A Description of Six Guiding Principles for the Provision of Technical Assistance

The information below is part of the publication: Enhancing workplace inclusion for employees with psychiatric disabilities.

Despite an apparent increased desire among employers to retain people with general long-term disabling conditions (Tesoriero, 2001), surveys have consistently reported that the majority of people with longterm psychiatric conditions have been unemployed (Anthony & Blanch, 1989; Mulkern & Manderscheid, 1989; Yelin & Cisternas, 1997). The ratio of successful vocational outcomes for people with physical disabilities to those with psychiatric outcomes has been quoted as 2:1 (Marshak, Bostick, & Turton, 1990).

Irrespective of the low rates of actual employment, the majority of this population does want to have competitive employment (Rogers, Walsh, Danley, & Smith, 1991). The field has known for over twenty years that discrimination and prejudice significantly impacts individuals with psychiatric disabilities by blocking access to jobs (e.g., Link, 1982; Link et al., 1987; Bordieri & Drehmer, 1986; Farina & Felner, 1973). Research also has demonstrated that psychiatric discrimination and prejudice has a negative impact on self-esteem, employment, and community integration among other variables (e.g., Dickerson et al., 2002; Link et al., 2001; Perlick et al., 2001, Struening et al., 2001) and as such, has presented a major barrier to recovery (Graham et al., 2003; New Freedom Commission on Mental Health, 2003; Sartorius, 2003).

Based on factors that have proven to be effective in developing workplace climates that are intolerant of sexual harassment (Offerman & Malamut, 2002), the Technical Assistance Process Guide: **Enhancing Workplace Inclusion for Employees with Psychiatric Disabilities** is designed to create a workplace climate that prevents discriminatory behavior rather than reacting to the behavior. The intent is to develop employer organizational buy-in to create anti-discrimination policies, operationalize benchmarks for progress towards the policy, and to develop of a constituency-based problem-solving workgroup that has a lead role in developing and implementing a program to create an inclusive workplace environment.

Principles

The following principles are general guidelines for conducting technical assistance for employers who are interested in eliminating discriminatory behavior within the work setting. Although based on the extensive experience of consultants at the Center for Psychiatric Rehabilitation at Boston University, the list of principles is not exhaustive and the principles are intended as reminders.

Principle 1

Become familiar with the employer and the worksite before beginning the technical assistance. Prior to beginning the process of assisting an employer to design and implement a program to eliminate discriminatory behaviors; invest time in gaining a thorough understanding of the current status, the perceived problems, and efforts that are or have been put in place to resolve the problems. In addition to reviewing written material (e.g., policies, surveys, etc.), meet directly with the employer and others he or she designates. This provides an opportunity to gain an understanding of the employer's perspectives about the issue and to begin developing a collaborative relationship with the employer.

Principle 2

Fully involve the employer and employees in each step of the technical assistance process. Ownership of the problem and solutions must rest with the employer and employees in order for the technical assistance to be successful. Direct participation by the employer and a workgroup of other employees in planning and carrying out each step of the technical assistance process is an important way to establish employer ownership. Clear explanations of the purpose and tasks of each proposed technical assistant step, attending to the employer and workgroup's perspectives about the pace and duration of the process, and providing informational resources to support the employer and workgroup's efforts (e.g., articles, research results, survey examples, etc.), encourage employer participation.

Principle 3

Plan and implement only those actions that the employer is attitudinally ready to take. The employer's attitudinal readiness for change; dissatisfaction with the status quo, belief that change is possible, and belief that change would be beneficial; is crucial if change is to be made and sustained. As the technical assistance process unfolds, the employer's readiness for change may vary, and it is important to directly discuss any perceived decrease in readiness with the employer.

Principle 4

Organize the technical assistance process. Conduct the technical assistance process in a planned and systematic manner. Establish target dates for completion of the process and milestones to mark progress. Prepare an agenda, handouts, and other materials for each session. Clarify and document tasks, responsibilities, and target dates for actions of the employer, workgroup, and consultant between sessions.

