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## Individual Placement and Support: What factors contribute to the high rate of success of the IPS Model in Facilitating Job Retention Among Persons with SMI?

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INDIVIDUAL PLACEMENT AND SUPPORT:  
WHAT FACTORS CONTRIBUTE TO THE HIGH RATE OF SUCCESS OF THE IPS  
MODEL IN FACILITATING JOB RETENTION AMONG PERSONS WITH SMI?

By

Shay Frailey

B.S., Southern Illinois University, 2018

A Research Paper  
Submitted in Partial Fulfillment of the Requirements for the  
Master of Science

Rehabilitation Institute  
in the Graduate School  
Southern Illinois University Carbondale  
May 2020

RESEARCH PAPER APPROVAL

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A Research Paper Submitted in Partial

Fulfillment of the Requirements

for the Degree of

Master of Science

in the field of Rehabilitation Counseling

Approved by:

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Graduate School  
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March 25, 2020

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## CHAPTER 1

### INTRODUCTION

The field of rehabilitation has been defined as being “a holistic and integrated program of medical, physical, psychosocial, and vocational interventions that empower (a person with a disability) to achieve a personally fulfilling, socially meaningful, and functionally effective interaction with the world” (Banja, 1990). Rehabilitation providers, specifically rehabilitation counselors, are considered to be advocates, as they act and speak on behalf of individuals with disabilities and disability issues. Rehabilitation counselors address “attitudinal barriers, including stereotyping and discrimination, toward individuals with disabilities,” and help to shape the attitudes of others by modeling appropriate behaviors (Parker & Patterson, 2012).

65% of individuals with SMI endorse employment as a goal, yet only about 15% are employed (Bond & Drake, 2012). This gap represents a tremendous unmet need. Work is a meaningful aspect of an individual’s lives, with an impact on self-esteem and meaning. The World Health Organization recommends that work can be used as a way of reintegrating people with mental health problems in the community.

Along with income, work provides benefits such as social identity and status, social contacts and supports; a means of structuring and occupying time, activity, and involvement; and a sense of personal achievement. On the contrary, unemployment is linked with increased general health problems, including premature death (Smith, 1985). There is also a strong correlation between unemployment and the development of mental health problems, including an increase in suicide (Lewis & Sloggett, 1998). Three-quarters of people under the age of 35 with mental health problems who take their own lives are unemployed or on long-term sick leave when they do so (Appleby et al., 2006). However, research shows that individuals with severe

mental illness who find paid employment experience not only increased income, but there are also non-vocational positive changes, including change in self-identity, improved quality of life, and reduced symptoms (Burns et al., 2008). It is important to note that these outcomes have not been found for people in sheltered work. Rehabilitation counselors have a unique yet important role in ensuring that individuals with disabilities receive sufficient services to both live and work independently. Vocational rehabilitation counselors work to ensure that individuals with disabilities have the greatest opportunity to access the workforce- ideally, integration into the competitive workforce- and as a result, a better quality of life and greater fulfillment.

Patterson, Syzmanski, & Parker (2012) identify that vocational services have existed since the inception of the Smith-Hughes Act of 1917, which provided federal grants to states to support vocational education. Since then, these services have evolved and have expanded to become increasingly supportive and inclusive for all groups of individuals with physical, mental, or emotional disabilities. The most substantial act for people with disabilities was the 1990 Americans with Disabilities Act. This act granted individuals with disabilities, many civil rights and protections that had been given to women and minorities under the Civil Rights Act of 1964.

Title I of ADA extended the prohibitions against discrimination in employment to qualified individuals with disabilities. Since the beginning of the Rehabilitation movement, vocational service providers have created a variety of strategies, theories, and modalities in the effort to best assist people with disabilities in seeking employment opportunities. The assumptions and beliefs that underscore Vocational Services may be the same across settings; however, each service may be different from a methodological perspective. Vocational rehabilitation services have sought to recognize that work is an essential aspect of individual's lives. When rehabilitation services began, the focus was to put people to work, and thus sheltered

environments were established to allow people with disabilities to have an opportunity to work in a supervised setting. At the inception of vocational rehabilitation services, integration with workers who were able-bodied had yet to be considered. Though these sheltered services were meaningful and a profound step at the time, individuals were in restricted environments that did not allow for much independence or integration into public settings.

That being said, vocational services and modalities have evolved. Rather than the sole option for vocational services and settings being sheltered, there are now many more services available that range in level of restrictiveness and integration into the public workforce. The mindset of rehabilitation providers has evolved to where many vocational programs seek to aim for integration into competitive employment, as people with disabilities became seen as able to work in integrated settings. Advocates for integrating people with disabilities into the public workforce consider the most empowering vocational service to be when they prioritize integration into competitive employment as soon as possible (Patterson, Szymanski, Parker, 2012). This can be considered a shift and transition to a more progressive and modern ideology in vocational rehabilitation. Supported employment is one of the specific vocational programs that intends to prioritize integration into competitive employment as soon as possible.

