**Translating the Evidence on Individual Placement and Support (IPS) into Practice: Applications with Spinal Cord Injury**

Presenters: Lisa Ottomanelli, PhD; Shaun A. Smith MS, CRC, ATP; and Jennie Keleher, MSW

Host: Cindy Cai

Text version of PowerPoint™ presentation for webcast sponsored by the American Institutes for Research (AIR), Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR). Webcast information: [https://ktdrr.org/training/webcasts/webcast39/index.html](http://ktdrr.org/training/webcasts/webcast39/index.html)

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**Slide 1: Title**

**Translating the Evidence on Individual Placement and Support (IPS) into Practice: Applications with Spinal Cord Injury**

Lisa Ottomanelli, PhD; Shaun A. Smith MS, CRC, ATP; and Jennie Keleher, MSW

Department of Veterans Affairs

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**Slide 2: Objectives**

1. Review the research on use of IPS with persons with Spinal Cord Injury (SCI).
2. Evaluate the unique aspects of applying the IPS model with individuals with SCI.
3. Discuss guidelines for successful implementation of IPS in SCI settings.

**Slide 3: Presenters**

**Lisa Ottomanelli**, PhD, Clinical Psychologist and Associate Professor, University of South Florida; Center of Innovation on Disability and Rehabilitation Research (CINDRR), James A. Haley Veterans’ Hospital

**Shaun A. Smith**, MS, CRC, ATP, Vocational Counselor, Michael E DeBakey VA Medical Center, Houston, TX

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Research & Development Service, Tuscaloosa VA Medical Center

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**Slide 4: Research on IPS in SCI**

Introduction to SCI

Employment outcomes

Lisa Ottomanelli

Center of Innovation on Disability and Rehabilitation Research (CINDRR), James A. Haley Veterans’ Hospital & University of South Florida, Tampa, FL

May 12, 2017

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**Slide 5: Overview of SCI**

* SCI disruptions
	+ Movement
	+ Sensation
	+ Autonomic nervous system function
* SCI effects
	+ Altered reflexes
	+ Impaired breathing
	+ Impaired bowel or bladder function
	+ Loss of pain
	+ Muscle paralysis
	+ Lost sense of temperature and/or touch

Picture of spinal cord, with division of spinal cord listed on left side and their functions listed on the right side.

**Slide 6:** **Factors Affecting Extent of Disability**

* Level and severity of injury
* Specific nerve fibers injured
* Associated complications
* Pain, spasticity, contractures
* Musculoskeletal injury
* Cardiac disease
* Patient's motivation, age, and resources

**Slide 7: Level of Injury**

* + ***Tetraplegia (quadriplegia):*  Impairment or loss of motor and/or sensory function in all four extremities**
	+ ***Paraplegia*: Impairment or loss of motor and/or sensory function in chest, abdomen and/or the lower extremities**

Picture of a spinal cord labeled “Levels of Injury and Extent of Paralysis”. The chart shows the location of spinal injury and how it correlates to paralysis.

**Slide 8: Severity of Injury**

Function depends on level and extent of injury

* **Complete**: *No* motor or sensory function below the injury.
* **Incomplete**: *Partial* motor and/or sensory function below the injury.

Picture of a woman in a wheelchair using assistive technology, and picture of a man using a cane. Photo by Ryan K. Morris.

**Slide 9: SCI Rehabilitation**

* Goals
	+ Prevention of secondary complications
	+ Maximization of physical functioning
	+ Reintegration into the community
	+ Interdisciplinary Team Care
* Patient Centered

**Slide 10: Employment and SCI**

* Most people with SCI want to return to work (RTW).
* Rates of employment low
	+ 35% ever worked post-injury
	+ 10% currently working

(Ottomanelli & Lind, 2009)

**Slide 11: Dismal Unemployment**

“We have seen incredible changes over the years in restoration of function, advancement in the possibility of finding a cure, improvements in assistive technology, the ADA [Americans with Disabilities Act of 1990], civil rights, housing, and transportation. It’s ironic that after all these years and all this hard work, here we are today with the same *dismal unemployment* rate we had among vets with SCI that we had 20 to 30 years ago.”

