Ask Me Anything Webinar with Bob Drake, October 18, 2017

David Blair: Alright, well good afternoon everyone, and welcome to Ask Me Anything About Employment with Bob Drake. My name is David Blair, and I'll be your moderator today. This webinar is not a presentation but an interactive question and answer period. For the next hour Bob will take any questions you have related to Individual Placement and Support, or IPS with a focus on providing IPS to people with co-occurring mental health and substance use problems. Bob is the Andrew Thompson professor of health and policy and clinical practice at the Geisel School of Medicine at Dartmouth and Vice President of the Westat Corporation. His work in psychiatric rehabilitation is over four decades long, including integrated treatments for people with dual disorders, evidence-based mental health practices, and implementing vocational services has helped to shift the mental health services towards greater resonance with client's goals. With Deborah Becker, who you saw, who we held a webinar with the past couple weeks, he has developed the Individual Placement and Support model of supported employment, which is an evidence-based practice now used across the United States and around the world. He's conducted numerous research projects, published over six hundred journal and articles and books, and trained many successful researchers. Today's event is part of the National Research Center on Employment, jointly funded by the National Institute on Disability Independent Living and Rehabilitation Research, and from the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration, a part of the Department of Health and Human Services. The content of this webinar does not represent the views or policies of these funding agencies and you should not assume endorsement by the federal government. During the registration for the event, you were given the opportunity to submit questions in advance. Over the course of the webinar, we will alternate between those questions submitted in advance and the ones you ask today. To ask questions over the phone, please indicate that you would like to in the chat box in the webinar window. When called upon, you will press "star star" on your phone to unmute yourself. If you also would like, you may type your questions into the chat box, and I'll read them to Bob on your behalf. So Bob, you don't have to look at any of the screens, I'll take care of it all for you.

Bob Drake: Thank you.

David: Your participation is critical to the success of the event. As a reminder, if you've joined us by telephone, please make sure to mute your computer speakers before asking a question. It will cause this echo sound that is not pleasing to anyone listening. Welcome to the webinar everyone, welcome Bob, and I hope everyone enjoys the next hour. I'm going to get us started with one of the submitted questions, but before we do any of that, I was just hoping, Bob, if you could get us started with telling us what you spend your typical day on?

Bob: [Laughter] Well, nowadays I'm mostly just a researcher. So I spend my day reviewing articles and helping people to write grants and papers and things, and having meetings about research projects. I saw a lot of clients or patients up until a year ago when I retired from that.

David: Awesome. You know, a lot of the times over the course of this webinar, previous guests had mentioned different activities that they're involved with. Is there anything that you'd like everyone to know about that you're involved with, or to get the word out about something?

Bob: Well, you know I've been working in programs for people with co-occurring disorders since the 70's, so that's a long time. I have a little bit of experience and a lot of research projects in that area, and I still consult to a dual-diagnosis program, and I volunteer every week at the local homeless shelter where we see a lot of people with co-occurring disorders. So, that's been one of my long-term interests as well as the trying to help people get back to work and get well and get out of the mental health system.

David: Thank you very much. I know you work with Deborah Becker, and she talked about last time, the IPS Works website. And I'm going to go ahead and share that with everyone just so they have it too. And with that, if you're ready I'll go ahead and turn to the question.

Bob: Okay, okay, that's fine.

David: Okay. Deborah from Lebanon, Oregon, asks; "How can an employment specialist help a person gain employment with a barrier of a criminal history or sex crime plus a current substance abuse and serious mental illness with honoring the type of work they're interested in doing, which probably doesn't have allowances for all these barriers?"

Bob: Yeah, so you know, first of all, one of the things we know is that most of the people that we work with in community mental health have co-occurring substance use disorders, so that's our typical client. It's not, it shouldn't be a big deal or anything special. Another thing we know from the National Household Surveys, is that the great majority of people who have alcohol or drug problems are employed. Another thing we know is that, across all of our employment studies, people who have co-occurring substance use disorders do just as well as people who do not have co-occurring substance use disorders. I think that entanglement with the criminal justice system is a bit more of a barrier, and we can talk about in detail how we handle both of those issues, the co-occurring substance abuse and also the entanglement with the justice system. Should I go ahead and talk about those, or? I'm hearing echoes, by the way.

