**Individual Placement & Support Model of Supported Employment: Translating Research for Vocational Rehabilitation Practice**

Deborah Becker, MEd, CRC

Gary Bond, PhD

Eugene Oulvey, PhD

Text version of PowerPoint™ presentation for webcast sponsored by SEDL’s KTDRR and the American Institutes for Research.

[https://www.ktdrr.org/training/webcasts/webcast23/index.html](http://www.ktdrr.org/training/webcasts/webcast23/index.html)

**Slide template**: Blue bar with thin maroon line across top. On the left in white font: Center on Knowledge Translation for Disability and Rehabilitation Research. On the right in white font: A project of SEDL. At bottom, a maroon line with thin blue outline.

**Slide 1: Individual Placement & Support Model of Supported Employment: Translating Research for Vocational Rehabilitation Practice**

A webcast of the Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR). Sponsored by the American Institutes for Research (AIR) and SEDL, an Affiliate of AIR.

800-266-1832. [www.ktdrr.org](https://www.ktdrr.org)

Copyright 2015 by SEDL. All rights reserved. Funded by NIDRR, US Department of Education, PR# H133A120012. No part of this presentation may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from SEDL (4700 Mueller Blvd., Austin, TX 78723), or by submitting an online copyright request form at [www.sedl.org/about/copyright\_request.html](http://www.sedl.org/about/copyright_request.html). Users may need to secure additional permissions from copyright holders whose work SEDL included after obtaining permission as noted to reproduce or adapt for this presentation.

**Slide 2: Agenda**

* Overview of Activity
* Presenters
* Discussion
* Wrap up

**Slide 3: Overview**

* What is Individual Placement and Support (IPS) and its evidence base?
* How has IPS been used in vocational rehabilitation (VR) practice?
* How can research about IPS be translated to support VR service delivery?
* What is the role of practice guidelines in implementing IPS to support VR service delivery?

**Slide 4: Presenters**

* Deborah R. Becker, MEd, CRC, Associate Professor of Community and Family Medicine and of Psychiatry, Geisel School of Medicine at Dartmouth and Director of Supported Employment at Dartmouth Psychiatric Research Center
* Gary Bond, PhD, Professor of Psychiatry, Geisel School of Medicine at Dartmouth and senior researcher at the Dartmouth Psychiatric Research Center
* Eugene Oulvey, PhD, Coordinator of Evaluation and Psychiatric Rehabilitation Services for the Illinois Department of Human Services - Division of Rehabilitation Services (DRS)

**Slide 5: IPS Supported Employment**

**Slide 6: Quotes From Working People**

“When I am working, the noise in my head gets quieter.”

“Working gives me a reason to get up in the morning. And that is the best medicine.”

“In the past, people might have used labels to describe me such as ‘homeless,’ ‘mentally ill,’ and ‘welfare mother.’ Now my titles are ‘financial administrator,’ college student,’ and ‘working mom.’”

**Slide 7: Define Terms**

* + Supported employment
	+ Evidence-based supported employment
	+ Individual Placement and Support (IPS)

**Slide 8:** **IPS Characteristics**

* Evidenced-based
* Practitioners focus on client strengths
* Work can promote recovery and wellness
* Practitioners work in collaboration with State vocational rehabilitation
* Practice changes the delivery of mental health services

**Slide 9: Competitive Jobs**

* Childcare Worker
* Meat Cutter
* Security Officer
* Reporter
* Photographer
* Receptionist
* Machine Operator
* Sales Associate

**Slide 10: Practice Principles**

* + - Open to anyone who wants to work
		- Focus on competitive employment
		- Rapid job search
		- Systematic job development

**Slide 11: Practice Principles (continued)**

* Client preferences guide decisions
* Individualized long-term supports
* Integrated with treatment
* Benefits counseling included

**Slide 12: Supported Employment Fidelity Scale**

* Practice guidelines for implementation and quality improvement
* 25-item scale
* Sections on Staffing, Organizational Structure, and Services
* 5-point response format
	+ 1 = no implementation
	+ 5 = full implementation

**Slide 13: Partnership between Mental Health and Vocational Rehabilitation**

Johnson and Johnson –Dartmouth Community Mental Health Program

* 16 States/regions
* 3 European countries

IPS Learning Collaborative

**Slide 14: Individual Placement and Support: The Evidence**

**Slide 15: Need**

* 2/3 clients with severe mental illness want to work, but only ~10% employed.
* Until the 1990s, no effective models for helping clients achieve stable competitive employment.