- John Bollinger, Former Deputy Executive Director of Paralyzed Veterans of America

 (Ottomanelli L. et al., 2007)

Ottomanelli L, Goetz L, McGeough C, Kashner ML. Building research capacity through partnerships: The spinal cord injury vocational integration program (SCI-VIP) implementations and outcomes inaugural meeting. J Rehab Res Dev. 2007; 44(1):vii-xii.

**Slide 12: Systematic Reviews**

* Profound lack of interventional studies on employment in SCI
* Strongest evidence for an effective vocational intervention is the randomized controlled trial on Individual Placement and Support (IPS) supported employment

(Trenaman et al., 2014; Roels et al., 2016)

**Slide 13:** **Emergence of the Evidence-Based Practice of IPS**

* Supported employment (SE)
	+ Emerged in 1980s as intervention for people with serious mental illness (SMI).
	+ Federal term: general job supports.
* Individual Placement and Support (IPS)
	+ Over next two decades, evolved as the most standardized and researched approach to SE for people with SMI.
	+ SAMHSA\*: Evidence-based practice with multiple service components.
	+ 2003: National implementation in VHA for SMI.

\*Substance Abuse and Mental Health Services Administration

**Slide 14: The Spinal Cord Injury Vocational Integration study (SCI-VIP), 2010-2015**

* + 1st controlled study of vocational interventions in spinal cord injury
	+ 1st study of IPS in a population of persons with a primary physical disability
	+ Tested whether IPS is better than the usual vocational approach for improving employment in SCI.

**Slide 15: Testing a Paradigm Shift**

CONVENTIONAL

* Referrals for Vocational Rehab (VR) made after SCI Rehab completed.
* Little/no connection
* Stepwise approach
	+ Independent Living
	+ Skills training
	+ Pre-Vocational training
	+ Transitional Employment

IPS

* Employment services delivered as part of SCI rehab.
* Integrated model
* Rapid engagement in finding competitive employment
	+ Job development
	+ Community based

**Slide 16: Application of IPS Principles to SCI Care for Veterans**

A chart with “IPS Principle” in the first column and the corresponding “Application in SCI Center” in the second column.

IPS Principle: **Integrated Treatment**

Application in SCI Center: Vocational services integrated with clinical SCI care.

IPS Principle: **Zero Exclusion**

Application: Eligibility based only on desire for work regardless of levels of SCI and impairment.

IPS Principle: **Rapid Engagement**

**Application in SCI Center: Vocational rehabilitation specialist (VRS) engages Veteran in job search and development vs pre-vocational assessment.**

IPS Principle: **Competitive Employment**

Application in SCI Center: Employment in community vs set-aside jobs.

IPS Principle: **Client Centered**

Application in SCI Center: Veteran’s preferences guide job search, job carving, and job development to assure job meets preferences.

IPS Principle: **Community Based**

Application in SCI Center: VRS spends up to 70% of time in community for job search and follow along support.

IPS Principle: **Benefits Counseling**

Application in SCI Center: Impact of work on finances and incentives and disincentives explained to Veteran.\*

\*VA benefits protected if Veteran participates in IPS SE via VA CWT.

IPS Principle: **Follow-Along Support**

Application in SCI Center: Provided by VRS as part of SCI interdisciplinary team and continued as long as needed to maintain job

(Ottomanelli et al., 2017)

**Slide 17: SCI-VIP Methods**

* Design: Randomized controlled trial
* Setting: 6 VA SCI Centers in US
* Eligibility: Unemployed, aged 18-65 years, want to work, live within 100 mi of VA
* Participants: 201 Veterans with SCI
	+ 81 randomized to IPS and 76 to conventional vocational rehabilitation (VR) at intervention sites
	+ 44 conventional VR followed at observation only sites
* Follow up period: 12-months

Slide 18: Veterans Obtaining a Paying Job

A line graph shows the relationship between percent of veterans obtaining a paying job, and if their received IPS, conventional VR (randomized), or conventional VR (observational) over a 12 month period. The graph shows that that IPS have the highest percentage of veterans who obtained a paying job (between ~5%-23%), followed by veterans who received convention VR (randomized) (between ~5%-10%), and lastly, veterans who received conventional VR (observational (between 0%-~3%).