David: I'm hearing that too, let me see if I can. There's a couple people who are unmuted, so I'm muting a couple people, and hopefully that'll fix it. Go ahead and talk about those, Bob.

Bob: Okay, so first of all, you know, working with people who have co-occurring substance use disorders, statistically or research wise, that's not really a barrier to getting employment.

David: Hey, Bob?

Bob: Yeah?

David: Is by chance the computer speakers on in your room right there?

Bob: It could be? Let me ask Sue to check on it. Hey Sue?

David: Sorry about this everyone, hopefully we'll get this echo taken care of right away.

Bob: So I'm getting an echo and so is everyone else of my voice, and David asked if there are computer or speakers on here, or something?

Sue- The speakers aren't plugged in; they're not connected?

David: Oh, okay. One second, everyone, I'm sorry about this. Just restarting the audio again for everyone, and hopefully that takes care of it. Alright, go on, I think we're okay, Bob.

Bob: Okay, alright. So let me talk about co-occurring substance use disorders, I'll just call it substance abuse, but you know that refers to alcohol and/or drugs, and it refers to abuse or dependence. Lots and lots of people that we work with obviously, have co-occurring substance abuse. Um, you know they can work just as well as everybody else, but we want to take account of several things. One is you know we'd like to make sure that people are in some sort of co-occurring disorders treatment so you know, they're going to do better if they're also trying to learn to manage their mental health problems and their substance abuse problems. But you know, we know from longitudinal research that uh, in general, people go to work and work helps them to manage their mental health and substance abuse difficulties, rather than that people get complete control of those issues and then go to work. Um, I was taught in training years ago that people should be abstinent for six months before they try a new job or other new activities. And that turns out to be exactly wrong. You know, most people, again, go to work first, and work is a, helps them to recover from substance abuse rather than the other way around, getting abstinent and that helping them to work. But, having said that, we try to do several things when we help people get jobs, if they've got a co-occurring substance use problem. The first is to, you know, make sure if we can, if they're getting some kind of treatment or help with learning to manage their substance abuse. The second is that people understand completely that most employers do urine drug tests nowadays and so, they need to know about how long the drugs they're using stay in their urine so that they can be sure to be, to have a clean urine when they go to apply for the job. The third thing is, we try to help people make sure that they get a job in a setting where they're not exposed to alcohol and drugs. You know, people who've got an alcohol problem probably shouldn't be working in bars, and they shouldn't be working in restaurants that serve alcohol where they can finish people's drinks as they're carrying them back. People who have a drug problem probably shouldn't be working in pharmacies or emergency rooms or hospital areas where drugs are widely available. People probably shouldn't be working in settings where there's rampant alcohol and marijuana use on the job, and there are lots of jobs around in every community like that. Um, and another thing we do is to try to make sure that people have a good plan for managing their money. For many people, having cash in their pocket is one of the queues that it leads them to substance abuse and if that's been a problem for the person, we want to try to work with them to set up some kind of voluntary money management problem that prevents their getting a first paycheck and

