

Vocational Illness Management and Recovery: Wellness For Work

Provider's Guide



Adapted by:

Dori Hutchinson, Marianne Farkas,
and Cheryl Gagne



Boston University Center for Psychiatric Rehabilitation

VIMR is adapted, with permission from:
Gingerich, S., & Mueser, K. T. (2010). Illness Management and Recovery Implementation Resource Kit (Revised).
Center for Mental Health Services,
Substance Abuse and Mental Health Services Administration,
Rockville, MD.

© 2015, Trustees of Boston University, Center for Psychiatric Rehabilitation

Boston University
College of Health and Rehabilitation Sciences: Sargent College
Center for Psychiatric Rehabilitation
940 Commonwealth Avenue West, 2nd floor
Boston, MA 02215
www.cpr.bu.edu/

The production of the *Vocational Series in Psychiatric Rehabilitation and Recovery* was directed by Marianne Farkas.

The contents of this publication were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and from the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (NIDILRR grant 90RT5033). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this project do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

ISBN 978-1-878512-65-9

Acknowledgments

The authors wish to acknowledge the efforts of several people who supported the development of this VIMR Provider's Guide.

First, we acknowledge the creativity, commitment, and dedication of the authors of the IMR curriculum, Susan Gingrich and Kim T. Mueser, who developed Illness Management and Recovery (2005), whose work we have built upon in order to create VIMR.

Second, we acknowledge the many providers and service recipients of mental health and employment programs across the United States, who provided us with their feedback, suggestions, and ideas, all of which helped to strengthen VIMR and its implementation. We cannot list them all, however, we thank all of them for letting us come into their services and their lives. Some of these include:

Emily MacDonald, Linda Lopez, and Jonette Serinil, Center for Health Care Services, San Antonio, TX.

Marbella Bolivar, Roosevelt Glover, Michelle Colderion, and Roy Starks, The Mental Health Center of Denver, Denver, CO.

Kimberly Brandt-Lama, Bruce Gunzy, and Christopher Gerbasi, The Kennedy Center, Inc.

Goodwill of Western and Northern Connecticut, Inc., Bridgeport, CT.

David Smith, Patty Driscoll, and colleagues, Seacoast Mental Health Center, Portsmouth, NH.

Recovery Center, Services Division, Boston University's Center for Psychiatric Rehabilitation, Boston, MA.

We acknowledge William A. Anthony, Mikal Cohen, and Karen S. Danley, upon whose work we built to adapt VIMR.

Finally, we acknowledge Sue McNamara and Christine Grace McMulkin, without whose tireless efforts at editing and proofing, VIMR would not have been completed and published.

Table of Contents

	Pages
Overview of Vocational Illness Management and Recovery	5
Vocational Recovery and Wellness	5
The Importance of Helping People Set Meaningful Goals	6
The Core Values of Vocational Illness Management and Recovery	6
Participants	7
Logistics	8
Using the Modules	10
Overview of Strategies	10
Cognitive-Behavioral Techniques	13
Involvement of Significant Others	15
The Content	16
Format of the VIMR Sessions	17
Goal Setting	18
Developing Effective Practice Assignments	19
Module 1: Recovery and Vocational Recovery	21
Module 2: Practical Facts about Mental Health Conditions and Work	23
Module 3: The Stress Vulnerability Model and Vocational Recovery	25
Module 4: Using Medication Effectively and Avoiding Drugs and Alcohol for Vocational Success	27
Module 5: Coping with Challenges and Symptoms at Work	30
Module 6: Coping with Stress at Work	33
Module 7: Building Social Relationships at Work	36
Module 8: Preventing Relapses	39
Module 9: Performing Your Best at Work	42
Example: Goal Tracking Sheet	45
Worksheet: Goal Tracking Sheet	46
References	47

VIMR: Wellness for Work – Provider's Guide

This guide is designed to provide you with the information, strategies, and tools for using Vocational Illness Management and Recovery (VIMR), a modification of the evidenced-based Illness Management and Recovery (IMR) curriculum that is oriented towards helping people with mental health conditions live well and thrive as they choose, get, and keep meaningful employment. It is a practical step-by-step guide for providers.

This guide contains the values, principles, and key concepts that are the foundation of using VIMR, as well as a lesson plan for each of the nine modules of curriculum using jargon-free language, educational worksheets, and additional resources.

The guide is meant to support providers to assist people who want to work to achieve wellness and employment.

Overview of Vocational Illness Management and Recovery

Vocational Recovery and Wellness

Vocational Recovery is the personal process of finding purpose, meaning, and enjoyment at work. Work is an important part of the recovery experience as it provides people with a valued role and resources to live their lives as they choose. People who live with mental health conditions want to work and can work successfully in careers of their choice.