**Slide 19: Lessons Learned**

* Unemployment treatable in context of medical rehabilitation care
* IPS works for persons with chronic illness
* Keys
	+ Awareness
	+ Clinical champions
	+ Team-based integrated care

 (Smith-Morris et al., 2014; Cotner et al., 2017)

**Slide 20: Predictive Model Over Time to Employment (PrOMOTE) study, 2010-2015**

* Longitudinal study of employment outcomes
* Aims
	+ Increase employment rate
	+ Improve IPS program implementation
	+ Determine impact on health care utilization

 (Ottomanelli et al., 2017)

**Slide 21: PrOMOTE Methods**

* Design: Longitudinal, single-arm, mixed methods study
* Setting: 7 VA SCI Centers in US
* Eligibility: 18-65 years old with SCI (for Baseline Interview) and be unemployed, live within 100 mi of SCI Center, and want to work (for IPS program)
* Participants
	+ 1047 baseline interviews
		- 279 IPS services (66 from SCI-VIP study)
		- 484 qualitative interviews
* 24-month follow up

**Slide 22: Notable IPS Participant Characteristics**

* Both outpatients (76%) & inpatients (24%) enrolled
* Wide range of functional impairments
	+ level (paraplegia and tetraplegia) and severity (complete loss to some degree of movement or sensation) of injury.
	+ for mobility: from power wheelchair to ambulation
* Traumatic Brain Injury history, over half (59%)
* Common metal health conditions including, depression (35%) and substance abuse (20%)
* BOTTOM LINE: heterogeneous sample of ‘typical patients’ treated in VHA healthcare system for SCI

40% had complete injuries with no movement or sensation below level of injury

**Slide 23: Results**

* + Overall employment rate: 43.2%
	+ 92 of 213 obtained jobs
	+ Total competitive jobs obtained: 115
* Employment duration during study: 9.5 months (average)
* Hours worked
	+ Part time: 83.6%
	+ Full time: 16.3%

**Slide 24: Wide Range of Jobs**

* Job development (i.e., One Veteran, One job)
* Examples:
	+ Community jobs: graphic designer for video gaming company, police dispatcher, sports stadium customer service, teachers from preschool to college level including one who taught English as a second language to Japanese students via skype, rehabilitation peer mentors, craftsmen, mechanic, retail customer service, electrical engineer
	+ Self employed: working at home, started their own businesses
	+ VA: Pharmacy, Education, Police, Executive office
* Jobs developed to meet unique needs of Veterans and Employers
* SOC classifications: management, business, science and arts (37%), Sales and service (27%), Service (18%), Production, transportation, & material moving, (14%), Natural resources, construction, & maintenance (6%) (figures rounded).

**Slide 25: Quality of Life Changes: Improved Mobility, Productivity, and Social Participation**

There are three quotes with three pictures of people with disabilities at work.

Quote 1: “The [SE program] got me back to work. I was very bored. I don’t like sitting around.” Picture: man in a wheelchair shaking hands.

Quote 2: “I think [SE] has brought a lot of [pride] to me. I can show my kids, just because I am paralyzed doesn’t mean my life ends. It’s not about the money obviously, it is about being able to contribute and give something back…” Picture: woman holding up a pink sweater and smiling.

Quote 3: “Returning to work and interacting with various people has been so rewarding for me.” Picture: Man in a wheelchair teaching young students.