**Slide 16: Day Treatment Conversions to IPS**

* Discontinued day treatment
* Reassigned day treatment staff to new positions
* Implemented new IPS program
* Compared to 3 sites not converting
* Sources: Drake and Becker

**Slide 17: Before and After Percentage Competitively Employed for IPS sites**

Bar chart - Before and After Percentage Competitively Employed for IPS sites

X: Sites converting to ISP (n=317); control sites (n= 184)

Y: Percentage competitively employed (0 to 40%)

Sites converting to ISP – Before= 13.4%

Sites converting to ISP – After= 37.5%

Control sites – Before= 12.4%

Control sites – After= 5.2%

Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*, 345-359.

**Slide 18: Summary: Day Treatment Studies**

* Large increase in employment rates
* No negative outcomes (e.g., relapses)
* Clients, families, staff liked change
* Most former day treatment clients spent more time in community, even those not working
* Resulted in cost savings

**Slide 19: 22 Randomized Controlled Trials of IPS**

* + - Best evidence available on effectiveness
		- RCTs are gold standard in medical research

**Slide 20: Competitive Employment Rates in IPS Studies**

Bar chart. X: Location; Y: 0-90%

NH 96: IPS= 79%, Control= 40%

AL 12: IPS= 77%, Control= 29%

IL 07: IPS= 75%, Control= 32%

CT 04: IPS= 74%, Control= 29%, Control 2= 19%

AUST 12: IPS= 70%, Control= 49%

HK 08: IPS= 70%, Control= 29%

CA 10: IPS= 69%, Control= 33%

AUST 08: IPS= 65%, Control=10%

SWZ 14: IPS= 65%, Control= 33%

SC 06: IPS= 64%, Control= 27%

DC 99: IPS= 61%, Control= 9%

CA 12: IPS= 58%, Control= 29%

EUR 07: IPS= 55%, Control= 28%

US 13: IPS= 51%, Control= 32%

QUE 06: IPS= 48%, Control= 19%

SWE 14: IPS= 46%, Control= 11%

JAP 14: IPS= 43%, Control= 11%

HOL 14: IPS= 43%, Control= 26%

AUST 14: IPS= 42%, Control= 25%

IL 14: IPS= 31%, Control= 7%

MD 02: IPS= 27%, Control= 7%

UK 11: IPS=21%, Control= 11%

**Slide 21: Overall Findings**

* All 22 studies showed a significant advantage for IPS
* Mean competitive employment rates for the 22 studies:
	+ - * 56% for IPS
			* 23% for controls

**Slide 22: 18-Month Competitive Employment Outcomes in 4 Controlled Trails of IPS**

Table - 18-Month Competitive Employment Outcomes in 4 Controlled Trials of IPS

IPS N=307, Control N=374

Job acquisition: IPS=216 (70.4%); Control=91 (24.3%); *p* = <.001

Work ≥20 hrs/wk: IPS=216 (70.4%); Control=50 (13.4%); *p* = <.001

Days to first job: IPS=140; Control=212; *p* = <.001

Total hours: IPS=417.0; Control=105.8; *p* = <.001

Total wage: IPS=$3,704; Control=$1,001; *p* = <.001

(Bond, Drake, & Campbell, 2012)

**Slide 23: Mean Tenure of Longest-Held Job**

Table - Mean Tenure of Longest-Held Job

Study: Bond & Kukla (2011); Follow-up Period: 2 years; Sample Size: 142; IPS: 10.0 mo.; Usual Services:

Study: Hoffman (2014); Follow-up Period: 5 years; Sample Size: 46/54; IPS: 24.2 mo.; Usual Services: 8.1 mo.

Job tenure for IPS was triple that for usual services in Hoffman study.

**Slide 24: Steady Worker Rate in Three Studies**

Table - Steady worker rate in three studies

Study: Salyers (2004); Follow-up Period: 10 years; Sample Size: 36; IPS: 33%; Usual Services:

Study: Becker (2007); Follow-up Period: 8-12 years; Sample Size: 36; IPS: 71%; Usual Services:

Study: Hoffman (2014); Follow-up Period: 5 years; Sample Size: 46/54; IPS: 44%; Usual Services: 11%

Overall Rate: Sample Size: 120/54; IPS: 49%; Usual Services: 11%

Steady worker = Worked at least 50% of follow-up period

**Slide 25: IPS Is Effective for Many Populations**

* PTSD diagnosis
* Frequently hospitalized
* Mental illness + substance use
* Older adults
* Homeless
* Criminal justice history
* Disability benefits
* African American
* Hispanic

**Slide 26: VR and IPS**

**Complementary Strengths**

**Flexible Roles**

**Slide 27: IPS provides unique opportunities for VR**

* IPS is uniquely well described among vocational models
* This creates unique opportunities for clear definitions of VR roles, contributions, and responsibilities
* The VR systems and VR professionals cross-disability expertise is a good fit with the growing evidence for the effectiveness of IPS with diverse disability populations
* State VR’s experience with IPS offers opportunities to develop practice guidelines

**Slide 28: What IPS offers to VR**

* Evidence-based practice
* Team approach
* Well defined roles of community agency mental health staff
* Predictive measurement tool
* Learning collaborative

**Slide 29: What VR offers to IPS**

* Expertise
* Consistency
* Accessibility
* Integration
* Resources

**Slide 30: Quotes from Illinois Study**

* Expertise: “(The VR counselor) helped… because he had all the inside track on really most of the businesses here… he probably saved a lot of time and effort… just knowing where to go, and where we might not be so successful.”
* Accessibility: “ The (VR counselor’s) door is always open. I could make an appointment with him and go talk to him and I know he would listen to me … what’s going on with me so I can make a better employee… and not have mental blocks and insecurities.”

