1990.
5. Complete CWT Intake Forms.
6. Complete Northeast Program Evaluation Center (NEPEC) Forms.
7. Document accordingly in CPRS.

## Assertive Engagement & Outreach

**Definition:** Assertive engagement and outreach refers to the efforts on the part of the VRS to engage and provide outreach to Veterans initially and throughout their tenure with IPS SE. It can be accomplished through phone contacts, mail, or home visits, as needed and appropriate. Assertive engagement is critical to establishing a working relationship with each Veteran, and to conveying the value that no one will be dropped from services due to missed appointments, unreturned calls, ambivalence, passive service refusal, or doubts about his/her ability to work. The VRS demonstrates tolerance for differing levels of participation in vocational services by developing trust, providing encouragement, and meeting the Veteran at the stage wherever he/she is in the employment process.

### Steps:

1. Upon a Veteran's enrollment into IPS SE, VRS will be proactive in making initial contacts, by phone, mail and/or in person to establish initial meeting.
2. As Veteran's time in the program proceeds, VRS will take initiative to call, mail or visit with regularity and especially during periods when Veteran is unresponsive.
3. VRS will respond to ambivalence with sensitivity, asking open-ended questions and using motivational interviewing techniques to determine best engagement strategy.
4. VRS will request information and assistance from interdisciplinary team members as needed to locate/engage the Veteran.
5. VRS will request information and assistance from family/significant others (with written permission) as needed to locate/engage the Veteran.
6. Document all engagement attempts in CPRS.

### Recommended Resources:

- ✓ Swanson, Sarah J., and Becker, Deborah R. Supported Employment: *Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 56-59.
- ✓ Module 2 (CD-ROM): Engagement (In *Training Frontline Staff, Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).
- ✓ Title 6, Chapter 1 (DVD): Engagement (In *Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).

## Focused Interview Assessment/Initial VAP

**Definition:** The focused interview assessment, or, initial vocational assessment profile (VAP), is a process of developing a comprehensive knowledge of the Veteran via hands-on information gathering, with the subsequent completion of a narrative document. A vocational assessment profile guide is available to facilitate the process (Appendix A). Assessment using a focused interview technique allows the VRS an opportunity to get to know the Veteran, her/his vocational goals and/or concerns in pursuing competitive employment. The process unfolds across several informal meetings with the Veteran, ideally in his/her community, either at home, at a familiar community location, or during jobsite visits. The Veteran and VRS jointly identify the Veteran's vocational strengths and limitations, job seeking skills, and employment interests, as they relate to career opportunities in the local community. Additional areas of focus include work and educational history, functional status, community and interpersonal

involvement, support needs, and existing contacts that can serve as a network for employment. The VRS will also consult the Veteran's clinical record, SCI interdisciplinary team, CWT staff, friends, family, and other related stakeholders (with written permission). The profile process culminates with a written narrative about the Veteran that will inform the Veteran's vocational treatment plan. This document may be revised, as necessary, at any time during the Veteran's tenure with IPS SE.

#### **Steps:**

1. Become familiar with the VAP Guide in Appendix A.
2. Explain the profile process to the Veteran.
3. Throughout the Veteran's first 4 weeks in the program, arrange and carry out 3-5 profile meetings with Veteran, ideally in the community. Make notes during meetings.
4. Arrange and carry out meetings with Veteran's family and significant others (with written permission). Make notes during meetings.
5. Interview members of Veteran's treatment team and CWT staff.
6. Review Veteran's clinical file for needed profile information.
7. Write narrative, completing it no later than the end of the Veteran's 4<sup>th</sup> week in the program, using VAP Guide and notes collected from all sources, and enter into a formal progress note in CPRS.

#### **Recommended Resources:**

- ✓ VA Content Distribution Network Video: "SCI-VIP Integrated Planning Process: Vocational Assessment Profile"
- ✓ Swanson, Sarah J., and Becker, Deborah R. *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 42-47.
- ✓ Module 3 (CD-ROM): Assessment (In *Training Frontline Staff, Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration)
- ✓ Title 8, Chapter 1 (DVD): Assessment (In *Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).

## **Assistance in Obtaining Benefits Counseling**

**Definition:** A common barrier for persons with disabilities returning to work is fear about losing his/her disability benefits. IPS SE, therefore, emphasizes the provision of accurate, thorough benefits counseling for those receiving employment services. *While enrollment in CWT provides protection for service-connected and non-service connected benefits*, assistance with obtaining benefits counseling should be provided within the Veteran's first 4-6 weeks of enrollment in IPS SE, giving them the opportunity to be explicitly aware of how any other benefits may be affected by earning a competitive wage. This information will have a direct impact on job development and employer negotiations. The VRS will arrange benefits planning meetings with designated Paralyzed Veterans of America (PVA) representative and Community Work Incentive Coordinator (CWIC), as indicated by the type of benefits each Veteran is receiving upon entering the study. The VRS will ensure that the meetings take place, that the Veteran is satisfied with information received, and that the Veteran may contact the representative(s) as needed in the future.

#### **Steps:**

1. Following a veteran's enrollment in IPS SE, VRS will obtain information about disability benefits currently being received.
2. VRS will obtain written permission from the Veteran to contact PVA and/or CWIC as appropriate.

3. VRS will contact the appropriate representative(s) and arrange an appointment for a mutually-agreeable day and time and inform Veteran of appointment.
4. If desired, VRS will accompany Veteran to appointment and facilitate information exchange.
5. VRS will follow up with Veteran after appointment to ensure his/her understanding and satisfaction with information obtained.
6. At any time during a Veteran's participation in IPS SE when his/her employment status changes, VRS will encourage and/or facilitate contact between Veteran and his/her benefits representative(s) for additional review of benefits and provision/receipt of updated information.
7. Document activities related to the above steps in CPRS.

#### **Recommended Resources:**

- ✓ Swanson, Sarah J., and Becker, Deborah R. *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 47-49.
- ✓ Module 2 (CD-ROM): Benefits Counseling (In *Training Frontline Staff, Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).
- ✓ Title 7, Chapter 1 (DVD): Benefits Counseling (In *Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).
- ✓ [http://www.pva.org/site/c.ajIRK9NJLcJ2E/b.6452325/k.A0ED/Chapters\\_and\\_NSOs.htm](http://www.pva.org/site/c.ajIRK9NJLcJ2E/b.6452325/k.A0ED/Chapters_and_NSOs.htm)
- ✓ <https://www.socialsecurity.gov/work/WIPA.html>

## **Treatment Plan Development**

**Definition:** Following the completion of the Initial Vocational Assessment Profile, Vocational Treatment Plan development begins. Treatment planning is a dynamic process requiring close interaction between the Veteran and VRS and, as desired, other concerned stakeholders. Treatment plan development provides an opportunity for the Veteran and VRS to identify and rank problems needing resolution; negotiate and establish mutually agreed-upon short and long-term goals with targeted completion dates, needed resources and the most appropriate treatment methods. An interdisciplinary team meeting should be scheduled for the purpose of final plan development. Prior to the meeting, the VRS should synthesize all information from the narrative into the Vocational Treatment Plan template (Appendix B). During the meeting, a review of the profile and draft plan should be conducted, input solicited, the plan modified accordingly, and agreement with the final plan should be confirmed. The resulting Vocational Treatment Plan should be specific, measurable, accountable, time limited, and easy to understand. The plan is reviewed on regular basis and revised as needed based upon Veteran satisfaction, adjustments in strategy or goal attainment, changes in the Veteran's status or preferences, or as profile information is updated, and at least every three months.

#### **Steps:**

1. Between weeks 4-6 following a Veteran's enrollment in IPS SE, synthesize all Vocational Assessment Profile narrative information into the Vocational Treatment Plan template found in Appendix B.
2. Be as specific as possible with all information included; this is the plan that will guide all job development and support efforts.
3. Ensure that goal(s) listed are specific and measurable.
4. Provide clinical and vocational rationale for the goal(s) being pursued.
5. Give details regarding optimal work environment conditions.
6. Be specific about duties desired by Veteran and in keeping with his/her functioning.
7. List all supports already identified, considering both vocational and clinical needs of the Veteran.