Specifically, research has clarified the standardization of evidence-based principles for the supported employment program that is called the Individual Placement and Support model (IPS).

IPS incorporates client-centered choices and goals. This has been proven to help serve people among many populations, including people with different diagnoses, educational levels, ethno-racial backgrounds, and prior work histories; as well as long-term Social Security beneficiaries; young adults; older adults; veterans with post-traumatic stress disorder, and individuals with co-occurring mental illness and substance use disorders (Bond & Drake, 2012).

It is essential to note the diverse populations that can benefit from such services. For example those experiencing severe mental illness have greatly benefited from workplace inclusion. Client-centered services are essential to encourage recovery. Client centered services during the recovery process entail honoring the aspirations, goals, and journeys of people with mental illness (Drake & Bond, 2011).

IPS as a form of supported employment has proven to have the best outcomes for competitive employment, particularly for individuals with severe mental illness (SMI). Approximately two-thirds of IPS participants have at least some success in competitive employment due to its six evidence-based principles that are consistently implemented into current models of the IPS model. These evidence-based principles include prioritizing competitive employment as the ultimate goal; searching for jobs of their choice immediately, without delaying the search for training and assessment (rapid job search); service providers integrating mental health and vocational services; and attention to/empowering customers to make their own decisions; assessment as a continuous and comprehensive process; and to obtain services for as long as needed (time-unlimited support) (Bond, 1998).

Rehabilitation has evolved greatly over time, initially being much less empowering and with less focus on consumer choice. These services have historically been limiting and have often entailed restrictions from the general population. Some professionals persist in believing that many people cannot competitively work and need to be protected in sheltered settings (Drake & Bond, 2011). This view stems from the idea that individuals with disabilities are not fit to work in competitive environments, and that they may not be able to work as well or fulfill their duties if integrated into a public setting. This is a misconception that has been disproved by research on IPS. Individuals with disabilities, specifically severe mental illness, have been

successful in both gaining and maintaining competitive employment. When individuals are supported through services that recognize and honor their abilities, they are able to succeed in integrated and competitive environments.

Proponents of IPS point to the fact that these arguments resemble rhetoric that resulted in long-term institutionalism in the 1970s. Thus, these are ideologies that should be considered archaic and to be left in the past (Drake & Bond, 2011). In this sense, not only do IPS services produce better competitive employment outcomes, but they are consistent with more progressive models of vocational services, and ideologies of the rehabilitation field that emphasize empowerment and autonomy (Luciano et al., 2014; Marshall et al., 2014).

## CHAPTER 2

### COMPETITIVE EMPLOYMENT

Since the beginning of the rehabilitation field, rehabilitation counselors have provided vocational services for people with severe mental illness. Several vocational models focus on the natural integration of persons with significant disabilities into the competitive workforce. They are ordered based upon the level of restrictiveness, ranging on a continuum of what is considered “train-place” to “place-train.” Train-place is more restrictive and is focused on preparing a person for managing their disabilities in what are considered “safer” settings before placement in worksites in the real world. These environments are considered safer, because they are typically environments with other individuals with disabilities that are also learning preparatory skills. In this way, they view these sheltered settings as being of less “risk,” because they are intending to avoid or manage barriers before they arise. However, this view of safety and risk does not prioritize the individual’s capacity to succeed in these environments, but assumes they need assistance to become work-ready (Corrigan, 2016).

On the opposite end of the continuum of restrictiveness is that of place-train models. The place-train model honors placement into real-world work settings of their interest as soon as possible, and individuals are trained to address challenges and barriers when they arise. It is critical to understand how the field of Vocational Rehabilitation has developed and evolved over time in its interventions and goals. Though many current programs and services still utilize traditional modalities that involve sheltered or other more restrictive settings like workshops or services that require pre-vocational training, other newer and more progressive services like Individual Placement and Support emphasize the importance of prioritizing integration into competitive as soon as possible. In order to grasp this evolution, this paper will define some of

these more traditional forms of vocational services, and their level of restriction vs. integration into competitive employment: these will include sheltered workshops, transitional employment, job clubs, and supported employment (Corrigan, 2016).

The most restrictive form of vocational services are sheltered workshops. As can be assumed by the name, for years these programs have been seen as safe settings where people with disabilities work solely with other people with disabilities, while being supervised by rehabilitation counselors. Moving along down the spectrum of restrictiveness is transitional employment, which is a step towards competitive employment, as people with psychiatric disabilities work in real jobs (usually they are low-skill, like cleaning services), and they receive competitive wages. Rehabilitation programs make arrangements with businesses to employ persons with disabilities. At the same time, the vocation professional ensures that employees are completing every aspect of the assigned task accurately (Corrigan, 2016).

An example of this would be cleaning an office building three nights a week. There are still restrictive and “safe” aspects of this form of employment, in that participants work alongside peers with rehabilitation counselors as managers. Over 3-9 months, participants have the opportunity to learn and master all aspects of the position, and in this sense, learn work adjustment skills. Still, the “train-place” aspect of this type of placement does not enable the customer to engage in real-world activities in a natural environment immediately, which delays their pursuit of vocational goals in the real world (Corrigan, 2016).