then going out on a cocaine binge or something like that. So we try to do all those things for the person who's got a co-occurring substance abuse problem, but maybe the most important thing is that we just educate ourselves and keep reminding ourselves that the typical course of recovery takes a few years. Once people have lost control of their alcohol use and developed alcoholism, and then they decide they want to keep drinking, that a typical time until they take their last drink is about seven years. And that's just the normal course of recovery. People cut down on their use, people have longer periods of abstinence, people use fewer days, they may have fewer binge drinking days. But they have relapses, too. And that goes on with sort of gradual recovery over a few years for most people, and the same with most drug problems. So, we're doing ourselves a disservice if we think that people are going to get abstinent overnight. We keep reminding ourselves that we want to help the person in this recovery process to manage their substance abuse and their mental health problems so they don't get in the way of working. And what we see happening longitudinally is that people, if they enjoy their jobs, start to find the work very satisfying and the, you know, the identity and the pay and the regular routine and the new set of friends and all of these things that come with work start to be helpful in the recovery process. And I think over time, people gradually build up all the supports and new skills and habits and everything they need to be completely recovered from substance abuse, and or to at least be abstinent for a long period of time. I don't know if people are ever really completely recovered. But, those things just gradually build up. And so that's what we're trying to do is to help them with that. And a good job is one of the most important steps, one of the most important components in that process of recovery. So, we don't expect the people to be abstinent right away, but we do want to be, have a really open conversation with them about you know, how they're doing with all these issues, and how we can help them with the issues, and how we can help make sure that their job is protected so that they can become a steady worker. Switching for just a minute to issue of entanglement with the criminal justice system. As you all know, people with mental illness have gotten shunted into the criminal justice system, mostly for very minor kinds of offenses over the last ten or twenty years. This has become a serious, serious problem. And here I think what we want to do is to try to make sure that people know how to handle the criminal justice record that they have because most employers again are going to do background checks, and employers are not happy to find out about someone's justice system record and be surprised by that. So, we did a study once where we interviewed lots of employers about how to handle this issue. And virtually all of them said that, "well you know, I've hired people who've been arrested and been convicted, and even have had felonies, but I want to hear from them when they apply for the job that this happened to them, and that it was in the past and that they're doing much better now, and they haven't had any recent offenses and they feel like they've paid their dues and they're sorry for what they did. Often it was due to having substance abuse problem that they got arrested." But, in general, employers just want the person to be honest with them and express contrition. Many, many employers understand all these issues just like they understand substance abuse issues. One of the many great things about getting your clients to go to AA meetings it that they will meet people in AA meetings who have all got jobs, and they'll meet people in AA meetings who are employers. And so, it you know, is a good place to find out about jobs and employers who are you know, interested in helping people to recover. Why don't I stop there, maybe there are more specific questions?

David: Sure. You know, looking at the questions that are submitted in advance, there were a lot about that subject, so I really appreciate you going in depth about it. Going to one of the questions in the room, Robert asked, "What do you think about trying to hire more Certified Peer Specialists as Employment Specialists to share their lived experience and recovery of their own due to work?"

Bob: Yeah, well I know lots of programs are doing this now, and they're doing it in different ways. Sometimes the peers who get hired are doing part of the job and working with other Employment Specialists, and sometimes they're doing all of the job. We don't have good data yet on how this all goes, but my basic feeling for a long time has been that the dichotomy between professionals and peers is a false dichotomy. You know, most of us in the mental health system have had mental health problems, have family members with mental health problems. Many of us don't acknowledge those things publically, but I think it's just part of who we are in the mental health system. We have a sensitivity and an empathy for mental health problems, and we know that people who have lived experience have got some special experiences that really help them to do whatever job they're in. In the research center that I've been running for thirty-five years or whatever it is, you know we've always hired people who have lived experience, and they have been just part of our team. And they've worked in finance, or they've worked as interviewer, or they've worked as research assistants, or they've worked in the data area. You know, whatever they're skills are, you know they do just fine in those jobs. We've never experienced it as a barrier in any way. In fact, we've experienced it as an enrichment because people, everybody brings their own experiences to a discussion about research, and I think we've always found that good interventions and good research start from really understanding in detail, what people's lives are like, and what people want from their treatment and from their experiences in the world. In research terms, this is often called phenomenology, so you know there's some people who specialize in that area. But I think it's always an important part of good research, just like it should be an important part of clinical services everywhere.

David: Yup.

Bob: My close friend, Pat Deegan, has taught me a lot about this over the years, and I think one of the things that Pat always says is that if they're here as part of the team, then the discussions are more empathetic and less stigmatizing. That it has a way of helping the clinicians to, I don't know, use better language and think about problems in more client-centered ways.