8. Include network information as Action Steps are developed, i.e. names and information about those who will be contacted during job search.
9. Determine and set reasonable target dates.
10. No later than the end of week 6 of a Veteran's time in the study, meet with interdisciplinary team to review, modify and finalize plan.
11. Document team meeting and plan in CPRS.

**Recommended Resources:**

- ✓ Swanson, Sarah J., and Becker, Deborah R. *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 62-64.
- ✓ Module 3: Review a Sample of Individual Employment Plan (In *Training Frontline Staff, Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Admin).
- ✓ Allness, Deborah J. and Knoedler, William H. *The PACT Model of Community-Based Treatment for Persons with Severe and Persistent Mental Illnesses: A Manual for PACT Start-Up*. Programs of Assertive Community Treatment, Arlington, VA: 1998, pp. 48-52.

## Referral for Collateral Services

**Definition:** Referral for Collateral Services is a treatment option for the VRS when the need for such services has been identified and there is a funding stream to offset cost, if the service is outside the VA system. Service referral is not a mandatory component of IPS SE. Referrals are merely part of the “menu” of resources from which the VRS might choose when customizing a treatment strategy. Examples of typical services that might apply include, but are not necessarily limited to: state Vocational Rehabilitation program for services such as maintenance, transportation, services to family members, interpreter services, personal assistance services, occupational licenses, tools, and other needed work equipment, assistive technology engineering, vehicular modification; VR&E (for service-connected Veterans); Department of Labor One Stop Center services. Follow through should be ensured by VRS, as collateral service provision has a direct impact on vocational functioning.

**Steps:**

1. Determine that an identified need cannot be met through the VA system's resources. Be diligent in making this determination, as it is preferable to keep all services inside the VA system for purposes of continuity, cost, access and follow-up.
2. Ensure justification of the need.
3. Obtain any necessary written releases of information from Veteran.
4. Pursue community resources with and on behalf of Veteran, attempting to acquire the most efficient and cost-effective option.
5. Ensure that Veteran becomes connected to collateral service and document in CPRS.
6. Follow up with Veteran regarding outcome of his/her use of the collateral service and document in CPRS accordingly.

**Recommended Resources:**

- ✓ <http://www.va.gov/>
- ✓ <http://www.211.org/>



## Network Contact

**Definition:** Based on information gathered in the initial VAP and included in the vocational treatment plan, the VRS should have multiple persons to contact with and on behalf of each Veteran in the course of a job search. Examples of such contacts include a relative who is working in the local area, and has ideas that would help direct the VRS regarding the Veteran's work style; a former employer who has contacts in the industry of the Veteran's choice; the local librarian who is familiar with the Veteran and is aware of his/her love of reading; an employer known to the VRS who has business ties within the Veteran's industry of choice; the auto repair person used by the SCI therapist who has ties to auto parts manufacturing companies for a Veteran interested in distribution work; a military contact who served with the Veteran and who has knowledge of the business community. The objective in making such contacts is to get one step closer to a potential employer. It is important not to leave these contacts "empty-handed," but to ask them for another person that could be contacted about a job for the Veteran. It is most helpful if a person in the network can make a call to someone, thereby "warming" the next contact for the VRS. When contacts do yield additional network members and employer contacts, these should be added to the vocational treatment plan.

### Steps:

1. Refer to the vocational treatment plan action steps for specifics regarding persons to use as network contacts.
2. Obtain written permission from the Veteran to contact each person.
3. Arrange a time/day that is convenient to meet with each person.
4. Conduct meetings with network contacts (with or on behalf of Veteran, according to Veteran's preference), asking questions relevant to their relationship with the Veteran, and regarding their potential for guiding the job search further. Take notes during meetings.
5. Use information gathered to update vocational treatment plan and to determine next steps in Veteran's job search.
6. Document activities in formal progress note in CPRS.

### Recommended Resources:

- ✓ Bolles, Richard N. *What Color is Your Parachute? A Practical Manual for Job-Hunters and Career-Changers*. Ten Speed Press: Berkeley, CA, 2011, pp. 31-55, 83-92.

## Business and Industry Research

**Definition:** It is prudent for the VRS to investigate local businesses and industries where Veterans desire to work. This research can take the form of internet searches, Chamber of Commerce visits, phone calls to ask general questions, and use of manufacturer's indices or other compilations of area industry information. This research is especially important as preparation for face-to-face meetings with potential employers, where additional information can be gathered through discussion and worksite tours. It is always impressive to potential employers if those inquiring about their businesses arrive with foundational knowledge about the company, its positions, products, standing in the community, etc. The more information gathered the better the Veteran and VRS can determine whether a good match can be made.

**Steps:**

1. Once an employer has been identified for approaching, consider with the Veteran all options for preparatory research.
2. Conduct research as appropriate. Take notes to use during employer contacts, i.e. questions to clarify information about the business, statistics about the business that can help introduce the Veteran's skills or potential contributions, areas of particular interest to the Veteran, etc.
3. Enter a formal progress note into CPRS.

## **Job Development: Employer Contact**

**Definition:** Job Development is a collaborative effort between the VRS and Veteran to identify and match the Veteran's needs and wants to community jobs and to cultivate relationships with local employers that lead to competitive job opportunities for the veteran. The VRS must possess a high degree of communication skills to overcome stigma and employer resistance, and to dispel anxieties about hiring persons with disabilities.

Employer contact is a component of job development, and is based on each Veteran's preference for work, skills, abilities, and unique needs. Employer contact is conducted in-person, with the first face-to-face employer meeting with or on behalf of a Veteran occurring *within the first month* of the Veteran's program enrollment. Contacts are *not* dependent upon positions being readily available in the job market. ***The most efficient means of ensuring successful contact is to utilize existing networks of the Veteran, VRS, family/significant others, interdisciplinary treatment team members, etc., to reach employers (see "Network Contact").*** Types of employer contact include initial engagement; establishing a subsequent, informational meeting; relationship building; sharing information about the program, and obtaining additional network information or employer contacts. Employer contact meetings do not typically focus on hiring. The ultimate objective of employer contact is to gather enough information to determine whether a competitive job match might be made for a specific Veteran.

**Steps:**

1. Be deliberate and assertive in following action steps outlined in the Vocational Treatment Plan, noting outcomes of each contact made.
2. At first contact, schedule a subsequent time to return and sit down with the employer for a face-to-face informational meeting.
3. Be respectful of time allotted for contact by employer.
4. Be prepared for meetings by having done research on the company ahead of time, having your own information to share, and having several good questions to ask (see "Business & Industry Research").
5. Do not leave an employer contact "empty-handed;" be sure to gather novel information at each contact that will further inform the job search.
6. Be sure to leave your business card/contact information.
7. Document contact in CPRS.

**Recommended Resources:**

- ✓ Swanson, Sarah J., and Becker, Deborah R. Supported Employment: *Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 68-74.
- ✓ Module 3: Job Finding (In *Training Frontline Staff, Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).

- ✓ Title 9, Chapter 1 (DVD): Job Finding (In *Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).

## Job Development: Employer Negotiations

**Definition:** Job Development is a collaborative effort between the VRS and Veteran to identify and match the Veteran's needs and wants to community jobs and to cultivate relationships with local employers that lead to competitive job opportunities for the Veteran. The VRS must possess a high degree of communication skills to overcome stigma and employer resistance, and to dispel anxieties about hiring persons with disabilities.

Employer negotiations are a component of job development, referring to discussions held with a specific employer focused on hiring a specific Veteran. Negotiations may be of the following types: Job proposal presentations, discussion of how the Veteran's strengths fit the employer's needs; job carving/creation, Veteran interviews, schedule and shift determination. This is a critical part of strong job matches, allowing for the VRS, veteran and employer to be very clear with one another, and to set the tone for mutual communication. Effective negotiations require an assertive stance, preparation, and thought-out suggestions as to how to achieve the best job fit. Additionally, active listening and addressing employer-voiced (and unspoken) concerns are critical. Successful negotiation culminates in mutual agreement between the employer and the Veteran resulting in the award of competitive employment to the Veteran.