Another program meant to facilitate rehabilitation goals are Job Clubs. With the support of peers and rehabilitation providers, job clubs are places where people with psychiatric disabilities learn about and seek jobs. Job Clubs have a more educational feeling, as they provide a curriculum to teach participants to prepare for a job search, negotiate on job offers, master

interviewing skills, and write resumes. Role-play scenarios are often used for participants to practice these skills. Frequently, resources for computers and phones are utilized to assist in the job search. For a person with a disability, job-hunting can be stressful and feel isolating, so the peer support aspect of the job club is essential. Job clubs don't necessarily stress risks for people with disabilities at work. Still, they resemble "train-place" programs by having a requirement of demonstrating skills and benchmarks before actually going to get jobs (Corrigan, 2016).

Finally, on the least restrictive end of the spectrum, and most like a natural work environment, is supported employment. Most research on supported employment is based on IPS, an empirically-based form of supported employment, with standardized principles, that when followed, allow it to have such great success in vocational outcomes. In contrast to other vocational methodologies that emphasize significant amounts of pre-vocational evaluation, testing and pre-training, the IPS model highlights quick movement into competitive employment as essential for clients with disabilities. In this sense, this "place-train" philosophy is unique as it prioritizes placement into a job before training, so it does not delay the real-world job search by emphasizing pre-vocational training before being placed onto a worksite (Corrigan, 2016).

There is a substantial amount of research on the IPS model. The focus of IPS is to support people in their efforts to achieve consistent employment in mainstream competitive jobs, for either part-time or full-time. The goal of supported employment is to assist people in finding jobs that they are interested in, as quickly as possible, and to provide assistance, training, and supports that are needed to succeed in these jobs (Corrigan, 2016). In this aspect, supported employment and IPS are in direct contrast to other vocational rehabilitation programs that utilize sheltered workshops, as consumers are not in restricted environments indefinitely, but are integrated into competitive employment settings as soon as possible. In taking into consideration

what we have learned throughout the past and what works best to provide the most comprehensive services, and with integration into competitive employment as the ultimate goal whenever possible, supported employment and specifically IPS are intended to be some of the most empowering and progressive vocational services for people with severe mental illness.

Gary Bond has been a prominent and respected academic, specializing in supported employment and in the standardization of IPS. He has been an innovator in his field, updating this research and these principles since the 1990s. Contrary to the historical belief that vocational services which focus on improving work attitudes have an impact on work outcomes, Bond (1998) brings attention to the fact that if the amount of counselor time is devoted to direct assistance and in helping customers find and obtain work, that this is associated with higher placement rates in competitive employment, while other counseling activities like vocational counseling, assessment, and training are not associated with higher rates in competitive employment. In this sense, prioritizing the consumer's desire to work, and thus, focusing on competitive employment rather than preparation for it, allows for higher rates of successful competitive employment.

It is important to note that the principles and themes of IPS have been consistent with the goals of empowering consumers to enter the competitive workforce for decades. Bond (1998) notes a study that was conducted in Washington, DC on adults with severe mental illness. In this study he compared those in IPS services to an approach utilizing a group of rehabilitation agencies, including sheltered work. Bond found that consumers utilizing IPS were more than 10 times as likely to obtain work in integrated settings than the comparison group utilizing a variety of services. Services utilizing sheltered workshops continue to exist yet Bond (1998) notes that sheltered workshops have been proven to have dismal prospects for competitive employment

since 1975. In this sense, sheltered employment is often a substitute for competitive employment, as most all consumers in sheltered settings remain in sheltered settings.

Thus, proponents of supported employment have made the point that if competitive employment is really the ultimate goal, rehabilitation efforts should be devoted to competitive employment and not to any intermediate goals. Bond (1998) notes national surveys of supported employment that document the impressive employment rates for consumers who, prior to the advent of supported employment, may have been placed in sheltered workshops. That being said, supported employment movement was a reaction to the limitations of sheltered environments (Wehman & Moon, 1988). It is crucial to recognize that one of the driving forces for the supported employment movement was in the advocacy for the empowerment of people with severe disabilities to be more likely to be integrated into competitive employment.

The overriding philosophy of IPS is that anyone is capable of working in a competitive environment if the right kind of job and work environment can be found and the right kind of support is provided. In this sense, the goal of IPS is not to change the individual, but rather, to find a match between an individual's strengths and experiences with a job in the community. Supported employment programs help anyone who expresses a desire to work, regardless of the nature of their mental illness. These programs empower consumers by encouraging interest and building confidence in working, and in getting a job that is consistent with their work goals, as well as in sustaining employment (Rinadi et al, 2008). The next chapters will go into more detail regarding other empirically-based principles previously identified, that allow IPS to be one of the most sound and successful vocational program intended to empower customers toward success in the competitive work force.

