

**Courage and Commitment: Success Stories from the Employment Intervention
Demonstration Program**

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Demonstration Program**

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The Employment Intervention Demonstration Program (EIDP) is funded by the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) to determine new ways of enhancing employment opportunities and quality of life for mental health consumers. Specifically, the EIDP is studying innovative delivery models that combine vocational rehabilitation with clinical services and supports. Extensive information on over 1,650 participants at eight sites nationwide was collected by the EIDP from February 1996 through May 2000. Preliminary analyses of the data show that the innovative service models demonstrated considerable success in helping participants secure and maintain employment. While the overall success rate is noteworthy, the statistics alone do not convey the great range and variety of real life experiences that resulted from participation in the EIDP.

The following brief stories contributed by the study sites describe some of these experiences, and highlight how each program model responded to participant needs in attaining employment goals. Common to all of these experiences is that attention was paid to specific consumer needs and preferences, and on-going support both in and out of the workplace was provided. The individuals described all live with serious and persistent mental illness, but represent great diversity, not only in geographic region, but in age (31 to 53 years), education (grade school through graduate school), ethnicity (African-American, American Indian, Hispanic/Latino, and White), and diagnosis (schizophrenia spectrum and mood disorders). Their

experiences and jobs reflect their individuality, and are also diverse in nature, hours and pay, although none are sheltered work or pay less than minimum wage.

In **Arizona**, study participants received a full array of case management and supported employment services from an integrated treatment team composed of psychiatrists, case managers, rehabilitation counselors, employment specialists, job developers and benefits specialists, all located in the same office. One participant at this site had been avoiding engaging in services with vocational staff for several months after joining the EIDP. The integrated services team persisted in following up, and eventually discovered that she was dealing with several serious family issues, including her mother's Alzheimer's disease and a situation involving domestic violence. With the team's help, she began to address these issues, started training to become a certified nursing assistant, and reported being very happy to be at work.

One of the programs administered in **Connecticut** was the Individual Placement and Support (IPS) model. IPS focuses on rapid placement with continued follow-along support, and seeks to find employment opportunities that are consistent with consumers' preferences, skills, and abilities. In this particular instance, the study participant had never held a paying job, had only an eighth grade education, and had experienced six psychiatric hospitalizations in four years prior to EIDP participation. She was raising three children and coping with family members who were having difficulties with alcohol. The IPS helped her to get a job as a greeter at a child care center which is part of a larger chain. Shortly thereafter, another location in the chain hired her into a position closer to her home and promoted her to teacher's assistant, with an increase in salary. The IPS team helped with job development, and continued to work with this consumer providing vocational and individual counseling, case management and clinical care. She continued to work in this job for over a year and a half, and only left because she moved

away from the area. All the time she was employed, she experienced no psychiatric hospitalizations.

In **Maine**, the EIDP program worked with a consortium of employers committed to promoting employment for mental health consumers, and services were delivered using a Family-Aided Assertive Community Treatment (FACT) model. This story is about an EIDP participant who had not worked in competitive employment for over 10 years. The EIDP staff first offered him cognitive skills training while evaluating his work skills and job interests. It was considered important to find a good job match that included a supportive supervisor, a low-stress environment, and opportunities to use proof-reading skills. He was given an opportunity to “job shadow” a proofreader at a small area newspaper, and took responsibility for arranging his own transportation. He was then offered a paid, part-time work assessment as a proofreader, which turned into a permanent position with flexible hours. EIDP staff provided him with on-site support, which was gradually reduced as he demonstrated increased confidence and decreased anxiety. Afterward, program staff continued regular phone contact as well as monthly contact through multifamily group therapy. As of the end of data collection, this EIDP participant continued to work at the same job, and staff at his supported living home report a noticeable change in his mood (less anxious and depressed) and more outgoing behaviors.

In **Maryland**, the EIDP studied the IPS model as part of a community-based comprehensive services program. One of their study participants had no previous competitive work history, and was unsure about the selection of an employment goal when he started with the EIDP. Moreover, he was frequently too delusional and paranoid to engage successfully with IPS. After about seven months of program involvement, he approached his therapist with a renewed interest in work. The participant, his therapist and vocational staff then met to develop a plan of action. Initially, he restricted the job search to only certain days and hours during the week, because he was concerned that work would conflict with his usual activities. However, after working with EIDP staff, he started to apply for part-time positions regardless of the hours or days. During this time, it became apparent that this participant was an avid sports fan. EIDP staff accompanied him to a job fair at Camden Yards (the home of the Baltimore Orioles) prior to the start of baseball season. He was hired on the spot as a member of the janitorial crew, and worked there through the entire baseball season. He was able to rearrange his daily activities without assistance, and IPS staff have noticed no delusional or paranoid thinking since he began work.