Also of importance to effective employer negotiations is knowing the Veteran's preference regarding disclosure. This is a very personal choice, even in cases where a person's disability is visible. Discussion with each Veteran regarding his/her preferences as to what will and will not be shared with an employer must occur before negotiations are entered.

### Steps:

1. Arrive at a decision to pursue negotiations with an employer after making deliberate employer contacts and consulting with Veteran regarding his/her preference to work with a given employer.
2. Discuss issues of disclosure with the Veteran and obtain written permission regarding what will/will not be discussed with employer(s) as needed.
3. Prepare for the negotiations by reviewing all information previously gathered, discussing ideas with Veteran, including input from interdisciplinary treatment team, and planning main points to make.
4. Include Veteran in negotiation meeting/interview as needed and as desired by Veteran.
5. Present Veteran strengths/support veteran in highlighting his/her strengths and suitability for job.
6. Make main points/share ideas for employment clearly and concisely.
7. Listen carefully to input from employer, address concerns clearly and concisely, and modify employment proposal collaboratively.
8. Do not leave the negotiation meeting "empty-handed," i.e. schedule a follow-up meeting, secure a competitive job offer, obtain contact information for another potential employer who may be better able to capitalize on Veteran's strengths and preferences.
9. Be sure to leave your business card/contact information.
10. Document contact in CPRS.

### Recommended Resources:

- ✓ VA Content Distribution Network, "*SCI-VIP Integrated Planning Process: Employer Negotiation*" & "*Employer and Employee*"

- ✓ Swanson, Sarah J., and Becker, Deborah R. *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 49-52, 75-98.
- ✓ Module 3 (CD-ROM): Job Finding (In *Training Frontline Staff, Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).
- ✓ Title 9, Chapter 1 (DVD): Job Finding (In *Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).
- ✓ Bolles, Richard N. *What Color is Your Parachute? A Practical Manual for Job-Hunters and Career-Changers*. Ten Speed Press: Berkeley, CA, 2011, pp. 93-119.

## Vocational Rehabilitation Counseling

**Definition:** Vocational counseling is a process that helps the Veteran achieve his or her objectives through problem identification and resolution, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. The VRS will focus on vocational issues, problem solving, stress management, relapse prevention, attitude, motivation, anger management, leisure skills, communication skills, family issues, community involvement, and personal hygiene. Vocational counseling focuses on issues surrounding career development and community inclusion, and individual adjustment to disability as it relates to competitive employment.

### Steps:

1. Remain sensitive to individual fears and concerns as a Veteran is preparing to enter the workforce.
2. Develop and maintain a supportive and nurturing relationship with the Veteran that promotes sharing of concerns and issues.
3. Maintain interaction with Veteran's employer, family and other related stakeholders to gain insight into potential problems.
4. Consult with SCI interdisciplinary team, SE Clinical Coordinator and CWT staff as necessary.
5. Document vocational counseling in a progress note in CPRS.

### Recommended Resource:

- ✓ *Supported Employment Handbook: A Customer-Driven Approach for Persons with Significant Disabilities*. Ed. Brooke, V.; Inge, K.J.; Armstrong, A.J.; & Wehman, P. (1997). Virginia Commonwealth University, Rehabilitation Research & Training Center on Supported Employment.

## Worksite Accommodation

**Definition:** It is very likely that most Veterans participating in the IPS SE in SCI will require the VRS to negotiate and facilitate the provision of worksite, or job, accommodations. Job accommodations are adjustments or alterations to the worksite or to the way a job is performed to accommodate restrictions imposed by an injury or disability. Critical to the effectiveness of this activity is having an understanding of the laws pertaining to worksite accommodation, and awareness of the responsibilities of both the Veteran and employer. Worksite accommodation includes proposing, negotiating, and/or procuring

necessary adjustments or alterations to the worksite or the way a job is carried out to enable a Veteran to perform the essential duties of the position. At no undue hardship to the employer, modifications and accommodations are accomplished through use of worksite adjustments and job restructuring; shift changes; break modifications; or, through tools, equipment, or appliances. Assistive technology may be required in providing a workplace accommodation. Assistive technology pertains to any item, equipment or system that is used to increase, maintain or improve functional capabilities of any individual with a disability.

Using job analysis is an excellent method to define the particulars of a job in terms of worker capacity, and to specifically inform worksite accommodation processes. Job analysis involves collecting information about the duties, responsibilities, skills and environment for a specific job. It allows one to determine the exact qualifications required to perform the essential functions and to achieve the expected outcomes of the position. Job analysis includes conducting interviews with those holding the position and supervisors/managers, observation at the worksite, and reviewing materials related to the position. This activity is best conducted by the VRS in concert with occupational therapy and/or physical therapy staff to specifically focus on pertinent workspace and task execution details. An occupational therapist, rehabilitation technologist, and/or rehabilitation engineer can help the Veteran and VRS to identify workplace barriers and to develop possible accommodations and supports to address those barriers. The vocational specialist should contact the State Vocational Rehabilitation representative, or if the Veteran is service connected, the VBA counselor, about potential funding to defray cost of the modification. Finally, a modification may be temporary or permanent.

#### **Steps for job analysis:**

1. Request an opportunity to conduct a job analysis during an employer contact. Make arrangements accordingly with the employer and other staff who may accompany you.
2. Review and become familiar with information and guidance on the ODEP website in regard to conducting job analyses.

#### **Steps for addressing accommodations:**

3. Become familiar with Title 1 of the Americans with Disabilities Act of 1990.
4. Discuss issues of disclosure with the veteran and obtain written permission to address accommodations with employer(s) as needed.
5. Be prepared (through previous job analysis activities) to request reasonable accommodations of the employer.
6. Speak confidently about the Veteran being able to perform the essential duties of the position with the accommodation(s) in place.
7. Make suggestions to facilitate decisions, for example, provide prices for certain desk adjustments or chair types, propose a modified schedule to allow for the Veteran to attend to self-care routines during the day, discuss with employer the outcomes of consultation with assistive technology engineers.
8. Be responsive and available to the employer to expedite the provision of the requested accommodations.
9. Enter a formal progress note on worksite accommodation activities into CPRS.

#### **Recommended Resources:**

- ✓ <http://askjan.org/>
- ✓ Jasper, Margaret C. *Oceana's Law for the Layperson: The Americans With Disabilities Act*, Second Edition. Oxford University Press, New York, NY: 2008.

## Vocational Case Management

**Definition:** Case management is an activity that brings services, agencies, resources, or people within a planned framework of action toward the achievement of an established goal. Case management may involve liaison activities and collateral contacts, but will primarily focus on all activities related to the Veteran procuring and maintaining a competitive job. It is important to keep in mind that under IPS SE, *the VRS is responsible only for case management duties that are explicitly related to employment*, and should spend less than 20% of his/her time on non-vocational case management activities that require attention. Once identified, non-vocational case management needs should be referred to and addressed by the appropriate interdisciplinary team member. The VRS will be responsible for developing vocational goals and objectives that augment the Veteran's primary treatment plan and that are well documented in treatment plan revisions and progress notes recorded in the CPRS system.

### Steps:

1. Remain alert to issues that may arise for a Veteran that have potential to impact job search, obtaining a job or maintaining a job. Considerations in vocational case management might include: substance abuse, treatment history, legal issues, IRS or credit history, medical issues, psychosocial issues, family issues, education or training, compensation/pension issues, housing, budgeting, transportation, spirituality, and recreation.
2. When issues are identified, determine their potential impact on employment to help guide a course of action.
3. When indicated, take action in a timely manner and ensure satisfaction on the part of the Veteran.
4. When issues are determined to be more clinical in nature, bring information to SCI treatment team for management.
5. Enter progress note into CPRS.