Wellness is a critical resource for all people to achieve their life goals. Wellness at work is especially important because it supports people to thrive and succeed at work. Wellness is also very personal and self-defined state of being that encompasses eight dimensions: physical, mental, social, emotional, financial, spiritual, community, and environmental (Swarbrick, 2006).

The intent of Vocational Illness Management and Recovery (VIMR) is to support the hope and rights of people who have mental health conditions to thrive with wellness in meaningful work. It is a curriculum that is flexible and can be personalized to meet people where they are in their vocational recovery. The focus of VIMR is providing people with inspiration, information, and the strategies they want to support their goal of successful employment.

Broadly, the goals of VIMR are:

- Inspire hope that meaningful work is possible.

- Work in partnership with a person to achieve wellness at work.
- Teach people information and strategies to support their wellness at work.

The Importance of Helping People Set Meaningful Goals

People who have experienced mental health conditions often have been told to discard their dreams because the condition will prevent them from accomplishing what they hope for in their lives. Self-determining meaningful goals, and then accomplishing them, is an essential part of recovery.

The importance of empowering people to choose, to set, and to work towards their personal goals of wellness and work is the heart of VIMR. Each module guides the provider to support personal goal setting that is specific, measurable, and achievable. This constant provider activity helps the person to move forward with success and happiness towards wellness at work.

Core Values of Vocational Illness Management and Recovery

The core values of VIMR are those upon which recovery-oriented services are based (Farkas 2007; Farkas, Gagne, Anthony, et al., 2005).

- **Hope**

First and foremost, the process of leading a person through VIMR involves inspiring hope that wellness and work is not only a possibility, but that wellness and work are everyday realities for people with mental health conditions. This message is critical for empowering people to self-direct and self-determine their lives. It is vital that providers of this curriculum teach and support people with the attitude that they have confidence that people will work with wellness. Providers are most successful when they feel hopeful that the person will achieve their goals, even if the person is pessimistic or lacking in hope.

- **Person Orientation**

VIMR is based on respect for individuals in recovery, including the notion that people have strengths, talents, and interests—not just limitations and illness-related characteristics.

Recovery-oriented providers are interested in people's strengths, looking for ways to engage them in their interests, and use their talents for recovery. It is important for individuals in recovery to know that they have strengths, interests, and talents as they often have been served in mental health services that are predominantly focused on their deficits. Empowering individuals in recovery involves reinforcing and using the individual's strengths to help them choose, get, and keep meaningful work. Involving individuals as people with the capacity to learn new information, involving them in determining their work interests and ideas about the strategies they are interested in learning and using, and helping people to reflect on things they did well in their previous experience are some ways in which the VIMR curriculum focuses on a person orientation.

- **Self-Determination**

It is essential for providers to support the self-determination of the person they are assisting to achieve wellness at work. Providers recognize that persons with mental health conditions have a right to choose what goals in wellness and work are important to them and how they want to proceed in achieving these goals. Providers assist and support people in VIMR to make informed choices about the content that is relevant to their goals and to their experiences. A constant theme in VIMR is providing information, options, and strategies to expand people's awareness of options for wellness at work.

- **Partnership**

The spirit of VIMR is that of partnership. The provider and the person work side-by-side in an equal relationship that reflects respect for one another. The provider's role is to facilitate and support the person's use of the information and strategies in their lives and at work. The person feels respected for their expertise and experiences when with the provider. The person feels supported in his or her decision-making and valued for their perspectives. The provider also is respectful and aware of cultural values, practices, and attitudes that the person lives by and is inclusive of a person's cultural worldview.

Participants

The IMR program upon which VIMR is based, was developed from a review of empirically-validated approaches to teaching illness management to people with schizophrenia, schizoaffective disorder, bipolar disorder, and major depression (Gingrich & Mueser, 2011; Mueser, et al., 2002).

Since the original studies, IMR has been tested with a broader group of participants, inpatients, outpatients, and those living independently in the community, including individuals of all races and a wide range of cultures (Gingrich & Mueser, 2011). VIMR was developed for and tested with a wide range of participants working with employment specialists, including individuals with mood disorders, psychotic disorders, Post-Traumatic Stress Disorder, and others.

Participants in VIMR can be anyone with a mental health or behavioral health condition who may be interested in working. Participants do not have to accept their diagnoses to be able to use VIMR. VIMR providers use whatever language to describe their experience that is used by the participant himself or herself. As is true for IMR, participants do not need to be clean and sober as a prerequisite for their participation in the VIMR program. Participants may or may not be currently in a vocational rehabilitation program, such as supported employment. Simply being interested in working is sufficient. Those who are working with an employment specialist as well, may be better able to use what they learn from VIMR to pursue their goals. This has not yet been fully investigated.