## CHAPTER 3

### RAPID JOB SEARCH

Though many vocational service providers have insisted that prevocational training is necessary before consumers are ready to enter the workforce, there is limited literature that confirms this theory. Rather, research confirms that the majority of consumers with SMI that express a desire to work can be assisted to achieve that goal within several months (Bond, 1998). It is often misconceived that supported employment is a rapid job placement model, but it is instead a rapid job search model. Though this does not necessarily guarantee that everyone obtains work immediately, it does mean that the search for work begins quickly after entering the program, which represents the immediacy of integration into competitive employment within the place-train model.

Along with helping people obtain competitive employment, supported employment assists people with expediting this process. In the same vein as “train-place” vs. “place-train” the principle of rapid job search challenges the widely held assumption among rehabilitation and mental health professionals that consumers need to become “work-ready” prior to entering the work, assuming that preparatory activities allow for greater vocational success (Bond, 1998). In fact, there has been ongoing research for decades that pre-employment skills training does not ensure any advantages to consumers who received services (Drake, 1998). These preparatory services are often considered stepwise approaches, as they assume that preparation is a necessary step before entering the work force.

Since 1982, proponents of the rapid job search model have been comparing stepwise approaches to the rapid search model. Such advocates for this model considered the rapid job search model as being “accelerated” and considered stepwise models as “gradual.” There were

multiple studies done over the course of several decades that compared accelerated and gradual models of the job seeking process, and each of these studies has proven that accelerated models that entailed consumers being placed in group transitional employment positions immediately, versus consumers that were required to stay a minimum of 4 months in prevocational work crews before being deemed eligible for transitional employment positions. Each follow-up period for these studies ranged between 15-18 months, but in each study accelerated entry into supported employment bypassed traditional prevocational preparation. In addition to these numbers, it is also important to note that in stepwise programs, when staff time is devoted to activities that are not directly tied to competitive employment, there are often waiting lists for consumers that are seeking community jobs (Bond, 1998).

There are many outcomes that can be assessed to determine the impact of supported employment, but frequency at which participants gain jobs is probably the most notable when utilizing this rapid job search model. Corrigan (2016) highlights another six studies that identify the average number of days to a first competitive employment job as being 143 for 304 participants, versus 234 for 129 participants in comparison groups. There has been limited research on the outcome of these positions among consumers who were in IPS programs, further than improving job acquisition alone. Bond, Campbell, & Drake (2012) demonstrate that this rapid job search model is also consistent with job duration, through negative correlations between days to first job and total weeks worked and job tenure in longest-held job. Consumers were found to average more weeks worked during the follow-up, and longer job tenure at their longest-held job compared with consumers in control programs. This research points to the success of the rapid job search model, and thus, disproves previous theories that clients with severe mental illness must require an extended period of career planning before starting the job

search. There is no literature that suggests that prevocational training helps consumers to find jobs or hold them longer. Rather, the literature proves the opposite, that such prevocational activities actually decrease the probability of later employment (Bond, et al., 2012).

## CHAPTER 4

### INTEGRATION OF REHABILITATION AND MENTAL HEALTH

There is a distinct difference between IPS from other vocational service models. Primarily, IPS puts an emphasis on the integration of mental health treatment and vocational rehabilitation. This integration of treatment and rehabilitation is a hallmark for IPS, and demarcates it from other models (Bond, et al., 1997). Since the inception of IPS, one of its key features is its focus on multidisciplinary teams, which entails blending clinical and vocational services. In this model, initial assessments are minimized, and services are provided in a real-life setting, rather than sheltered (Drake, 1998). Rehabilitation and mental health systems need to be integrated and collaborative in order for achieving employment goals to be a fundamental feature of mental health and vocational rehabilitation services.

Within this holistic approach and collaboration, employment then becomes part of the initial assessment, the treatment plan, service delivery package, and considers employment in the outcome review process for everyone with a vocational goal. Integrated vocational care means that an entire team of professionals, each specializing in specific areas, will work together to ensure that consideration of a person's strengths, difficulties, their situation, and their overall goals are emphasized. This team is intended to assist in this process: for example, a psychiatrist, benefits counselor, care coordinator, and employment specialist, wherein each specialist has a specific role in ensuring that all aspects of an individual are taken into consideration throughout the job seeking process, including not only vocational goals but also the health and social care needs of each consumer (Rinaldi et al., 2008). Because IPS implementation has a specialized skillset, it is important for mental health and vocational rehabilitation providers to receive specific training: training-the-trainer seminars, online courses, or with individual observation and

feedback in order to sufficiently meet fidelity levels and thus, consumer needs and greater vocational success (Drake & Bond, 2011). One of the ways of implementing this principle is for the multidisciplinary team to meet weekly to discuss their consumers, where employment specialists focus on vocational supervision. Bond (1998) reported that these multidisciplinary care coordination teams, when rating their own success, found that increased planning and weekly staffings predicted better employment outcomes.