### Recommended Resources:

- ✓ Supported Employment Handbook: A Customer-Driven Approach for Persons with Significant Disabilities. Ed. Brooke, V.; Inge, K.J.; Armstrong, A.J.; & Wehman, P. (1997). Virginia Commonwealth University, Rehabilitation Research & Training Center on Supported Employment.

## Employment Follow-Up/Follow-Along Supports

**Definition:** Employment follow-up/Follow-along supports are critical to effective IPS SE. Supports are to be as individualized as each Veteran and are provided on a time-unlimited basis. Supports are offered to both Veteran and employer, with the objective of facilitating the employer-employee relationship, correcting issues before they become major problems and circumventing premature termination. The VRS should be sensitive to the Veteran's need for confidentiality and to workplace culture issues, and offer to meet after work or get together during the weekend. Support examples include monitoring the satisfaction level of both Veteran and employer, educating the employer about workplace accommodation issues, spinal cord injury, or workplace culture diversity, off-site stress management skills practice with veteran, addressing Veteran's health maintenance concerns, generating strategies for dealing with difficult co-workers, or developing natural supports in the workplace. Follow-up should happen several times during the first week of a new work assignment, once weekly for the balance of the first month, and once every other week thereafter. Initially follow-up should be conducted independently in a face-to-face

meeting for both the worker and the employer, but may be conducted via telephone conversation after one month of continuous employment.

The Individual Placement and Support model emphasizes the importance of each employee placed on a job having access to the same training for his/her position as anyone else who may be hired. Therefore, VRS staff are to negotiate with employers regarding training needs and provision. In the rare case where the Veteran demonstrates particular difficulty in mastering a job task(s), follow-along support may be provided by the VRS in the form of on-site observation and assistance in learning and properly executing tasks. This may involve discussion with the Veteran's employer, as well, regarding employer expectations and plans for sustaining achievements. This type of support is expected to be brief in duration, and focus should continue to be placed on the employer and natural workplace supports for ensuring the Veteran's optimal job performance.

#### **Steps:**

1. Maintain frequent, regular contact, both face-to-face and by phone, with employed Veteran. Develop and follow Vocational Treatment Plan action steps pertaining to regular contact and types of support provided.
2. Be alert to verbal and non-verbal cues regarding supports needed by Veteran to maintain employment.
3. Continue to develop relationship with employer through frequent and regular contact, both face-to-face (respecting employer's business needs and routines) and by phone. Encourage and model open communication and consistent availability to build trust.
4. Keep interdisciplinary treatment team informed of Veteran's functioning and progress on the job. Be timely in bringing issues of clinical concern to the team, keeping in mind that a swift response to potential problems may help to avoid a job end.
5. Be creative with responses to identified support needs, keeping in mind that each Veteran will have individual experiences based on their own backgrounds, interpersonal functioning, injuries, and work environments.
6. Document support contacts in CPRS.

#### **Recommended Resources:**

- ✓ Swanson, Sarah J., and Becker, Deborah R. *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 99-113.
- ✓ Module 4 (CD-ROM): Job Supports and Collaborations (In *Training Frontline Staff, Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).
- ✓ Title 10, Chapter 1 (DVD): Job Supports (In *Supported Employment Evidence-Based Practices Tool Kit*, US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration).

## **Ongoing Vocational Assessment**

**Definition:** Throughout a Veteran's participation in IPS SE, the VRS will be conducting vocational assessment. *The best means of conducting this assessment is to observe and learn how a person functions on a competitive job.* The process begins when the Veteran enters the program and ends when he/she leaves. Emphasis is always on "in-vivo" experiences, and information/lessons learned with each job serve to inform the next steps.

Each Veteran's VAP should be updated at least every three months with information gathered in the interim. Ongoing assessment will allow the VRS to consistently learn about the Veteran's

functioning, preferences, abilities and thoughts about a job, and to discover new people in the Veteran's life who can serve as network contacts. Updates to the profile should be shared with the interdisciplinary team, and lead to modifications in the vocational treatment plan, ensuring that everyone is continuously focused on the most current vocational goals.

**Steps:**

1. During each contact with a Veteran, look for new information about him/her.
2. Prioritize community-based interactions for these contacts.
3. Use every observation of a Veteran on a job as an opportunity to assess physical functioning, skills, interpersonal style, learning style, emotional state, etc.
4. Present any significant information, i.e. that which may alter a Veteran's vocational treatment plan, or that which calls for a team member to address, to the SCI interdisciplinary team.
5. At least every 3 months, include all observations in update to VAP.
6. Document updates in CPRS.

**Recommended Resources:**

- ✓ Becker, Deborah R., and Drake, Robert E. *A Working Life: The Individual Placement and Support (IPS) Program*. New Hampshire-Dartmouth Psychiatric Research Center: Concord, NH. 1993, pp. 21-22.

## **Treatment Plan Review/Revision**

**Definition:** Treatment plan review is a process that should happen at least on a monthly basis, or more frequently as necessary, to review the status of achievement on treatment plan objectives towards attainment of the specified goal. The Veteran and VRS should be present for the treatment plan review and, as appropriate reconvene select members of the treatment team. Treatment plan revision, as needed, and at least every three months, will result from regular review of the treatment plan and will illuminate changes in the vocational goal, objectives and/or timelines to reflect the desires of the Veteran. Revision is conducted collaboratively, among the VRS, Veteran, interdisciplinary team, and family/significant others as appropriate.

Treatment plan review and revisions should be entered into CPRS.

**Steps:**

1. Schedule vocational treatment plan reviews (monthly) and revisions (every 3 months) in VRS day minder.
2. Determine needed revisions based on observation of the Veteran, discussion with the Veteran, or following issues raised by employer, family/significant others, or interdisciplinary treatment team. Updates to VAP may lead to revision, as well.
3. Ensure clarity on rationale for revisions, including Veteran's preferences, and draft new goals, objectives and action steps as appropriate.
4. Convene interdisciplinary treatment team meeting, present draft plan, obtain team members' input, and confirm agreement on revised document.
5. Enter progress note into CPRS.



## Assistance with Job Transition

**Definition:** There are times when it is determined that a particular job placement is not or is no longer a good fit for the Veteran. The VRS must then assist the Veteran in ending the job and initiating a new job search. According to the Veteran's preference, ending the job may require discussion and shared decision-making about terminating with the Veteran and interdisciplinary team, discussion with the employer and possibly co-workers, and discussion with family/significant others. The objective is to facilitate the job ending while mitigating any negative effects for either Veteran or employer. The VRS must then explore with the Veteran and others what has been learned from the placement, i.e. what strengths were developed, what skills were utilized and/or acquired, what supports were useful and/or necessary, what contributed to the job ending and how to address such factors in the next job search. A new job search is initiated immediately, according to the Veteran's preference, and information learned from the former position is built upon during the new search.

### Steps:

1. Determine through observation and in discussion with Veteran and/or employer that the job is not or is no longer a good fit.
2. Determine whether all efforts have been made to provide adequate supports and/or accommodations to facilitate a positive experience for both Veteran and employer; if not, can they be provided and the job retained?
3. Include all stakeholders in discussion about possible job ending, i.e. Veteran, employer and possibly co-workers, family/significant others, interdisciplinary team.
4. Once decision has been made to end job, facilitate discussion with employer as approved/requested by Veteran.
5. Review with Veteran the positives that will be taken away from this job, and update Vocational Assessment Profile accordingly. Review, as well, what contributed to the job ending and brainstorm ideas for strategically addressing those factors during next job search and placement. Update VAP and Vocational Plan accordingly.
6. Share all information with interdisciplinary treatment team and solicit input for new job search.
7. Initiate new job search immediately, according to Veteran's preferences.
8. Enter a formal progress note into CPRS.

### Recommended Resources:

- ✓ Swanson, Sarah J., and Becker, Deborah R. *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 113-119.