**Slide 31: Quotes**

* Accessibility: “I was able to take criticism from (the VR counselor) even when it was difficult to hear… because I knew he was on my side.”
* Integration: “I don’t think that consumers really notice a difference (between IPS team members and the VR counselor). I think that they see us as working together as a team… So when you say VR, they think it is us.”

**Slide 32: Illinois Guidelines and Expansion**

* IPS Chapter in VR Counselor Casework Manual

 - IPS services different from all other VR services

 - 10 days from referral to IPE (e.g., Indiv. Plan for Employment)

 - Monthly IPS team meeting attendance

 - Backdate if working

 - IPS referral packet from community agency

 - Milestone payment system, 15-45-90 days

 - Post 90 day support, 120-150 days

 - Expands types of licensed diagnostic providers

**Slide 33: IL Expansion of IPS Teams and Services**

* 2012 - 37 IPS teams
* 2013 - 54 IPS teams
* 2014 - 73 IPS teams
* IPS services expanded to persons with Developmental Disabilities – 7 teams
* Focus on youth with mental illness – 11 teams
* Cross training in Customized Employment
* Opportunity for VR to build partnerships with other systems such as Developmental Disabilities, Commerce and Economic Opportunity

**Slide 34: Summary and Steps**

1. Cross-train. Observation of IPS fidelity reviews
2. Modify VR regulations to facilitate IPS services
3. Better define VR staff’s roles in supporting IPS services and teams
4. Develop measurement tools to enhance VR support of and accountability for IPS services

**Slide 35: Practice Guidelines**

**Slide 36: What is the role of practice guidelines in supporting the implementation of IPS?**

* IPS implementation is guided by a 25-item fidelity scale, which indicates:
	+ how the program is structured
	+ what the responsibilities are for the employment specialists
	+ how the employment specialists interact with the mental health treatment team, and
	+ the role of VR counselors.

**Slide 37:** **What is the role of practice guidelines in supporting the implementation of IPS?**

* VR professionals make ongoing decisions about the broad array of vocational, clinical, support, and other services available to a diverse clientele.
* Practice guidelines can find no better vehicle for their realization than the principles and practices associated with the evidence-based IPS supported employment model.

**Slide 38: How useful is the practice guidelines in helping VR counselors implement IPS?**

* Give a roadmap of exactly how the services are being delivered
* Provide clear rules for state VR counselors and other state staff to select and to support community IPS services, teams, and the people they mutually serve
* Facilitate the recognition of the need to change guidelines and practices as the IPS services have been expanded to new groups of persons with disabilities and to the communities in which they reside

**Slide 39: What should the practice guidelines include?**

* Practice guidelines should be consistent with research evidence. The IPS fidelity scale consists of items reflecting the 8 IPS principles, each of which is supported by research evidence.

**Slide 40: What should the practice guidelines include?**

* The standards by which to determine the vocational and clinical effectiveness of VR supported services.
* Standards for making decisions about the appropriate individuals, groups, and circumstances for whom and in which IPS would be the best service option.
* A statement of the ethical and values-based standards that are the underpinnings for making these decisions.
* Standards for making cost/benefit comparisons when selecting and participating in the delivery of these services.
* Standards for selecting from and expanding upon the roles that VR professionals can play in the delivery and in the enhancement of IPS services.

**Slide 41: Who should be involved in developing practice guidelines?**

* A range of stakeholders were involved in developing the IPS fidelity scale including
	+ the model developers
	+ Researchers
	+ Trainers
	+ Program leaders
	+ Employment specialists
	+ VR counselors
	+ Consumers

**Slide 42: Who should be involved in developing practice guidelines?**

* Family members
* VR administrators and staff
* Community agency representatives
* Topic experts from academia and persons with extensive practice experience
* Representatives from partner systems such as mental health, developmental disabilities, workforce development.

**Slide 43: 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:

[www.surveygizmo.com/s3/1798680/IPS-SupEmpl-Eval](http://www.surveygizmo.com/s3/1798680/ISP-SupEmpl-Eval)

**Slide 44: Disclaimer**

This presentation was developed for grant number H133A120012 from the National Institute on Disability and Rehabilitation Research (NIDILRR), Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. However, the contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the federal government.