The role of the employment specialist is to understand ways to engage the consumer in ongoing vocational assessment, job seeking focused on the consumer, and what supports will be needed for long-term follow-up. Each counselor must have specific criteria and objectives for their consumers, and must monitor these on an ongoing basis for success (Becker, et al., 1998). It is important for supervisors to review and support consumers' success, focusing on the staff's creative approach to their recovery, and to help them apply training materials to their work. One of the benefits of multidisciplinary teams is the constructive feedback that can be given from each team member to reinforce the success of the consumer.

When multidisciplinary teams are functional, there may be a collaboration between multiple sites with researchers to lay out a process of care for consumers and improvements that can be made within the system to provide the best service for the consumer. A core element of IPS is the close relationships established between mental health providers and vocational counselors. Ideally, there will be formal and informal relationships between the staff members, which facilitate mutual respect and effective communication between mental health workers and employment specialists. Another essential element of this collaboration is shared decision-making, which promotes more effective coordination of care (Bond, 1998). Elements of this collaboration may include establishing focused opportunities for change, outlining strategies and

benchmarks to measure that change, interagency visits to provide support, and monitoring ongoing success and implementation of these interventions (Becker et al., 2011). Established learning collaboratives are focused on the continued success of IPS programs among their membership, improving the quality of outcomes within these IPS programs, and expanding the number of these programs that are available in all states.

Employment specialists must focus a minimum of 70% of their time in the consumer's environment, providing continuous vocational assessment and engagement, providing ongoing job-seeking support, which enables the client to continue with competitive employment. It is essential for the employment specialist to network in the community. This often means networking with local employers and employment agencies for job opportunities, but networking can also entail any other services that may provide support for their consumer. These can include colleges, government agencies, and other vocational training partners. (Rinaldi et al., 2008). Though it is not considered a traditional approach to integrate mental health and vocational services, Killackey (2008) points to an important element of consumer choice, in that individuals with SMI not only desire the multidisciplinary team approach which employs the integration of mental health services with rehabilitation, but their research found that this points to effective vocational outcomes.

Six IPS programs with effective coordination of care between mental health and rehabilitation services, found that some of the features that brought about their success include reduced time waiting for program admission, more participants continue in the program than drop out, more effective collaboration between multidisciplinary team, and after a crisis episode with consumer, a faster return to competitive employment (Bond, 1998). In states without multidisciplinary IPS teams, services tend to have little collaboration between behavioral health

and vocational rehabilitation, and may refer consumers to each other's services but will not collaborate as a team. Bond (1998) notes that when mental health services are made available at one location and vocational rehabilitation at another, states with this implementation process experienced disappointing outcomes. Johnson-Kwochka (2017) suggest that there can be great disagreement and little communication among these agencies, which is not truly an IPS model, and can result in discontinuity of sufficient services. In order to expand access to IPS, states can fund, train, and monitor mental health and vocational rehabilitation programs, which collaborate to deliver IPS (Drake & Bond, 2011).

## CHAPTER 5

### ATTENTION TO CONSUMER PREFERENCES

The backbone of IPS is consumer choice and preferences. An over-arching philosophy of IPS is that any consumer can work competitively in the community if proper job support and work environment can be provided. It is important for the employment specialist to ascertain the consumer's strengths and experiences and match this to competitive work in their community (Rinaldi, et al., 2008).

Areberg (2013) argues that there are several critical components that when presented as elements of IPS, allow for greater hope and meaning for consumers. When an employment specialist is perceived as being sensitive to the needs of the consumer, and focused on solutions, consumers have felt this support suited them best. Consumers identified that the ability of the employment specialist to listen to them and treat them like individuals surrounding their employment field of interest was empowering. Consumers value flexibility of the employment specialist as to where and when to meet. A competent and skillful employment specialist will build confidence in consumers. Consumers with SMI believe that employment specialists with greater familiarity with their disabilities are more effective with helping them achieve their vocational goals. Job-searching is an important function of IPS, and consumers appreciate an employment specialist experienced in this area. Togetherness and optimism stem from an employment specialist and consumer working as one instead of two individuals. When a consumer is facing an issue with an employer, where they would previously feel alone and vulnerable, there is strength they can draw from having an employment specialist present in any negotiation. Consumers felt that simply being encouraged and shown affection by the employment specialist was an asset to their vocational rehabilitation. These are qualities that

consumers prefer in vocational services.

Areberg (2013) finds that empowerment may be a critical component in the process of IPS, due to informed choices and the collaboration with the employment specialist. As a result, consumers can impart a feeling of control over their own destiny, and increased power. Ultimately, the results of this study confirm that the person-centeredness of IPS and valuing each customer's needs and wishes will facilitate successful vocational rehabilitation outcomes. Empowerment and motivation were seen as some of the most critical components to consumers' success.

One way for consumers to make informed choices is for an informational group to be offered explaining IPS options to facilitate consumer understanding of the goals and understanding of what will be part of this vocational intervention. Studies suggest that consumers who receive the opportunity for clear information about the services they will receive, feel empowered by this information to make an informed choice about utilizing IPS as their vocational service. Research suggests that drop-out rates are low when consumers participate in four sessions of IPS informational groups because they become better informed and more likely to own their own part in the process of IPS (Bond, 1998).