## Consultation with Compensated Work Therapy (CWT) Staff

**Definition:** Each VRS will attend weekly CWT/SE meetings and thereby participate as part of the vocational unit at the site, to share information about job contacts, brainstorm ideas for cases, and be consistently prepared to cover for colleagues/have colleagues prepared to cover for SE in SCI staff in the event someone is out. Given the remote nature of clinical supervision otherwise, it is important for the VRS to become established within the CWT unit to develop his/her own collegial supports, receive guidance from CWT Manager, and to have immediate access to others

to effectively address urgent situations that arise with Veterans and employers. Consultation with CWT staff may also occur on an individual basis, as caseload needs dictate.

**Steps:**

- 1) Include in VRS weekly schedule time for CWT/SE unit meeting. Prioritize and protect this time.
- 2) Prepare for meetings: be familiar with all cases, have Vocational Treatment Plans handy, have weekly schedule available, plan to report on activities of the previous week for cases, as needed, share ideas for further activity and expect to give and receive ideas from CWT colleagues.
- 3) Develop comfort level in going to CWT Manager for supervision, guidance, and feedback on cases on an individual basis and for planning caseload coverage when staff will be out.
- 4) Develop comfort level in going to CWT/SE counterparts for brainstorming, sharing of employer contacts, expanding networks for veterans, etc.
- 5) Enter a formal progress note into CPRS.

## **Consultation with SCI Interdisciplinary Team Member**

**Definition:** Treatment integration is a hallmark of the IPS model, and is supported extensively by evidence in terms of employment outcomes that are achieved when integration among persons' clinical and employment providers is strong. Consultation with an SCI interdisciplinary team member is a means of implementing the principle regarding integrating clinical and employment services in IPS SE in SCI. The VRS will be housed on the Spinal Cord Injury unit, both encouraging and facilitating contact among providers. The VRS will take the initiative to interact with SCI providers regarding individual cases as Veteran needs dictate, particularly when needs are urgent, and may not be able to wait until a scheduled team meeting to be resolved. The VRS will also be responsive to interdisciplinary team members who may raise issues on an individual basis, addressing issues in a collegial, timely, collaborative and thorough manner. This consultation is intended to occur face-to-face, by phone, by secure email, or via co-signing CPRS notes.

**Steps:**

1. Become familiar with spinal cord injuries and their treatment. Become familiar with each PrOMOTE case and the Veterans' unique situations and needs. Become comfortable discussing issues related to spinal cord injuries.
2. Become familiar with the various interdisciplinary team members, learning about their respective disciplines and services. Be mindful of their routines and schedules, and the manner in which they prefer to receive and share information.
3. Be proactive when it comes to accessing team members on behalf of Veterans; often it is the timely addressing of issues that leads to improved functioning on the part of the Veteran, more focused job searches, crisis mitigation or avoidance, or successful job maintenance.
4. Be prepared when approaching a team member, having information accessible and questions/discussions concise. Be willing to schedule another time for discussion if the team member is not immediately available.

5. If a face-to-face interaction is not possible or absolutely necessary, utilize CPRS, the VA secure email system, and the telephone as means of contacting other team members for issues of relevance.
6. Bring any concerns about treatment integration to SCI Chief or Clinical Champion for assistance and guidance.
7. Enter a formal progress note into CPRS.

**Recommended Resources:**

- ✓ Hammond, Margaret C. and Burns, Stephen C., Ed. *Yes, You Can!: Guide to Self-care for Persons with Spinal Cord Injury*, 3<sup>rd</sup> Ed. Paralyzed Veterans of America: Washington, D.C., 2000. ( Link to full text: <http://www.nxtbook.com/nxtbooks/pva/yesyoucan/index.php>)

## **Attending SCI Interdisciplinary Team Meeting**

**Definition:** Treatment integration is a hallmark of the IPS model, and is supported extensively by evidence in terms of employment outcomes that are achieved when integration among persons' clinical and employment providers is strong. Employment staff is a part of the each person's primary treatment team with shared decision making. In IPS SE in SCI, efforts to achieve this integration include the VRS participating in weekly meetings of the site's SCI Interdisciplinary Team. This meeting will include a review of cases on the SE caseload, as well as discussion about other Veterans being treated by the team. The role of the VRS on the team includes educating team members about IPS SE, offering examples of treatment integration efforts, leading discussion about employment interventions and ideas, and encouraging interdisciplinary collaboration. To that end, the VRS will be an active, contributing member of this team, arriving prepared to discuss particular IPS SE cases, and facilitating shared decision-making about each. The VRS will also engage in discussion about non-SE cases, maintaining an employment focus and acting as consultant to the team regarding potential employment interventions. It is the responsibility of the VRS to ensure that employment is seen as a viable part of each Veteran's treatment, and that it is considered in concert with other treatment interventions.

**Steps:**

1. Include the regularly scheduled Interdisciplinary Treatment Team meeting in VRS weekly schedule. Prioritize and protect this time.
2. Become familiar with spinal cord injuries and their treatment. Become familiar with each IPS SE case and the Veterans' unique situations and needs. Become comfortable discussing issues related to spinal cord injuries.
3. Become familiar with Interdisciplinary Team members and learn about their respective disciplines and services. Become familiar with structure of meetings and time allotted. Recognize IPS SE services for Veterans with SCI is a new concept and should be approached as such, respecting the perspectives of others and the history of the SCI treatment field.
4. Prepare for each meeting: for each case that will be discussed, prepare and distribute Interdisciplinary Staffing Form (Appendix D) before meeting, plan to briefly review form, solicit and receive input from treatment providers, and to generate collaborative plan, expect to share information about IPS SE as needed, and to contribute to discussion of non-SE Veterans as related to employment.
5. Document meeting attendance and outcomes in CPRS.

6. Bring any concerns about treatment integration to SCI Chief or Clinical Champion for assistance and guidance.
7. Enter a formal progress note into CPRS.

### **Recommended Resources**

- ✓ *SCI-VIP Integrated Planning Process: Introductory Clinical Team Meeting* (Found at <http://vaww.vakncdn.lrn.va.gov/Default.asp>)
- ✓ Swanson, Sarah J., and Becker, Deborah R. *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*. Hazeldon: Center City, MN: 2011, pp. 137-142.
- ✓ Title 11, Chapter 1 (DVD): *Team Meeting* (In *Supported Employment Evidence-Based Practices Tool Kit*), US Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration.



## **Appendix 6.1**

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# **Vocational Assessment Profile Guide**

# Vocational Assessment Profile Guide

For Use with Veterans Enrolled in IPS SE in SCI

Veteran's Name: \_\_\_\_\_

Date of Program Enrollment: \_\_\_\_\_

VRS Name: \_\_\_\_\_

## Personal Information

- 1. Tell me about yourself.** *Listen for those things the Veteran considers most important or relevant to share. Listen, too, for what is not said.*
- 2. What do you consider your strengths, skills, abilities and passions? What do others say about your strengths, skills, abilities and passions?** *Listen for what the Veteran believes about him/herself. Does this conflict with the perception he/she believes others to have? Are there strengths that are not being used? Are there transferable skills and abilities from pre-injury life or military service?*
- 3. Include input from family/significant others, treatment team members, and clinical record regarding Veteran's interests, strengths, skills, abilities and passions.**