David: Absolutely. I know we have a lot of questions, so I'm gonna move you along to another one. There's a large contingent of participants from the state of North Carolina here. And William asks, "Is it appropriate or possible to ask the clinicians to state in the assessment that one of the co-occurring disorders is 'primary' and the other is 'secondary'? Our funders here in North Carolina, during the authorization for treatment process, will many times deny authorization for IPS when it appears from the assessment that the substance abuse disorder is predominant in relation to the diagnosis of SMI/SDMI."

Bob: Well, of course funding for mental health and substance abuse services is a bizarre situation that makes no sense, and isn't appropriate in any meaningful way. I think if you want to think about this scientifically, we can say from a research perspective that you know, mental health problems and substance abuse problems tend to occur at slightly different times based on the natural history of these things. But, once somebody has a problem with both mental health and substance abuse, the two become intertwined so that it's part of who we are and what we have to manage in our lives. We don't really separate it out and think about [laughter] "well you know, this happened my brain has got substance abuse. And this happened and my brain has got depression." It doesn't work that way, and we know from lots of research on treatment that you want to really be addressing both problems at the same time, right, what we call concurrent, integrated treatment. So, trying to establish one as primary and one as secondary doesn't make much sense scientifically. I think it also doesn't make much sense in terms of funding. You know, we have lots of data now to show that people with mental health difficulties of all kinds do very well in IPS, and we also have lots of research to show that people with substance abuse problems do well in IPS. And, people who've got co-occurring problems do well in IPS. So, there's no scientific reason that people should be denied a treatment regardless of what kinds of behavioral problems they have. But, I know that every state has got its own bizarre rules on who qualifies for what kinds of services, and what's reimbursed and all that. I think it's all a perverse system. I've dreamed that we would be able to use strengths-based records entirely and then some computer algorithm would convert it into the kind of diagnosis and problem-oriented records that the insurance companies require. I would just assume the clinicians not have to look at that nonsense. By the way, I'm from North Carolina too, so I love North Carolina, I'm glad there are people on from there.

David: And they seem to be, Tara says "Go North Carolina. Thank you, Bob."

Bob: [Laughter] Great.

David: Lindsay asks; "How do you work with clients who miss work on a regular basis because of substance abuse and seem to have motivation to work, but keep losing their job due to the substance abuse?"

Bob: Well that happens sometimes, and you know, life's a journey, and it's a longitudinal process right? Most of us didn't like or didn't do well in our first job. I know I tried lots of different things before I stumbled into becoming a researcher. And most of our plans do, too. It's very unusual for the first job to work out exactly. They're all learning experiences early on. And one of the things that's helpful is when people get real-world feedback. You can't keep a job if you don't show up for work every day. And if that's happening to you, then we need to talk a lot about why are you missing work, and are there ways that we can address that problem because you're never going to be able to keep a job if you can't be steady about showing up.

David: Sure. Melissa in the chat-box asks, "My question is in regards to perspective. My department has yet to convert to an IPS model. Many perspectives I have heard is that people "aren't ready." Many of our folks are at baseline and really want to work. Is it possible for some with schizophrenia and very little social skills to be successful? Is it possible for someone that is in and out of the hospital to be successful? You know, what types of jobs are obtainable?"

Bob: Yeah, well I guess the question, the answer to all those possible questions is yes. Sometimes professionals have got the idea that they can predict who is going to be successful at work, and there's no research data over the last thirty years that I'm aware of that substantiates that delusion. You know, when we closed our first, our day treatment program here in New Hampshire the first time, gosh the guy that I predicted was the least likely to work, he got a job very part time and now thirty years later, he's still working every day. And, you know I see him, he's got a car, an apartment, and everything else. He's doing just fine, and I never would have expected that. And we've done lots of research studies where the professionals in the VR system and Mental Health system told us that people couldn't work, and then they turned out to be successful. I think it is really important that somebody wants to work. You know, we and others have never had success trying to force people to work who don't want to work. But, if you start with people who would like to have a job, I think that the fun part of IPS, and the real skill there is that it's our responsibility to help the person find a good job match that's something that they can do. And I love traveling around and visiting IPS programs and seeing some of the creative job matches that they come up with. I remember meeting a guy who had the problem of, in addition to his mental illness, he had the problem of kleptomania, and he was always taking things from offices. And the IPS worker got this guy a job in a cemetery and he was often taking flowers, but that was just fine with everybody because the flowers go bad and they always have the chore of clearing them out, and they loved him there. I remember seeing a guy who screamed out of his hallucinations much of the day. Obviously not a good candidate for an office job, but they got this guy a job in a saw mill where everybody wore the ear mufflers to screen out the noise, and nobody was bothered at all by his screaming. He was a very successful employee there. And I could go on and on giving you examples like that. But they all depend on really being able to make contact with the person and find out who they are and what they're interested in and what they're good at. And then you know, go out and find a job that matches those interests and skills and so on.