*IPS participant quotes not necessarily from those individuals pictured here (Cotner et. al., 2014; Ottomanelli et al., 2015)*

**Slide 26: Choosing Employment Services for SCI**

MOST EFFECTIVE

* *Integrated services*
* Action oriented
* Community based
	+ Job development
	+ Job placement
	+ Employment supports and follow up in the workplace

LEAST EFFECTIVE

* *Traditional models*
	+ Work readiness
	+ Work hardening
* Office based
	+ Interviews
	+ Case management
	+ Assessment
	+ Vocational counseling

(Ottomanelli et al., 2015)

**Slide 27: Conclusions**

* IPS effectively improves employment outcomes and quality of life for persons with SCI
* IPS worked in a chronically unemployed population of persons with medical, cognitive, and mental health conditions
* Persons with SCI benefit from integrated and ongoing employment services to address vocational goals as part a complete program of lifelong medical rehabilitation care

**Slide 28: Policy Implications**

* Broadly
	+ Address employment early in rehabilitation
	+ Foster connections between vocational providers and healthcare teams
* VHA
	+ Supports integrated vocational services for Veterans with mental *AND/OR physical impairments*
		- Evidence-informed employment services
		- Community-based competitive employment
	+ Recognizes need for community partnerships

**Slide 29: References**

Cotner BA, Keleher J, O’Connor DR, Trainor JK, Ottomanelli L. The role of social networks for Veterans with spinal cord injury in obtaining employment. Ann Anthropol Pract 2014; 37(2): 40-56.

Cotner BA, Ottomanelli L, O’Connor DR, Trainor JT. Strategies to address provider-identified barriers and facilitators to implementing a supported employment program in spinal cord injury centers. Disabil Rehabil. 2017 Mar 8:1-7. [Epub ahead of print]

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Ottomanelli L, Goetz LL, McGeough C, Suris A, Sippel J, Sinnott P, Wagner TH, Cipher D. Methods of a multi-site randomized clinical trial of supported employment among veterans with spinal cord injury. J Rehabil Res Dev. 2009; 46 (7), 919-930.

Ottomanelli L, Goetz L, McGeough C, Kashner ML. Building research capacity through partnerships: The spinal cord injury vocational integration program (SCI-VIP) implementations and outcomes inaugural meeting. J Rehabil Res Dev. 2007; 44(1):vii-xii.

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Ottomanelli L, Goetz LL, Barnett SD, Toscano R. Vocational rehabilitation in spinal cord injury: What services are associated with employment program outcomes? Top Spinal Cord Inj Rehabil. 2015; 21(1): 31-39.

Ottomanelli L, Goetz LL, Barnett SD, Njoh EN, Dixon T, Holmes AS, LePage J, Ota D, Sabharwal S, White K. Individual placement and support in spinal cord injury: a longitudinal observational study of employment outcomes. Arch Phys Med Rehabil. 2017 Jan 20. [E-pub ahead of print]

Roels EH, Aertgeerts B, Ramaekers D, Peers K. Hospital- and community-based interventions enhancing (re)employment for people with spinal cord injury: a systematic review. Spinal Cord. 2016;54:2–7.

Trenaman LM, Miller WC, Escorpizo R. Interventions for improving employment outcomes among individuals with spinal cord injury: A systematic review. Spinal Cord. 2014;52:788–94.

Smith-Morris C, Lopez G, Ottomanelli L, Goetz L, Dixon-Lawson K. Ethnography, fidelity, and the evidence that anthropology adds: supplementing the fidelity process in a clinical trial of supported employment. Arch Phys Med Rehabil. 2014 Jun; 28(2): 141-61. DOI: 10.1111/maq.12093.

**Slide 31: Acknowledgments**

Logo: blue and white coloring with a hand on a wheelchair wheel, with the words SCI-VIP PrOMOTE written in red and blue underneath.