## Employment

- 4. What do you want to do for a job?** *Listen for Veteran's preferences, and reasons for wishing to pursue something particular. Listen for ambiguity or uncertainty and ask follow up questions to develop clarity. As you listen, begin generating ideas for initial job development efforts...where might you go together for informational interviews/tours, giving you the opportunity to learn more about the Veteran and his/her preferences?*
- 5. What is your dream job? Why does that appeal to you?** *Encourage unrestrained thinking. Listen for passions, values, etc that contribute to this "ideal" job. What are the specific components of the dream job, i.e. location, tasks, persons in the workspace, connections to memories/personal meaning, self-esteem enhancements.*
- 6. Talk about your career aspirations for the next 5 years.** *We want to set the Veteran on a career path. What is his/her short-term career goal?*
- 7. Health history/Functional strengths and challenges:** *Investigate the following areas and guide discussion toward relating information to work tasks and environment.*
  - Upper extremity function-- Fluency vs stiffness/tightness of hands; Use of arms, i.e. typing, writing/holding a pen, gripping, lifting/carrying light objects; Any accommodations made by veteran to accomplish tasks without strong use of upper extremities, i.e. use of mouth stick?*
  - Lower extremity function—Gait/balance, i.e. ability to stand or walk, falling risk; wheelchair use and type?*
  - Bladder function—Existing routine, any problems with control, urgency, leaks?*
  - Bowel function—Existing routine, any problems with control, urgency, leaks?*
  - Pain or spasms—Type and frequency of occurrence; any interference with daytime activities or sleep?*
  - Autonomic dysreflexia—Any history of this condition? Is it under control? Plans for managing should it occur?*

**8. Work History and Military Service.** *Note: Add a row for each additional job.*

Pre-injury: Non-military

<b>Dates of Employment</b>	<b>How Job Was Obtained</b>	<b>Title</b>	<b>Employer</b>	<b>Tasks</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>	<b>How Job Ended</b>

Pre-injury: Military

<b>Dates of Service</b>	<b>Title</b>	<b>Tasks</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>	<b>How Service Ended</b>

Post-injury

<b>Dates of Employment</b>	<b>How Job Was Obtained</b>	<b>Title</b>	<b>Employer</b>	<b>Tasks</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>	<b>How Job Ended</b>

**9. Education.** *Note: Add a row for each education experience.*

Pre-injury

<b>School</b>	<b>Degree(s)</b>	<b>Certifi- cation(s)</b>	<b>Dates Attended</b>	<b>Subjects</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>

Post-injury

<b>School</b>	<b>Degree(s)</b>	<b>Certifi- cation(s)</b>	<b>Dates Attended</b>	<b>Subjects</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>



10. **Include input from family/significant others, treatment team members, and clinical record regarding Veteran's health, employment and education such as their knowledge of Veteran's health status, impressions of Veteran's functioning, potentially good job matches, and appropriate environments.**

#### **Daily Life, Routines, and Community Involvement**

11. **Describe your family and current living arrangements, i.e. immediate, extended, household members, primary family relationships, type of domicile, configuration of living space.** *Gather the basic information while listening for positives and negatives in terms of relationships with each person. Who offers support? On whom does the Veteran rely most? What modifications exist in the home that may inform workplace needs?*
12. **How do you get around in terms of transportation? What are your plans for getting back and forth to work?** *Listen for current transportation resources, and other options, as well as for needs that may exist now or upon starting work.*
13. **What can you tell me about your personal mobility?** *Listen for information about wheelchair or other devices that facilitate mobility. Observe the chair, consider its dimensions and means of operating as they pertain to potential work environments. Listen for information about accessibility, especially in terms of public spaces/potential work environments.*
14. **How do you spend your free time? What are your favorite activities? Why?** *Listen for passions, interests, motivators, etc, that may either provide ideas for employment, or that may be enhanced by the Veteran earning income from employment or having additional structure in his/her day.*
15. **Are there any special traditions you like to engage in or uphold? What memories do you have of celebrating these traditions?** *Listen for information that suggests what is meaningful to the Veteran and why.*
16. **Describe a typical day.** *Listen for routines, sleep/wake schedules, self-care schedules, meal schedules, activities enjoyed, others involved in the Veteran's day, time required to transition from one activity to another.*
17. **Include input from family/significant others, treatment team members, and clinical record regarding Veteran's relationships, living situation, transportation situation and daily routines.**

#### **Substance Use Information**

18. **Do you have any history of alcohol or drug use?** *Listen for discussion of history and if any, for specifics of use, time of day/amount per day/whether treatment was sought/whether treatment was successful, is treatment current, etc.*

- 19. If so, did your use have any effects on your employment? In what ways?**  
*Listen for areas Veteran focuses on, and determine whether there are existing areas of need or how use may have interfered with working.*
- 20. Is substance use something you are currently dealing with? Observe body language, voice tone, eye contact, and help veteran relate any current use with plans to pursue work.**
- 21. If use is current, what time(s) of day do you typically use and how much? Listen for information that can inform plans to develop jobs, what needs to be taken into consideration, etc.**
- 22. What things should we consider in terms of your substance use now and looking for a job? Keep in mind the principle of “zero exclusion.” The Veteran does not have to be drug-free in order to pursue employment. Work may provide incentive for positive changes in this area of the Veteran’s life.**

### **Justice System Involvement**

- 23. Have you ever been arrested?**
- 24. If so, have you ever been convicted of a crime?**

Type: \_\_\_\_\_ Year: \_\_\_\_\_  
State: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Type: \_\_\_\_\_ Year: \_\_\_\_\_  
State: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Type: \_\_\_\_\_ Year: \_\_\_\_\_  
State: \_\_\_\_\_ Circumstances: \_\_\_\_\_

- 25. Do you have any legal charges pending?**  
**How do you see your legal involvement having affected employment for you in the past?** *Listen for areas Veteran focuses on, and determine whether there are existing areas of need or how use may have interfered with working.*
- 26. What things should we consider in terms of your legal status now and looking for a job? Keep in mind the principle of “zero exclusion.” We will assist and support Veterans with criminal justice involvement/backgrounds in their efforts to improve their current lives.**

## Supports

- 27. How do you see your medical status impacting the way that you use your strengths?** *Listen for discussion of health and strengths, as well as for limiting issues. Encourage the Veteran to discuss positives of his/her functioning/ overcoming of barriers, as well as areas that require support for optimal functioning.*
- 28. What anxieties/fears do you have about working?** *Observe body language, eye contact, voice tone, etc, as this is discussed, focusing on what is verbalized and what may be underneath the surface.*
- 29. How do you typically handle it when you feel you truly need help in accomplishing something?** *Be alert to Veteran's sense of personal pride and independence, listening for clues as to how needed support information can be elicited, and how needed supports can be respectfully provided.*
- 30. What do you generally do to help yourself feel calm and confident?** *Determine what coping mechanisms already exist for the Veteran so they can be utilized, while also listening for areas of need. Elicit names of people who are supportive and may be counted on to help veteran when he/she experiences anxiety or setbacks.*
- 31. What ideas do you have now for supports you might need for successful employment?** *Listen for Veteran's perspective, preferences, personal boundaries, creativity.*
- 32. Include input from Veteran's family/significant others, treatment team members, and clinical record regarding the impact of Veteran's medical status on his/her use of strengths, existing supports, support needs and support ideas.**

## Networks

- 33. We want to develop a network of people who might lead to the person who will hire you. Let's think of all the contacts you currently have in the community who could be part of this network: family, friends, hair stylist/barber, coffee shop owner, grocery store manager.\* Take time with this, encourage the Veteran to think of all possibilities; use community outings and family/significant others to generate as many names as possible.**

*Add a row for each additional contact.*

Person's Name*	Affiliation to Veteran	Place of Employment	Special Information about This Person

**\*Secure a written Release of Information for permission to speak with each person listed above.**

- 34. We also want to consider those places in the community where you go regularly, where the business owners know you at least by face, i.e. local pool hall, VFW, gym, church, car wash.\* Take time with this, encouraging Veteran to think of all possibilities, using community outings and family/significant others to generate as many names as possible.**

*Add a row for each additional contact.*

Name of Place	Frequency of Going There	Why Do You Enjoy Going There?

- 35. Expand Veteran’s network by including input from family/significant others, treatment team members, and clinical record. These sources may be able to provide knowledge of who Veteran knows, as well as share their own contacts in the community that could further develop Veteran’s network.**

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**COMPLETION OF THIS DOCUMENT REQUIRES:**

- **A WRITTEN NARRATIVE SUMMARIZING ALL INFORMATION GATHERED**
  - **VRS’S SIGNATURE AND DATE OF COMPLETION**
  - **ENTRY INTO CPRS**
- 

**ADDENDUM SECTION**

As part of ongoing assessment, you will add information to the profile.