Logistics

Settings

VIMR can be used in a wide range of settings, wherever the question of work may arise. This might include outpatient clinics, day programs, residential programs, supported housing programs, supported employment programs, case management programs, etc. The session can be provided in any setting that is convenient for the participant and the provider. As with IMR, this could be the participant's home; or a public setting where privacy and an environment free of distractions is possible, such as a religious organization, school, library, or community center.

Length and Frequency of Sessions

Sessions usually are scheduled for 30-60 minutes at a time, based on the participant's preferences and tolerance. Depending upon whether you are delivering VIMR in a group format or an individual format, the timeframe chosen has to do with participant's level of engagement and ability to learn the material. Some people have limited attention spans or difficulty processing information or may have the type of symptoms that make it difficult to focus for long periods of time. Providers also may find that participants increase their attention span over time as they become more familiar with the format and the content.

The frequency of sessions varies depending upon the participants, their learning style, and the activities or other interventions with which they are involved. For example, if someone is working already, sessions may have to be scheduled in the evenings at whatever frequency makes the rest of daily life possible. For some participants, more frequent sessions at the beginning of VIMR helps them to learn and retain the information better. For others, weekly sessions may be preferable to provide more time to practice what they have learned between sessions. The number of sessions per Module also varies by individual participants.

Some participants learn better and need information presented in smaller chunks. Consequently, breaking a Module into two or three sessions may be preferable to trying to cover the material in one session. Some participants may need to review and use some Modules more than others, depending upon their situation. For example, Preventing Relapses at Work may be an issue that is difficult enough for a participant, that a provider might find its repetition of strategies and practice to be beneficial for the person.

Group or Individual Sessions

VIMR was developed for use in individual sessions. The benefit of holding one-to-one sessions is that participants can move at their own pace and use the Modules in the order that most makes sense to them and their life circumstances. For example, a participant may find that the Module on Coping with Problems and Persistent Symptoms at Work to be highly relevant to their struggles, whereas the Module on Practical Facts about Mental Illness and Work may be of less relevance in the moment. Engaging participants in VIMR and maintaining their interest levels is best done when the Modules can be selected based on preference and relevance.

Some agencies, however, have used VIMR in a group setting. As with IMR, the recommended size of a group is between four and six participants. A group format can be more economical for the agency and can provide participants with more motivation, ideas, and peer support than is available in individual sessions. The main disadvantage of group sessions is that the power of modules that individually reflects the circumstances of the individual, is lost. Some strategies that may help to reduce this issue, is to form the group with people who are at the same stage of their vocational recovery—considering work, choosing work, getting work, or keeping work (Anthony et al., 2002).

In addition, holding some sessions individually and holding some in a group may be another strategy to increase the amount of tailoring possible for the individual participant (Gingrich & Mueser, 2011). For example, the Module on Work and Recovery or the Module on Practical Facts about Mental Illness and Work may be good modules to do in a group, because they present basic ideas about this domain, whereas other modules may be done best individually. Another strategy to both use a group format and maintain the benefit of individual sessions, may be to use a group format to provide social support, share coping strategies, and offer encouragement in pursuing personal goals.

Using the Modules

Vocational Illness Management and Recovery is an educational curriculum. The value of an educational approach when helping people achieve their recovery goals is that the process immediately provides a valued role for the person. An educational approach invites the person to be a student rather than a patient, consumer, or client. This approach values the fact that learning is a lifelong process that helps people achieve their goals. Learning reflects the hope and expectation that people will work with wellness.

The VIMR modules incorporate engagement, educational, motivational and cognitive-behavioral techniques. Research has indicated that learning is enhanced for persons with this blended approach (e.g., Meyer, Rose, & Gordon, 2014; Gronneberg, & Johnston, 2015).

Engaging strategies, motivational, educational, and cognitive-behavioral strategies are used in the VIMR program to engage a person in the VIMR process, enhance a person's participation and progress through the VIMR, and to assist the person to apply knowledge and skills gained in the VIMR program in his or her life.

Overview of Strategies

Engaging people in a mutual partnership involves using excellent communication skills. Actively listening to people and reflecting back what the provider has heard, demonstrates respect for the person. Responding to a person's feelings with empathy conveys a message of compassion that helps build trust. Sharing observations in a balanced manner with an emphasis on person's strengths assists them to develop their confidence and hope. Persisting in reaching out to people who struggle to attend their sessions, also conveys the message that they are important and they are valued. Connecting consistently demonstrates to people that their participation is important. Reminding them of their vocational and wellness goals and coaching them to persist and attend sessions builds hope, resiliency, and self-determination.

Motivational Strategies

Motivational strategies are included in VIMR. These strategies address the fundamental question of why the person wants to learn, to work, and to live with wellness. If a person does not view learning certain information or skills as relevant to his or her needs, that person will not be motivated to invest in the necessary effort of learning and using new strategies.

Motivation should never be assumed and lack of motivation should never be used to shame or judge a person. Motivation can be developed, and it also can wax and wane. Providers assist