Families Achieving Success Today F.A.S.T. Part 2
Individual Placement and Support (IPS)

- Approach designed for persons with serious and persistent mental illness.
- An evidence-based practice
  - Multiple research studies demonstrate superior outcomes
  - The approach is well defined in a fidelity scale and manuals (standardization is possible)
Principles of IPS

- Eligibility is based on consumer choice
- Services are closely integrated with the mental health treatment
- Competitive Employment is the goal
- The job search starts soon after a consumer expresses an interest in working
Principles of IPS

- Follow along supports are continuous
- Consumer preferences are important
- Benefits counseling is part of the employment decision making process
- Every interested person is eligible.
## What makes IPS unique?

- Co-location of staff
- Multi-disciplinary team approach
- Jobs are developed to fit each person’s individual preference
- Employment Unit model
- Zero exclusion criteria
- Different/multiple points of entry
- Job search starts soon after a person expresses an interest in working *
- Benefits Counseling
- Long term follow up services
Rapid Job Search

Some people may have tried other vocational programs that required them to go through vocational testing, work adjustment, work readiness groups or other pre-vocational activities. Many of these people reported that this process was frustrating or demeaning and that they dropped out of the program. In contrast, many people are interested in IPS just because of the rapid job search.
Job Development

- Participants are helped to find work that matches with their individual preferences, strengths, and work experiences.
- Participant centered planning (Vocational Profile)
- Frequent face to face employer contact
- “A Three Phase Approach” is used to develop employer relationships
- Job Development services such as engagement, job finding, and follow-along supports are provided in the community.
Tips for Employer Relationship Building

- Learning about an employer’s needs and challenges (phase 1)
- Structuring a meeting to learn about an employer (phase 2)
  - Mistakes include: asking about job openings, interrupting the employer, asking if they are open to hiring people with criminal backgrounds, speaking at length about your program, and neglecting to prepare for the meeting
- Maintaining relationships over time (phase 3)
Modified IPS - How we differ?

- Participants continue to comply with MFIP (often in a modified employment plan - family stabilization services)
- FAST does not have VR counselor
- None of the candidates on SSDI, SSI
- Not all receive MH therapy or have SPMI
- Benefits counseling not in house
Job Support

- Continuous, on-going support is provided to participants for as long as they need/want.

- Supports can include: Transportation assistance and other tangible supports, job retention assistance, job accommodations, and benefits coordinating.

- Supports are based on each participant’s unique situation and needs. Can be intensive in the beginning and taper as an participant builds natural supports in the workplace.
Preferences!

Peanuts

I'd hate to have a job where you had to get up early in the morning.

I'd hate to have a job where you stayed in the same place all day.

I'd hate to have a job where you had to be nice to everybody.
Preferences- Harder than it looks

- Sometimes employment specialists unintentionally lead people to 'give the right answers.' Sometimes participants try to please employment specialists by saying what they think staff wants to hear.
- Eventually, everyone's work will fall apart if it is not built upon the participants values, interests, and own way of doing things.
Motivational interviewing

- Informs every aspect of the interaction at every level in the collaborative
- The key to engagement
- The Key to negotiating a change plan
- The Key to Autonomy and collaboration without there will be no change, only compliance.
Stages of change

- Precontemplation – not ready or willing
- Contemplation – unsure, ambivalent
- Preparation – acknowledgement
- Action – doing it, taking steps
- Maintenance – dealing with “slips”
- Relapse – natural part of the cycle
Questions... ?
Dugan Magraw

Health Navigator Coordinator
Certified Nutrition and Wellness Consultant
AHA CPR/BLS Instructor
Open Cities Health Center
Health Navigator

F.A.S.T. Health Navigation/Education & Prevention services: offer direct services, resources and information to individuals & families who want to stabilize and improve their overall health.

Services include:
- Assistance, advocacy & education around navigating the healthcare system
- Culturally appropriate health education & information
- Guidance, informal counseling & support towards individualized health needs
- Help with transition into health and social services & follow-up supports
- Case Management & health related screenings
- Meetings held in office and community setting.
- Provide input at weekly case consultations
How to Access Community Health Supports

- Make connections with the Community Outreach or Community Health Worker Services Department at a local Community Health Care Clinic such as West Side Community Health Services and Open Cities Health Center.
- Gain access to information on health-related Community Outreach events, programs, and services that promote health initiatives.
- Different names for providers of similar services: Community Health Workers, Health Navigators, Lay Health Advisors, Community Health Aides, Outreach workers, Promotores de salud (Spanish Translation Health Promoters), Peer Educators & Patient Navigators.
Amanda Kaiser, LAMFT

Mental Health Therapist
People Incorporated
Child and Family Therapist

Services Offered:

- CMHT can work with families on location at FAST.
- CMHT can work with the family together, the child individually, and/or the parent (focusing on Parent Education).
- If the family needs something more intense, we can then refer out to specialists.
- Once engaged with the family, CMHT can also go along with them to an IEP meeting, etc.
How to Access Children’s Mental Health Services

In your setting you could try:

- Connecting with school social workers or therapists
- Getting to know clinics in your area
- Finding organizations that do in-home work
- Making the first phone call together
How Children’s Mental Health Services Supports Employment Goals

- Decrease conflict at home
- Increase sleep, so parents can function better on the job
- Decrease calls to parents from school during their work day
Questions...?
Bradley Dreis, MS, LPCC, CRC, NCC

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Working Well Mental Health Clinic
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- **Frequent Crises**
  - They often face tremendous responsibilities without much support.