When adding new information

- Include dates and setting(s) in which information was gathered.
- Reference the appropriate section in the VAP.
- Enter into CPRS.



## **APPENDIX 6.2**

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### **Employer Contact Questions**

## **Employer Contact Questions\***

- How would you describe someone who is successful in this company?
- What do you specifically look for in a job candidate?
- How do most people find out you need to hire a new employee?
- What issues routinely come up in hiring that you would rather avoid?
- What can you tell me about turnover in this company?
- Do you have a busy time of day/month/year?
- If you had an unlimited budget, how would you use it to grow your business?
- Where would this business/department/program like to be in five years?
- Are there tasks that seem to always get moved to lower priority, but really need to get done?
- How would you describe your supervisory style?
- What would your employees say about the culture/workplace environment here?
- What specific steps must someone take in order to be hired here?
- What flexibility do you have in terms of creating positions based on your needs?
- Are there types of positions in this business that the average person might not know about?
- What is a typical day like for a (name of position)?
- What would your employees say they like about working for this company?
- What should I know about your business that may not be readily apparent to a job seeker?
- So if I do know someone who I think would be a good fit for this company, how could I best help that person get an interview?
- Do you happen to know others in the business community who might be able to give me additional information about this kind of business/industry, or who might otherwise be good for me to contact?
- I appreciate your time and how much you've shared with me. Would you mind if I drop in on you from time to time to see how things are going?

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\* This list was developed through the collaborative efforts of the ProMOTe Supported Employment Clinical Coordinator and the site Vocational Rehabilitation Specialists.



## **APPENDIX 6.3**

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### **Suggested Actions for Vocational Rehabilitation Specialist (VRS) to Deal with Typical Employer Responses during Job Development**

**Suggested Actions for Vocational Rehabilitation Specialist (VRS)  
to Deal with Typical Employer Responses during Job Development**

<b>Employer Response</b>	<b>Message to VRS</b>	<b>Suggested VRS Action</b>
<i>Have them submit an application.</i>	There is really no interest on the part of the employer.	<ul style="list-style-type: none"> <li>• Gather more info about the business and focus on the Veteran's strengths for work there; be clearer about how a match can be made and can benefit the employer</li> <li>• "In addition to submitting an application, I'd like to bring the Veteran here to meet you and find out more about your business. Can we schedule that?"</li> <li>• "Would it be possible to submit two applications, one to HR and one directly to you?"</li> <li>• "How can I ensure the Veteran's application will be seen by the hiring authority?"</li> <li>• If applications can only be done online: "Can I speak to the person who would actually receive the application?" If this results in a contact, you have an additional person to contact and you can also get back to the manager you've already spoken with for assertive follow up</li> </ul>
<i>Call me next week.</i>	Veteran is not likely to get a job at this time.	<ul style="list-style-type: none"> <li>• Keep the door open by arranging a specific day and time to call back or return</li> <li>• If same response a second time, emphasize value of hiring one of America's Heroes, review Veteran's strengths again, and ask directly about hiring reservations to open conversation about disabilities, accommodations, and diversity.</li> <li>• Gauge the employer's mood: If the employer seems genuine, moving forward is a good thing. If the employer seems annoyed, try returning another day and time in case the employer was just having a bad day. Find out a better time to talk, when the employer might be less busy or distracted.</li> <li>• If the employer seems annoyed, move away from specific discussion about employment and consider focusing more on building rapport.</li> </ul>
<i>All of our information is on our website.</i>	Employer is under the impression that the VRS is asking about current employment opportunities.	Reframe your intent: Reinforce that your purpose is to learn more about the company/field and what skills/characteristics the employer values when making hiring decisions.



<b>Employer Response</b>	<b>Message to VRS</b>	<b>Suggested VRS Action</b>
<i>All jobs are posted online; they go through corporate headquarters. I only conduct the interviews.</i>	Employer is unable or unwilling to help.	Obtain contact info for a person at headquarters. By contacting headquarters, you may be likely to find a local person who could be the best person of contact.
<i>I need some time to think about it.</i>	Moving forward could be a possibility, but there are concerns or doubts.	<ul style="list-style-type: none"> <li>• Respect the need for extra time, but arrange a specific day and time to call return; in the meantime, prepare to address unspoken concerns and doubts.</li> <li>• “I am available at any time.”</li> <li>• “The Veteran I have in mind has experience doing just the kind of work you need.”</li> <li>• “With no commitment on your part, may I come back next Tuesday at 10am with the Veteran for an informal tour and to ask some questions?”</li> <li>• “What would help you make a decision about hiring?”</li> </ul>
<i>I am definitely interested in hiring Veterans; as soon as something opens up, I will let you know.</i>	Employer is interested but not yet committed.	Have the Veteran come in for an informational interview. Consider it an opportunity for potential job creation.
<i>So how do we do this?</i>	Employer is interested in moving forward with possible hire.	<ul style="list-style-type: none"> <li>• Capitalize on this opportunity and guide the employer through the steps of determining a “good fit” and of hiring.</li> <li>• VRS should “take over”: Introduce the Veteran and act in a timely manner so enthusiasm does not wane.</li> </ul>
<i>I'd like to have him meet with my manager.</i>	Employer is giving serious consideration to hiring the Veteran.	<ul style="list-style-type: none"> <li>• Closely follow through on arranging a meeting and offering any additional info requested to support hiring.</li> <li>• When manager wishes to meet privately with other decision makers, consider requesting that you or Veteran attend this meeting, too.</li> </ul>

# PrOMOTE VRS Supported Employment Training: Going All in for Veteran Employment

Jennie Keleher, MSW, and  
Charles McGeough, MS



# Improving Your Odds

## **Vocational Assessment Profile and Motivational Interviewing**

- Meet the Veteran where he/she is
- Consider ambivalence re: change
- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy



# Improving Your Odds (cont.)

- Consult and plan with SCI colleagues



- Identify and target network contacts



# Improving Your Odds (cont.)

Resist temptation to rely on traditional methods, that is, openings in job market and submitting multiple applications or resumes.



# High Rolling With Employers



# 1. Prepare



- Every “No” should lead to the thought: *“How can I get to Yes?”*
- Plan how to present oneself.
- Do your homework.
- Consider the tools in your box.
- Make that emotional connection.
- Be “real,” exude confidence, and engender trust.



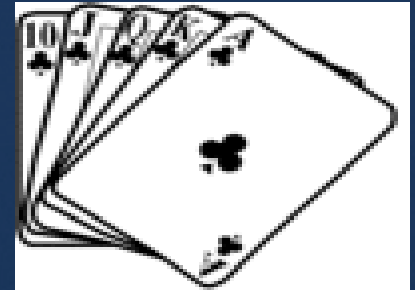
## 2. Sales Techniques to Use in Job Development



- Target your contacts.
- Connect emotionally.
- Meet the hiring authority.
  - Learn about the business.
  - Listen for what they want/need.
  - Observe body language, be sensitive to what is not said.
  - Get Veteran in front of this person; *does **not** require commitment or obligate employer to hire.*
- Ask for what you want.
  - Present a carefully crafted proposal for job match.
  - Keep the goal in mind: employment.
  - Expect and respond productively to objections.
  - Be timely.



### 3. Hedging Your Bets on Objections



- ***The Unspoken Objection:***
  - "I sense you may be concerned about \_\_\_\_\_. Can we talk about that?"
  - "Is there anything else that may be concerning you?"
- ***Excuses:*** "That's all right, most people in your situation felt the same way when I first approached them, and now they are my best employers."
- ***Request for Information:*** Recognize the employer is interested, provide information, and use as opportunity to advance the situation.
- ***"Show Off" Objection:*** Develop the relationship by simply listening and showing interest in the points the employer makes.