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**Slide 32:** **Evaluating the unique aspects of providing Individual Placement and Support Model with Spinal Cord Injured patients**

Shaun A. Smith MS, CRC, ATP

Michael E DeBakey VA Medical Center Houston, TX

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**Slide 33: Points of Discussion**

* Professional Standards of Practice in SCI Rehabilitation
* Discuss Individual Placement and Support Model
* Vocational Integration Aspects of SCI Patients
* Distinctive Vocational Characteristics of Spinal Cord Injury Patients
* Addressing Medical Issues and Complications
* Benefits and Motivation

**Slide 34: Professional Standards**

Heather F. Russell, Elizabeth J. Richardson, Charles H. Bombardier, Thomas M. Dixon, Toby A. Huston, Jon Rose, Dawn Sheaffer, **Shaun A. Smith** & Philip M. Ullrich (2016*): Professional standards of practice for psychologists, social workers, and counselors in SCI rehabilitation*, The Journal of Spinal Cord Medicine

<http://www.academyscipro.org/Public/PSWCStandardsOfPractice.aspx>

Seat at the table

Define Certified Rehabilitation Counselor as someone who has a CRC

More specifically, rehabilitation and professional counselors should provide the practical resources to assist individuals with return to work goals; including vocational assessments, assistive technologies, and specialized counseling skills and techniques for addressing workplace adjustment.

A timely initial referral to the local vocational rehabilitation services should be made in order to take advantage of that valuable resource.

Clipart cartoon picture of a diverse group of people around a conference room table.

**Slide 35: Individual Placement and Support (IPS)**

 Vocational Rehabilitation is considered an **integral component** of the Spinal Cord Injury (SCI) health system rather than a separate service.

 The goal of IPS is **competitive employment** in integrated work settings

 People who have sustained a SCI can obtain and succeed in competitive jobs directly, **without pre employment training**.

 Vocational assessment is **continuous and based in the work place**

Picture: Words against a cloudy sky background that says “Mission & Vision.” Street signs that say “Past” with an arrow pointing to the left and “Future” with an arrow pointing to the right.

**Slide 36: Individual Placement and Support (IPS)**

Follow-along supports continue for a time **that fits the individual**, rather than terminating at a set point after starting a job.

Job finding, disclosure, and job supports are based on a **client’s preferences**

Services are provided in the **community**

A **interdisciplinary team approach**, rather than parallel interventions

Graphic: Blue triangle that says “Improved Patient Outcomes” with gold arrows circling around the triangle. There are three blue boxes that demonstrate contributions to improved patient outcomes. The text in the three boxes say: individual clinical expertise; patient’s values and expectations; best available clinical evidence.

**Slide 37: Vocational Integration Aspects of SCI Patients**

**Spinal Cord Injury Patients have a large treatment team**

Integration of SCI team and voc counselor

The size of the patient’s tx team is large compared to Mental Health patients. These can also expand to include nutrition, wound care specialists, and respiratory therapists to name a few. It is important as a part of the SCI tx team to have a general understanding of all the disciplines to read notes thoroughly,

Picture: Clipart with cartoon bodies connected in a circle. The central person is labeled “Patient,” and all of the people connected to the patient are: nurses, physical therapist, occupational therapist, social worker, vocational counselor, physician, pharmacist, psychologist.

**Slide 38: Distinctive Vocational Characteristics of Spinal Cord Injury Patients**

* Advocating and Disclosure. Picture: Yellow circle with two blue stick figures holding a third up, who is saying “Your Voice Advocacy”; another picture of the handicapped logo in green
* Transportation. Picture: Blue car cartoon
* Work at home. Picture: Photo that says “Work from home, Free info package”
* Assistive technology. Picture: various types of assistive technology

Strong advocating before disclosure

I have found that advocating for someone in a wheelchair has been a different challenge than other disability categories I have worked with.

Transportation is a difficult hurdle due to the limited access to appropriate transportation needs and specific needs of a particular employer.

Work at home sometimes might be the only option due to transportation, medical issues such as wounds, and feasibility of the veteran working in the community.

A general understanding of assistive technology is needed to assist the therapists and other providers in brief assessments of needs.