- **Significant Guilt**
  - Many want to be “a better parent” and fail to recognize their accomplishments.

- **Past and Present Trauma**
  - They engage in frequent avoidance behaviors that impact potentially supportive relationships. (i.e., issues with trust, self-worth, confidence, etc.)

- **Lack of Insight into Condition(s)**
  - They feel that their happiness is a product of circumstances and beyond their control.

- **Low Opinion of Professional Mental Health Services**
  - Many have had either negative past experiences with mental health services, or are new to psychotherapy and have heard bad things from others.

- **Lack Sufficient Problem Solving Skills**
  - Usually have had poor modeling of these behaviors.
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Some Useful Strategies

- **Frequent Crises**
  - Use Motivational Interviewing
  - Encourage development of Problem Solving skills
  - Deflect perceptions of full staff responsibility
    - This decreases staff “burnout”.
  - Take some time to listen (can be short)
  - Many Clients are isolated and can only “vent” to children due to a lack of supportive adults.
  - Remain flexible with “my agenda” (Maslow)
    - We won’t be discussing employment until we address their lack of food or electricity.
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Maslow’s Hierarchy of Needs
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Some Useful Strategies

**Significant Guilt**
- Point out the positives!!
  - Allows freedom from the cycle of punishment.
- Permission is powerful
  - The trick is to have the client give themselves permission.
- Break depressive and anxious cycles
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Example of Depressive Cycle

- Wake up in the morning
- There's no point
- I'll only mess up again

Thoughts

- Depressed
- Tired

Feelings

- Stay in bed
- Pull covers over head

Behaviours
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- Some Useful Strategies
  - **Past and Present Trauma**
    - Acknowledge their associated struggles using affirmations
      - Ex. “You have been through so much, yet you have remained dedicated to your children”.
    - Therapy for trauma CANNOT be forced
  - Trauma-related symptoms are often a form of protection and need to be processed with a professional.
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Some Useful Strategies

Lack of Insight into Condition(s)
- Gently point out discrepancies
- Provide advice or insight with permission
- Due to frequent crises, clients often find it difficult to consider the future
  - Ex. “How might your life be different next week if you finished that packet and got accepted to...”
Some Useful Strategies

**Low Opinion of Professional Mental Health Services**
- Did they see a therapist, or was it a psychiatrist, ARMHS, cognitive testing, ...etc.
- Give them power while supporting their autonomy
- They have the right to “fire” an unhelpful therapist.
- They may stop therapy at any time if it isn’t helpful.
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Some Useful Strategies

**Lack of Sufficient Problem Solving Skills**
- Allow the opportunity to succeed, and provide praise upon accomplishment.
- Clients may be used to staff completing everything for them.
- Providing every last detail of a task shows very little faith in a client’s ability to succeed.
- Encourage questions
- Model appropriate Problem Solving skills
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Tips for Positive Coordination With Mental Health Professionals

Don’t assume that they share a desire for the client’s pursuit of employment

- They’re goal is to limit symptoms. The pursuit of employment will initially increase symptoms.
- Most therapists will welcome your perspective as long as it is in the best interest of the client.

Good ex. “Frank has been discussing employment a lot more with me lately. What are your thoughts about his readiness?”

Bad ex. “Frank wants to start a training program, but I doubt he will follow through. What are your thoughts?”
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- Tips for Positive Coordination With Mental Health Professionals
  - Initiate and maintain communication with good mental health professionals
    - Some therapists are more responsive than others ... just like all professional workers.
    - You are often the “bridge” to stable mental health. Refer to therapists that share your desire to help your clients.
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- Tips for Positive Coordination With Mental Health Professionals
  - **Use the Medical Opinion Form to initiate contact and provide your opinion.**
    - Many therapists consider “0” hours to be helping the client until they are informed that this can be a self-fulfilling prophesy.
  - If you don’t offer clarification or insight, they will assume that they completed the form correctly.
  - Don’t make assumptions. The MFIP program isn’t well known within the mental health community.
Panel Discussion

- G/ESM, Operations Manager: Kati Neher
- HIRED, ES Manager: Amelia Walicke
- HIRED, FSS Coordinators: Sara Jelinek, Jessica McIntosh
- G/ESM, Employment Support Consultant: Tom Jaeger
- G/ESM, Adult Therapist: Bradley Dreis
- OCHC, Health Navigator: Dugan Magraw
- People Incorporated, Child Therapist: Amanda Kaiser
Thank you!

If you have additional questions, please contact:
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