Principle 5

Be flexible and responsive. As unforeseen barriers and opportunities arise, modify the technical assistance process accordingly. Vary the pace, modify agendas, revise action plans, tailor the process steps, etc., as needed.

Principle 6

Express your perspective in a respectful and genuine manner. The consultant's experience, knowledge, beliefs, and opinions are of limited value to the success of the technical assistance, unless the employer and workgroup are open to hearing and considering the consultant's perspective. Although it is important to be truthful, including when sharing disagreement, demonstrating an understanding and respect for the perspectives of the employer and workgroup throughout the technical assistance process increases the chances that the consultant's perspective will be considered.

Citation: Forbess, R., Farkas, M., & Russinova, Z. (2010). "Enhancing workplace inclusion for employees with psychiatric disabilities." Boston: Boston University Center for Psychiatric Rehabilitation. The www.bu.edu/cpr/products/curricula/ workplaceinclusion.html

References

Anthony, W. A., & Blanch, A. K. (1989). Research on community support services: What have we learned? Psychosocial Rehabilitation Journal, 12(3), 55–81.

Bordieri, J., & Drehmer, D. (1986). Hiring decisions for disabled workers: Looking at the cause. Journal of Applied Social Psychology, 16, 197–208.

Dickerson, F. B., Sommerville, J., Origoni, A. E., Ringel, N. B., & Parente, F. (2002). Experiences of

stigma among outpatients with schizophrenia. Schizophrenia Bulletin, 28(1), 143–155.

Farina, A., & Felner, R. D. (1973). Employment interviewer reactions to former mental patients. Journal of Abnormal Psychology, 82, 268–272.

Forbess, R., Farkas, M., & Russinova, Z. (2010). "Enhancing workplace inclusion for employees with psychiatric disabilities." Boston: Boston University Center for Psychiatric Rehabilitation.

Graham, N., Lindesay, J., Katona, C., Bertolote, J. M., Camus, V., & et al. (2003). Reducing stigma and discrimination against older people with mental disorders: a technical consensus statement. International Journal of Geriatric Psychiatry, 18(8), 670–678.

Marshak, L., Bostick, D., & Turton, L. (1990). Closure outcomes for clients with psychiatric disabilities served by the vocational rehabilitation system. Rehabilitation Counseling Bulletin, 33, 250–247.

Mulkern, V. M., & Manderscheid, R. W. (1989). Characteristics of community support program clients in 1980 and 1984. Hospital and Community Psychiatry, 40(2), 165–172.

Offerman, L. R., & Malamut, A. B. (2002). When leaders harass: The impact of target perceptions of organizational leadership and climate on harassment reporting and outcomes. Journal of Applied Psychology, 87(5), 885–893.

Perlick, D. A., Rosenheck, R. A., Clarkin, J. F., Sirey, J., Salahi, J., Struening, E. L., et al. (2001). Stigma as a barrier to recovery: Adverse effects of perceived stigma on social adaptation of persons diagnosed with bipolar affective disorder. Psychiatric Services, 52(12), 1627–1632.

Rogers, E. S., Walsh, D., Danley, K. S., & Smith, A. (1991). Massachusetts client preference assessment: Final report. Boston: Boston University, Center for Psychiatric Rehabilitation.

Struening, E. L., Perlick, D. A., Link, B., Hellman, F., Herman, D., & Sirey, J. (2001). The extent to which caregivers believe most people devalue consumers and their families. *Psychiatric Services*, 52 (12), 1633–1638.

Tesoriero, H. W. (January 22, 2001). Bearing no ill will: Employers are finding ways to support and retain the growing number of chronically ailing employees in America's work force. Time Magazine.

Yelin, E. H., & Cisternas, M. G. (1997). Employment patterns among persons with and without mental conditions. In R. J. M. Bonnie, J. (Ed.), Mental disorder, work disability, and the law (pp. 25–54). Chicago: University of Chicago Press.