**Slide 39: Addressing Medical Issues and Complications**

* Bowel. Picture: diagram of small and large intestines, rectum, stomach, anus, sigmoid colon
* Bladder. Picture: Diagram of bladder in body, along with closeup that shows different parts of bladder
* Pressure Ulcers. Picture: cartoon diagram of stages 1-4 of developing an ulcer
* Spams and Pain. Picture: Image of a man having a back spasm

Zero Exclusion

Bowel Programs tend to be important when talking about working. Rescheduling bowel program and/or providers, accounting for potential accidents at work, emptying colonoscopy, and looking at changing medication times for bowel care.

Bladder is another important aspect when talking about working. Looking a cathing in public, leg bags or urine bags on chairs, and bladder medication side effects.

Pressure Ulcers- In Houston, most SCI patients go into to the hospital for pressure ulcers more than anything else. An important factor when looking a work is allowing the veteran to perform his pressure reliefs and make sure transfers are not rushed to avoid sheering. Cushions and sheering

**Slide 40: Benefits and Motivation**

* Benefit
	+ SSI
	+ SSDI
	+ Veteran Benefits
	+ Workers Comp

Picture: White text on blue background with a hand filling out a form. Text reads: “Disability Benefits Questionnaires: What They Mean To You”

* Motivation to Work - anyone can work and motivation can increase over time based.

Picture: White text on black background, text reads: “Never never never give up”

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**Slide 41:** **Key Elements for Successful IPS Implementation in SCI**

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Picture: silver keys on a white background

**Slide Template:** White background with blue bars at on top and bottom.

**Slide 42: Key Elements**

1) Leadership Buy-In and Active Support (Picture: group of white figures in the shape of an arrow, with a red figure out front)

2) Effective Vocational Provider(s) (Picture: Silver figure with blue briefcase walking, next to blue text that reads “JOB” where the “O” is a clock)

3) Vocational and Clinical Integration (Picture: Blue text in a semi-circle reading “Partnership”)

4) Adequate Support for Vocational Provider(s) (Picture: colorful figures holding hands in a circle)

Slide 43: Leadership Buy-In and Active Support

Picture: group of white figures in the shape of an arrow, with a red figure out front

* Understanding of the IPS model, its principles and validity
* Support for integration of care, modeling for staff
* Identifying key staff/clinical champions who embrace model and can bring peers on board
* Resources (space on SCI unit, laptop, cell phone)
* Liaison with facility leadership, to educate those in policy-making positions about the value of IPS in SCI
* VR leadership approval/ buy-in, to enable cross-organization partnerships to streamline services

**Slide 44: Effective Vocational Provider(s)**

* Positive attitude and high expectations
* Able to “sell” job seeker/believes in job seeker’s abilities and contributions (marketing orientation)
* Connected in the community
* Able to pull together the people and supports needed by job seeker to obtain and maintain employment

Picture: Silver figure with blue briefcase walking, next to blue text that reads “JOB” where the “O” is a clock

**Slide 45: Effective Vocational Provider(s) Continued**

* Able to synthesize info about job seeker to identify meaningful employment options
* Cultural competency
* Ability to interact confidently with clinical peers
* Flexible, reliable, independent/autonomous

Picture: Silver figure with blue briefcase walking, next to blue text that reads “JOB” where the “O” is a clock

**Slide 46: Vocational and Clinical Integration**

* Vocational & clinical integration = IPS model principle
* Paradigm shift – moving from “silos” and referrals to collaborative care
* Job seeker guides process/active participant
* Vocational provider is member of clinical team

Picture: Blue text in a semi-circle reading “Partnership”

**Slide 47: Vocational and Clinical Integration Continued**

* Employment plans address all aspects of individual’s functioning/life
* Relationships among all providers are cultivated; mutual learning and respect
* Interdisciplinary approach helps to satisfy the unique needs of people with SCI who go to work

Picture: Blue text in a semi-circle reading “Partnership”