Bond, Campbell & Drake (2012) find that there are other motivations for work than maximizing income. Finding the right fit between needing to feel productive, contributory, and in control, may be more important to consumer preference than financial gain alone. This may influence a consumer's choice in the amount of hours worked per week, and suggests that people may focus on other internal incentives aside from financial. Along with the consumers having preferences about work hours versus financial gain, Drake (1998) supports that consumer preference has a tremendous role in job satisfaction and in longer job tenure. One aspect of

honoring a participant's needs and wishes, is to include not only mental health professionals and vocational counselors when defining their goals, but to also include employers, other helping professionals, and family (Areberg, et al., 2013). Consumers prefer vocational rehabilitation approaches that focus on rapid job search methods, rather than long-lasting prevocational training (Bond, 1998). Due to the flexibility of the IPS model, consumers are also encouraged to explore their vocational options, which honors consumer preference (Killackey et al., 2008). Consumers differ in terms of work preference and the supports that they find helpful, especially whether or not they disclose their SMI to an employer. IPS programs honor these individual preferences and fit interventions to the consumer's needs (Rinaldi, et al., 2008).

There are three elements found in this study by Bond (1998) regarding consumer preferences. It was found that 81% of consumers entering an IPS program had their own job preferences and consumers with SMI were found to have realistic job preferences. These preferences remain stable over time. It is most likely that a consumer will be satisfied and stay longer on a job if their original preference for employment is met. Other important factors to consumers include pay, location of their job, and the hours they will work. Honoring these consumer preferences has a positive impact on vocational outcomes, and it is important for an employment specialist to take a proactive role in understanding the consumer and the elements of the vocational rehabilitation process that are important to them.

According to Drake & Bond (2011), "Client-centeredness is the crux of recovery." Part of honoring consumer preferences is looking at a person with an SMI's aspirations, goals, and life journey. Employment specialists can truly be advocates for consumers. They can focus on anti-discrimination programs aimed at employers, empowering consumers to request effective vocational training, use peer-run elements in vocational rehabilitation, and help consumers

understand how their vocation will affect other aspects of their mental health recovery (Drake & Bond, 2011).

## CHAPTER 6

### ASSESSMENT IS A CONTINUOUS AND COMPREHENSIVE PROCESS

One of the features of IPS is continuous and comprehensive assessment of both the fidelity of the program itself and the consumer's progress towards their goals, as laid out by a multidisciplinary team. Bond, Campbell, & Drake (2012) reveal that fidelity to the IPS model is essential and can be achieved through intensive training, and consultation with employment specialists and agencies. Ongoing monitoring is another feature of adherence to the IPS fidelity scale. Fidelity means adherence to the principles of the IPS model, and this is ensured through monitoring the agencies in their role and function, and is a responsibility of the employment specialist as they monitor the consumer's progress through the entire process (Bond et al., 1997). Becker, et al (1998) echo the need for monitoring of fidelity on an ongoing basis. Authors cite the necessity of meeting specific criteria and objectives, and the necessity of ongoing monitoring to the fidelity of the IPS model.

At the state and agency level, a fidelity scale is a measurable method of determining the extent to which a program meets the standards and objectives in the model. According to Johnson-Kwochka (2017), independent assessors are necessary to assess adherence to the IPS model, and this is a requirement for many IPS learning communities on a state and agency level. Authors attribute the success of IPS programs in states with learning communities versus states without learning communities. These learning communities provide high levels of technical assistance to agencies providing IPS and evaluate the fidelity of these programs to the IPS model on a regular basis. Fidelity adherence has been shown to facilitate increased levels of communication between state level administrators and the practitioners in the health and rehabilitation organizations.

Rinaldi et al (2008) explain that this fidelity scale is a fifteen-item assessment, which focuses on the fidelity of agency implementation to critical components of the IPS approach. The authors reveal when agencies score high on this fidelity scale, the programs are more effective in their vocational rehabilitation, than those with lower scores. This is a process of checks-and-balances, where the IPS community can enforce adherence to the principles that allow for such great success in employment outcomes. This aids people with SMI to achieve competitive employment more successfully.

Bond (1998) also looks at fidelity to the IPS program on the consumer level. This study demonstrates that assessment needs to be continuous and comprehensive throughout the process of interacting with consumers, in order to maximize the potential of the consumer. This process begins with the first meeting with the customer, and continues beyond the consumer obtaining employment. Assessment begins with an overview of consumer preferences, gathering data about prior work experiences, and supportive information from information from family and the mental health treatment team to establish goals for the consumer towards their vocational success. One important element of this is for the employment specialist to be very aware of the characteristics of the work environment that the consumer needs to be successful. After gathering this information, it is possible for the employment specialist to ascertain the best fit between the consumer and the job. After placement into employment, the assessment goal focuses on maintaining employment, but if a job ends, assessment may entail realizing what may have led to termination, and overcoming these barriers for future employment. Real-work experiences are the basis of the majority of the assessment by the employment specialist.