David: Yeah, it really sounds like you're talking about matching the personality along with the job as well.

Bob: Yeah, you'd really like somebody to have a job that is you know, fun for them and that helps them in their recovery.

David: Right. For the next question, Amy asks, "Do you have any suggestions on how to strengthen relationships and communication with clinical services when they are not internal to the employment component?" And she mentions that this is the case with most of their teams.

Bob: Where the clinicians are not really understanding and invested in vocational, is that the issue?

David: Yeah, that's the idea. They run as separate teams within their organization where there's not much overlap between the two.

Bob: Oh, I see.

David: So about building communication across them.

Bob: Yeah. Well, you know IPS is team oriented for a reason. And there have been lots of studies of this. If you, you know when we first got into the field, the wisdom of the experts, which is usually wrong, said that it was important to separate mental health services and vocational services. But there are lots of studies now that show that if you integrate the two services and the mental health clinicians and the vocational IPS workers, you get better outcomes than if you keep them separate. I think that one issue is structural, you've just gotta figure out how to get people together on the same team. So that they're meeting together and they're trying to solve problems together. You know, the clinicians really should be a part of helping people to find jobs. I mean the typical meeting of our team here is that, and I'm talking about in my clinical role, the vocational specialist is "well, you know I've spent a few hours with this guy and I've been to his home and I've walked around with him, and you know he's very paranoid and very scared around people, but he loves being around animals, and I think we need to find him a job where he's got not so much people contact at the beginning, but he's got a lot of contact with animals." And so then, it should be a group or a team process where the team brainstorms and says you know, one person on the team says "Well, I live next to a farm, and I'll talk to a farm people about what kind of jobs they might have for this guy." And another person says, "Well, I take my cats to this veterinarian, and I'll ask the veterinarian about what he might do." And another person says, "Well, I have a friend who owns a pet store downtown, and I'll talk to him about this." So, we're all out there trying to find a job working with animals for this guy. It isn't just the IPS specialist job. And then, once we get somebody into a job, it's also a team-oriented task to help make sure he or she has the supports that they need to be successful on the job. Now, the difficulty with this is that lots of clinicians have never worked on such a team and don't really understand how IPS works, and they don't understand integrated services. And so, we need to convince them of this and we can do so by, in lots of different ways. Having them read things, having them watch videos, having them talk to people like them who have worked on these kinds of teams. So, like I often hear on calls that "well, you know our doctors are bums, and they don't understand that people can work and they want to work and so on and so on. They're telling our patients that they're not ready to have employment, and we can't get through to them." And so I say, well, would you like us to send one of our doctors out to spend a day with you and to meet with your doctors and go over all these things with them? Cuz they may be more likely to listen to another doctor. But in general, I find that clinicians sort of get it, and the lightbulbs go off when one of their clients that they really care about gets a job, and it really has a transformative effect on the person's life. I know that's what happened to me. I didn't have any training in vocational services, and Debby Becker was

always bugging me about getting people jobs, and I was kind of trying to put her off. But, when she got jobs for a couple of people that I didn't think could work, and I saw how it spurred their recovery ahead in ways that I just never thought were possible, then I became a believer. So I started wanting to know more about the employment services, and wanting to know more about how I could be helpful, and we could build this into our mental health system.