**Slide 48: Adequate Support for Vocational Provider(s)**

* Vocational program support and collaboration
* Peer consultation
* Education on SCI
* Local supervision + implementation guidance
* Mentoring on job development
* Quality improvement assessment on adherence to principles and standards

Picture: colorful figures holding hands in a circle

Slide 49: Example of Success: Using all the Key Elements

Picture: metal key in wooden door

Houston VA Medical Center SCI Unit

* Leadership Buy-In and Active Support:
	+ SCI Chief and Clinical Champion helped develop culture, participated in team meetings, ensured response to quality improvement recommendations
	+ Hospital leadership kept in loop via quality improvement assessment briefings
	+ Pursuit of FT Voc Provider position based on early numbers, confidence in approach
* Effective Vocational Provider:
	+ Background upon hire (SCI + Supported Employment)
	+ Characteristics, development of work style, clinical peer relationship building, relationship with Compensated Work Therapy (CWT) program
	+ Sales orientation/comfortable with employers and in community

**Slide 50: Example of Success: Using all the Key Elements (continued)**

* Vocational and Clinical Integration:
	+ Strong foundation, many disciplines represented
	+ Vocational Provider getting to know each colleague
	+ Creativity and interest in Veteran employment
	+ Seen as “team effort”
* Support for Vocational Provider:
	+ Strong support from CWT manager and staff
	+ Back-up built in
	+ Weekly vocational meetings, brainstorming, sharing employer leads
	+ Mentor-trainer assistance to Voc Provider

Picture: metal key in wooden door

**Slide 51: Resources for Implementation Guidance**

IPS in SCI Toolkit

* **Ottomanelli L**, Keleher V, Cotner B, Dirk L.  Tools for a Working Life with SCI:  Individual Placement and Support (IPS) in Spinal Cord Injury (SCI) Toolkit.  2016 October. [www.cindrr.research.va.gov/CINDRRRESEARCH/investigators\_ staff/lisa\_ottomanelli.asp](http://www.cindrr.research.va.gov/CINDRRRESEARCH/investigators_%20staff/lisa_ottomanelli.asp)

IPS in SCI Implementation Guide

* **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. [www.cindrr.research.va.gov/CINDRRRESEARCH/investigators\_staff/lisa\_ottomanelli.asp](http://www.cindrr.research.va.gov/CINDRRRESEARCH/investigators_staff/lisa_ottomanelli.asp)

Article on Barriers and Facilitators to Implementation

* Cotner BA, Ottomanelli L, O’Connor DR, Trainor JT. Provider-identified barriers and facilitators to implementing a supported employment program in spinal cord injury centers. Disabil Rehabil. 2017 Mar 8:1-7. doi: 10.1080/09638288.2017.1294209. [Epub ahead of print]

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**Slide 52: Practice Guidelines**

**Slide Template:** White background with blue bars at on top and bottom.

**Slide 53: Practice Guidelines**

What are the benefits of having and using practice guidelines?

* Achieve higher fidelity and better treatment outcomes.
* Help VR practitioners translate and adapt IPS model to the special population of individuals with SCI
* Consolidate practical resources

**Slide 54: Practice Guidelines**

What type of information should such guide include?

* Scientific and professional information by categorized by level of evidence
* Recommendations for assessment and intervention.
* Consideration of means for monitoring/evaluating programs for adherence to standards and quality improvement would be important”

**Slide 55: Practice Guidelines**

Who should be involved in developing such guide?

* Expert panel encompassing individuals from the multiple disciplines that deliver services
* Individuals who demonstrated leadership in the topic area
* Core workgroup with input and guidance from multiple organizations to achieve consensus.

**Slide 56: Wrapping Up**

***Thank you for participating!***

* We invite you to:
	+ Provide your input on today’s webcast
	+ Share your thoughts on future webcasts topics
	+ Participate in the Community of Practice to continue the dialogue
* PLEASE CONTACT US: **ktdrr@air.org**

*Please fill out the brief evaluation form:* <http://bit.ly/2pZv9q4>

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**Slide 57:**

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