Bond (1998) compares historical methods of assessment, which determined work readiness and were a drawn out battery of standardized tests, diagnostic and symptom status, and

included psychiatric history. This was an ineffective method for people with SMI, as it did not address consumer choice as clearly, and focused on predicted validity of standardized test, over what the consumer wanted and needed. Psychiatric background was historically used to exclude people with SMI from employment, however this measure has little predictive accuracy for vocational outcomes. One of the elements of this practice in the past was to spend a great deal of time assessing, rather than placement in work environments. IPS proponents look at consumer preferences and worker environmental fit when determining the best fit. Bond concluded that work environments can be systematically related to job retention. IPS principles recommend that consumers be evaluated in an ongoing method in their actual work setting, and the elements that are assessed include: consumers' ability to do the work, if the consumer actually enjoys the job, and if the work environment is suited to the consumers strengths and preferences.

It is important to look at assessment at a state and interagency level, as well as effective assessments to assist consumers in obtaining and maintaining jobs. As demonstrated by the research, the more fidelity that state and agency programs have to the principles of IPS, the greater the employment outcomes for consumers. This is also true as employment specialists adhere to the principles of IPS, especially in assessment, because the focus of these assessments is on consumer preference and choice, and entering the workforce as soon as possible, rather than lengthy, psychiatric and standardized testing assessments.

## CHAPTER 7

### TIME-UNLIMITED SUPPORT

It has been hypothesized by Bond & Kukla (2011) that a key facet of the success of a consumer in obtaining and maintaining competitive work is ongoing, time-unlimited support from employment specialists. In their study, they looked at employment specialists' contact with consumers in competitive employment over a two-year period. The overall pattern of employment specialist contact was weekly at the point of job start and faded over time to contact approximately once per month. This level of follow-up and job coaching has been shown to predict longer job tenure, even after the stabilization of the job. This study demonstrates that the IPS concept of providing ongoing job support, rather than not supporting clients once they appear stable in their job, creates more successful outcomes for consumers. This also suggests the critical role employment specialists play in creating relationships with employers. There must be a reciprocal relationship between consumer, employer, and employment specialist in order to aid consumers most effectively in maintaining employment over the long-term.

Lexen, Emmelin, & Bejerhom (2016) agree that in order to achieve this principle of IPS, the employer's collaborative relationship with the employment specialist and consumer, plays a critical role in job retention. Previous research on IPS had not yet described the point of view of the employer, however the participation of the employer, consumer, and employment specialist has been demonstrated to allow greater success in employment outcomes for individuals with SMI. Two elements employers found critically important in the employment specialist are trustworthiness and professionalism. It was also found that time-unlimited support from the employment specialist is valued by the employer. The authors note that employers also appreciated when employment specialists kept in touch, even if the job was terminated.

Consequently, time-unlimited support benefits not only the consumer but the employer.

McGuire et al (2011) also have found that intensity of support services over time had a tremendous impact on vocational outcomes. Their hypothesis focused on service delivery; the more intense it was during the initial phase of service, and faded out over time, ultimately led to successful vocational outcomes for consumers with SMI. One interesting finding, however, was that cognitive symptoms of SMI in the consumer weakened the relationship between them and the employment specialist, and this disconnect led to decreased service intensity, and decreased number of weeks worked successfully for the consumer. Thus, due to the fact that there are often cognitive barriers that consumers with SMI may present that may impact this relationship, service intensity may need to be increased and maintained for this population.

Bond (1998) outlines the difference between historical time-limited support versus the IPS model of unlimited support. It was found that initial increases were possible over baseline levels for gainful employment, once the follow-along time was increased from 60 days to 90 days in vocational rehabilitation programs. However, increasing evidence has shown that time-limited support shows no impact on employment outcomes. This gives credence to the concept of time-unlimited support and the question of when support should be tapered off or transferred to other staff or employers. These research studies suggest that the IPS concept of time-unlimited support may be a best fit for long-term vocational success in individuals with SMI. Considering the historical background of time-limited support, the progress that rehabilitation counselors have made in seeing the necessity of time-unlimited support for individuals with SMI is substantial. It is important to remember that it is the long-term outcomes that are the most important in maintaining job success with individuals with SMI, and time-unlimited support facilitates this long-term success.

## CHAPTER 8

### DISCUSSION

Over the past 25 years, researchers in IPS have continued to conduct rigorous research, to a greater extent than for any other vocational approach. The empirically proven principles outlined in this paper are consistently supported, and new principles that refine and improve the model have been implemented (Johnson-Kwochka, 2017). However, despite substantial research confirming the positive features of IPS and its outcome, as well as efforts to increase its availability, there remain to be few service users in community behavioral health systems across the U.S. that have access to IPS or other evidence-based practices. In 2012, only about 2% of clients with SMI served in community behavioral services received any supported employment services in 2012 (Johnson-Kwochka, et al, 2017).