One of the programs studied in **Massachusetts** was the International Center for Clubhouse Development (I.C.C.D.) Clubhouse, a planned community of staff and consumers who work together daily to provide and receive services such as meals, companionship, skills training and paid work. The participant profiled here had been unemployed continuously for over seven years when she enrolled in the EIDP, and had been recently hospitalized. Shortly after becoming a member of the Clubhouse, she got a job working in a retail business, but left after a few months because of difficulties with substance abuse. Subsequently, however, she managed to stop using drugs and moved back into a stable living environment. Once involved in a support group at the Clubhouse, she started working a Transitional Employment job. With support from the Clubhouse, she continued to stay clean even while dealing with the additional stresses/changes of a new job, and a major personal crisis. She worked at this job for nine months and then was hired permanently by the same company. As of the end of data collection, she was still working in the position with good relationships and good work performance. She remains an active member of the Clubhouse and she has not been hospitalized since becoming a participant in the EIDP.

The **Pennsylvania** site evaluated a model of long-term employment training and supports delivered by vocational staff and mental health consumer peers. The story at this site is about a woman who had been treated by psychiatrists on and off throughout her life, including being hospitalized for a suicide attempt. She had a variety of work experiences when she joined the EIDP, most recently as an HIV/AIDS educator and consultant. Unfortunately, she had also experienced prejudice and stigma based on race and disability in the course of her work history. She had a lot of insecurity issues, and felt that she had no emotional support from others. However, while involved with the EIDP, this participant became Executive Director of her own education program on issues of sexually transmitted diseases, sexual identity, and teen pregnancy awareness. She also was employed as a radio personality with her own call-in radio show on HIV/AIDS issues. She says that if it wasn't for her employment support counselor and the peer groups that she attends as part of the EIDP, she would not still be working. She feels that the EIDP has been instrumental in helping her maintain her current jobs and strive to get her message out to others.

South Carolina studied the vocational effects of a program that combines Assertive Community Treatment (ACT) and IPS. The story from this site presents an outstanding example of workplace accommodation and personal development of disability insight, increase in self-efficacy and effective problem-solving, and success of a client through her full partnering with a clinical treatment/rehabilitation team. The ACT-IPS team helped a participant who was experiencing frequent hospitalizations to find a job as a personal caretaker. The team worked out an arrangement with her employer such that when she required time-off for hospitalization or to deal with the stress of partial relapse, she was quickly given that time; whenever she was ready to return to work, she was taken back immediately. With the constant support of the ACT-IPS team, her numerous hospitalizations became progressively briefer and less frequent. Toward the

end of the EIDP, she presented on her own to the local ER for crisis intervention and a desire to be hospitalized. Her case manager of the ACT portion of the team met her there, and persuaded her that she ought to return home, with the guarantee of twice-daily visits from the team and daily monitoring of medication adherence. On this occasion her recovery was so rapid that in a couple days, she was back at work. She is still working and living independently.

The program studied in **Texas** combines "rapid entry" supported employment (SE) with social network enhancement. Services are designed to help consumers move from support networks characterized primarily by professional support to more balanced networks that are larger, more diverse, and more reciprocal. The participant profiled here had been employed intermittently for ten years prior to joining the EIDP. After three months in the program, she was hired as manager of an apartment complex which includes approximately forty affordable housing units for low-income mental health consumers. Her duties include those traditionally associated with apartment management as well as peer counseling. At times, however, she worked so hard that it seemed she was bound for a meltdown. With support from EIDP staff and peers, she learned to turn her beeper off at night and on the weekends. As of the end of data collection, she was still at this salaried position with full benefits, a tenure of almost two years. Despite her success she requested that program staff not close her case. She believes the support is helping her maintain her job, including helping her to develop a balance between work and play. This participant still refers consumers to the program, and volunteers to speak to groups of job seekers about her experiences. After hearing her speak, a consumer who had been negative, frustrated and withdrawing from activities experienced a change of heart, saying, "if she [can do this], then maybe there is hope for me too."

As these case examples illustrate, the stories of mental consumers' courage and commitment to find and maintain meaningful employment are inspiring. Equally inspiring are

the efforts of service delivery staff who often “go that extra mile” and “think outside the box” when designing individually tailored vocational services and providing unobtrusive job supports. The final analyses of EIDP data are now beginning, and study results will be released over the coming months and years. During that time, it will be important to remember that there are important stories behind the numbers, and to celebrate the achievements of consumers who pursue their vocational dreams and those who help them to do so.

The EIDP is a multisite collaboration among eight research demonstration sites, a coordinating center, and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, which funds the initiative (PHS Cooperative Agreement # SM 51820).

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