# Hedging Your Bets on Objections (cont.)



- ***“Malicious” Objection:*** Don’t take it personally; remain positive, ask open-ended questions to redirect conversation; allow the employer to talk.
- ***Subjective/Personal Objection:*** Consider whether you may be talking too much; listen more, talk less.
- ***Factual Objection:*** Provide info needed to verify and clarify, and, thereby, reassure.
- ***“Last Ditch” Objection:*** Listen with respect; provide assurance that other employers are happy with the Veteran they hired.

## 4. Closing the Deal



- ***Reject Tendency to Become Defensive***
- ***Acknowledge What You Have Heard***
  - Restate concern to ensure you understand it.
  - Ask: Is there anything else that concerns you about hiring this person?
- ***Discover***
  - List concerns one by one
  - Explore reasons for concern(s)/details
  - Listen and observe body language
- ***Deal***
  - If I can resolve your concerns, are you willing to move forward with hiring?
  - Timely follow-up actions



# More on Closing

- How to think of “selling”:
  - Doing something **for** the employer.
  - **Not** doing something **to** the employer.
- Shape questions/discussion as if you’ve already got a **YES**.



# Presentation Credits

- Charles McGeough, MS, National Marketing Director for Therapeutic Work Programs, TSES, VACO
- Davies, Nick (2012). *How to be Great at the Stuff You Hate: The Straight-Talking Guide to Persuading, Networking and Selling*. West Sussex, UK: Capstone Publishing, Ltd.
- Miller, William R. and Rollnick, Stephen (2002). *Motivational Interviewing: Preparing People for Change, Second Ed.* New York: The Guilford Press.
- Brian Tracy, Motivational Speaker and Author, CEO of Brian Tracy International
- Zig Ziglar, Author, Salesman and Motivational Speaker

# The VRS as Salesperson

Credit to Nick Davies, Author of  
*How to be Great at the Stuff You Hate: The Straight-Talking Guide to Persuading, Networking and Selling*  
and

Sarah Swanson and Deborah Becker, Authors of  
*Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*

# Thinking About Sales Techniques

**When you were the customer/buyer and ...**

- It wasn't so great due to:
  - Rudeness
  - Inconsideration of your time
  - Relentless behavior
  - Not being ask what you wanted
- It was a positive experience
  - Timely response to your needs
  - Respectful for your availability
  - Honest
  - Helpful
  - Open-mindedness, interested in your needs



# What Sales Qualities Should a VRS Cultivate?

- Always conducting job development
- Positive attitude
- Respectful persistence and persuasiveness; respectful of others' time
- Belief in who and what you are selling
- Focus on the results you wish to achieve
- Honesty/trustworthiness
- Positive reputation/credibility
- Network of contacts in community



# Applying a Sales Approach to Securing Jobs

- Target
  - Who/what businesses are you going to contact?
  - Using a “cast net” approach is not efficient
  - Put time into planning your contacts
- Connect
  - Employer contact #1 (“First Cup of Tea”)
  - Make an emotional connection with your target, be “real,” and exhibit confidence
  - Learn who best person is to establish info meeting (preferably hiring authority)
  - Establish that meeting

# Applying a Sales Approach to Securing Jobs *(cont)*

- Meet
  - Employer Contact #2 ("Second Cup of Tea")
  - Pre-arranged meeting based on initial connection
  - Elicit info about culture of workplace, types of jobs, business needs, hiring preferences
  - Develop emotional connection and trust
  - Get the veteran in front of this person
- Ask
  - Employer Contact #3 ("Third Cup of Tea")
  - What specifically do you want from this employer?
  - Maintain control of the negotiations as much as possible
  - Make a proposal, how does it benefit THIS employer?

# What if the Hiring Authority Raises Objections?

- Still not sure how Veteran could fit here.
- I will think about it.
- We're not hiring right now.
- Not enough \$\$ to bring on someone else.
- I need to talk with \_\_\_\_\_ before making a decision.
- This has to go through corporate.
- ?
- ?

# Closing the Deal

- Reject tendency to become defensive
- Acknowledge
  - Restate concern to ensure you understand it  
AND
  - Is there anything else that concerns you about hiring this person?
- Discover
  - Explore reasons for concern(s)/details
  - Listen and observe body language
  - List concerns one by one
- Deal
  - If I can resolve your concerns, are you willing to move forward with hiring?
  - Timely follow-up actions



## **APPENDIX 7.1**

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# **Individual Placement and Support Supported Employment (IPS SE) Services, Fidelity Domains, and Principles**

**TABLE 7.1 IPS SE SERVICES, FIDELITY DOMAINS, AND PRINCIPLES IN SCI**

IPS SE Service	Fidelity Domain and Criterion	Related IPS Principle(s)
<b>Service Domain</b>		
Orientation / Compensated Work Therapy Supported Employment (CWT/SE) intake	Assertive engagement and outreach	Zero exclusion
Benefits counseling assistance	Individualized job search	Benefits planning
Assertive engagement and outreach	Assertive engagement and outreach	Zero exclusion
Focused interview assessment/Vocational assessment profile	<ul style="list-style-type: none"> <li>• Ongoing, work-based assessment</li> <li>• Community-based services</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid job search</li> <li>• Community-based services</li> </ul>
Benefits counseling assistance	Individualized job search	Benefits planning
Treatment plan development	Individualized job search	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> </ul>
Referrals for collateral services	Follow along supports	<ul style="list-style-type: none"> <li>• Competitive employment</li> <li>• Follow along supports</li> </ul>
Network contact	<ul style="list-style-type: none"> <li>• Rapid search for competitive job</li> <li>• Individualized job search</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid job search</li> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> </ul>
Business and industry research	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Diversity of jobs developed</li> <li>• Permanence of jobs developed</li> </ul>	Competitive employment
Job development: Employer contact	<ul style="list-style-type: none"> <li>• Rapid search for competitive job</li> <li>• Individualized job search</li> <li>• Diversity of jobs developed</li> <li>• Permanence of jobs developed</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> </ul>
Job development: Employment negotiation	<ul style="list-style-type: none"> <li>• Rapid search for competitive job</li> <li>• Individualized job search</li> <li>• Diversity of jobs developed</li> <li>• Permanence of jobs developed</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> </ul>
Vocational counseling	<ul style="list-style-type: none"> <li>• Ongoing, work-based assessment</li> <li>• Follow along supports</li> </ul>	Preferences are honored

IPS SE Service	Fidelity Domain and Criterion	Related IPS Principle(s)
Worksite accommodation	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Diversity of jobs developed</li> <li>• Permanence of jobs developed</li> </ul>	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> </ul>
Vocational case management	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive employment</li> <li>• Follow along supports</li> </ul>
Employment follow-up / follow along supports	<ul style="list-style-type: none"> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of services</li> <li>• Competitive employment</li> <li>• Community-based services</li> <li>• Follow along supports</li> </ul>
Ongoing vocational assessment	Ongoing, work-based assessment	<ul style="list-style-type: none"> <li>• Community-based services</li> <li>• Preferences are honored</li> </ul>
Treatment plan review/revision	<ul style="list-style-type: none"> <li>• Individualized job search</li> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> </ul>
Assistance with job transition	<ul style="list-style-type: none"> <li>• Jobs as transitions</li> <li>• Follow along supports</li> </ul>	<ul style="list-style-type: none"> <li>• Preferences are honored</li> <li>• Integration of services</li> <li>• Follow along supports</li> </ul>
<b>Staffing Domain</b>		
Benefits counseling assistance	Vocational services staff	Benefits planning
Referrals for collateral services	Vocational services staff	<ul style="list-style-type: none"> <li>• Competitive employment</li> <li>• Follow along supports</li> </ul>
<b>Organization Domain</b>		
CWT/SE consultation	Vocational unit	Integration of vocational and medical services
SCI interdisciplinary team (IDT) member consultation	Integration of rehabilitation with mental health treatment	
Attending SCI IDT meeting	Integration of rehabilitation with mental health treatment	