There is an abundance of recent research on IPS that breaks down the reasoning for such disparities in such services. Drake and Bond (2014) reiterate the fact that widespread implementation and universal access remain critical issues. In most regions, the primary barrier to the lack of implementation and access is due to public policy and misaligned funding. As a result of funding being “fragmented, unpredictable, bureaucratically complicated, and inadequate,” there is no single source that funds IPS (Drake & Bond, 2011). Thus, agencies must combine funding from Medicaid, vocational rehabilitation, state funds, and other sources. Even in states that are more progressive in implementing IPS, providers continue to report chronic budget shortfalls, and as a result, opt to non-evidence based services. Such limitations and failures in public policy result in disparities, irrational systems, and thus, of inhumane care. Especially in wealthy countries, like the United States, health services continue to serve the needs of for-profit companies and vested interest groups, rather than those of individuals with

disabilities (Drake & Bond, 2014). Often, federal and state funders pay for a variety of non-evidence based rehabilitation practices, such as day treatments, hospitals, and sheltered workshops. As has been discussed in this paper, not only are these services ineffective but they are harmful, as they promote dependency and demoralization (Bond & Drake, 2012).

Along with funding, another primary factor in lack of access is due to the Federal health insurance programs- Medicaid and Medicare- that are linked to Social Security Income and Social Security Disability Insurance. There is a possibility that insurance benefits may cease if a person becomes employed. It can be fear-inducing when a person with severe mental illness goes to work, because there may be a possibility of losing their Social Security benefits. Since this can be so dependent on the amount of work a person does, this is a complex issue. If an individual loses a job, it can be difficult to return to Social Security disability programs, which is where the term “disability trap” comes in (Bond & Drake, 2012).

Despite the lack of success in more proficient implementation and access to IPS, advocates of IPS suggest that there are four solutions to these two overriding themes of funding and insurance policies. For one, IPS proponents advocate for a clear and simple system for financing IPS services. The solution that IPS advocates point to is funding rehabilitation and treatment as an integrated and bundled package through Medicaid. In this type of system, IPS is recognized as a good treatment, and one that helps people with severe mental illness to reduce long-term costs and reliance on the mental health system.

The second reform that IPS proponents make note of is that of health insurance. As noted, the current health insurance system as it stands provides incentive for remaining on social security, instead of gaining the experience of competitive employment. Thus, health insurance needs to be reformed by being delinked from disability, and by guaranteeing health insurance for

anyone with a severe mental illness. Changes in the law are necessary to ensure the stability of health insurance and IPS for all individuals with disabilities. In order to avoid entering the disability system, young adults with first episode psychosis could benefit directly from these reforms, as early intervention is not completely covered by current Medicaid laws, but this reform could enable consumers to gain employment. In this way, Social Security savings could be tremendous.

The third reform is related to the Social Security Disability system. There is a system of disincentives such as loss of disability insurance and income benefits, which inhibit individuals from actively engaging in competitive employment to the fullest extent of their abilities. Ultimately, the goal of legislation should be to support individuals on Social Security to be able to work and incentives should be aligned to enable this. One potential opportunity lies in the concept of a gradual income reduction. Another could possibly be a return to benefit status if gainful employment is lost. The fourth, and last reform is providing infrastructure to support implementation and maintenance of IPS. As with any evidence-based practice, continued financial support is necessary to maintain the required resources, systems, training, fidelity and outcome monitoring to meet the level of proficiency that make IPS such a successful program (Drake & Bond, 2011).

Considering that current policies often lead to lifelong poverty and dependency, critics argue that such policies actually go against the values in the ADA (Drake, et al., 2009). These reforms would change the increasing number of people who access federal disability programs, the ongoing costs of utilizing our mental health systems, and primarily, aid individuals with severe mental illness in overcoming discrimination and lack of opportunity.

It is important to make note of the evidence-based principles that allow IPS to exceed in

positive outcomes over any other vocational service. It is also important to discuss the policies that impact individuals' access and ability to utilize these services, particularly the limited resources and funding. Individuals with severe mental illness can greatly benefit from vocational rehabilitation services that empower the individual to enter the work force, especially in competitive environments. IPS is considered to be the most progressive, inclusive, and empowering vocational service, as it prioritizes the client and their full engagement into the competitive workforce as soon as possible. Vocational rehabilitation services have been around for decades, and it would be a positive shift for all vocational rehabilitation services to move forward to prioritize integration into competitive employment. With the support of rehabilitation professionals, the health care industry, insurance systems, and federal and state governments in aiding and funding services like IPS, and as a result, prioritizing the success of their clientele, we can have greater success in helping enhance the lives of individuals with severe mental illness.

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Research Paper Title:

Individual Placement and Support: What factors contribute to the high rate of success of  
the IPS Model in Facilitating Job Retention Among Persons with SMI?

Major Professor: Jane Nichols