David: Sure. Amy actually clarified that her problem is that they're separate organizations. Meaning that they're you know, different companies. "And how do you get to that level of communication when you can't make it a team I guess?"

Bob: Yeah, well you know, the burden of that should fall on the CEO's. And they should talk to each other and they should figure out; "okay, should your clinician come meet with our team for the team meeting, or should we go to meet with you for the team meeting. And how can we make sure that this works effectively and that nobody loses money."

David: Sure.

Bob: CEO's usually are just worried about the, you know their funding streams and their budgets and so on.

David: Excellent, thank you. I'm gonna try to roll two people's questions into one so I apologize if I butcher both of them in the process. April asks about, "On a realistic basis, would you say employers are more educated to support individuals with mental health and substance abuse challenges to succeed on the job?" And then, the second question I'm trying to roll in is from Richard who asks, "Do you believe self-disclosure can help or hinder someone's chances in getting hired?" So the preparation of employers and then the self-disclosure.

Bob: Yeah, so every employer is a little bit different. A few years ago I spent three or four years doing job development just so I could learn about it and see how it would go. And I was really surprised how interested most employers were in hiring people with disabilities. And most of them didn't want to know real details about what kind of disabilities people had. I used to show up and say, well I'm a Vocational Specialist, I'm trying to help young people with disabilities get jobs, and I wanted to know about your company and who you hire, and so on. You know, the usual way we do job development. And what I found out was, gosh as least half of the employers really had an interest in hiring people with disabilities. And that was usually because, you know, somebody in their family had a disability or was in recovery, and sometimes it was a mental health issue and sometimes it was a physical issue and sometimes an addiction issue. But, as we got to know each other a little bit, usually they revealed some things about that. And you could also usually tell in the first meeting if the person was really not wanting to hire people with disabilities. You know, they know they can't say that because of the ADA I guess, but it becomes pretty clear as you talk to them that they're overly fearful about all of these things. So anyway, we tried to develop relationships with the people that are interested in being helpful in their community and in having a diverse workforce. I think there's lots of data now to show that diverse workforce leads to more creativity and productivity. And that can

refer to hiring people from minority backgrounds, but it can refer to hiring people with disabilities, too. And most employers now-a-days, really get it and understand that that's an important thing. Now, regarding somebody disclosing their disability, you know that's always a personal choice and it's up to the individual, and I think it's really important that we all have good skills for talking to people about that and getting them to understand when it's helpful for us to do job development, and when it's helpful for us to talk to the employer with them, and when it's helpful for them to disclose something about their mental illness. And I've found over time that most clients have unrealistic ideas about all these things, you know, they think you're gonna go hand the person a list of their diagnoses, or they think disclosure means they've gotta tell somebody about all the difficulties they've had over time. And of course, none of that's true and so what we try to [cough] excuse me. What we try to do is you know, have a practice interview with the person. Or, if I'm gonna go talk to the employer just like if I'm gonna go talk to the family, I wanna tell the person exactly what I'm gonna say and make sure that's okay with them. Uh, he can help me figure out how to phrase it and what to say and so on. And again, my experience has been, most employers don't want those kind of details. Usually an employer will say, "Well, that's really interesting, tell me about these people," or "Where do you work," or something like that, which can be answered in very generic terms rather than in any details. And I think there are some employers that are more afraid of substance abuse, and there are some that are more afraid of mental health issues. And they're some that are more afraid of criminal justice involvement issues, and so, I think it's best not to get into any of those details unless you need to. And I would say the same for disclosure, and I've had a lot of clients [laughter]. I worked with a guy for two or three years who kept getting jobs and not telling the employer about his criminal justice history because it was ten years ago, and he thought it wouldn't be on his record anymore and so on. And he got about three jobs in a row and then they did a background check and he got laid off before he really got started in the job. And so finally, he agreed to do some practicing and really figure out how to tell his story in a compelling way to the employer. And, you know, and then he got a great job. I mean, just a great job. And partly because the employer was so interested in addiction issues.

David: Very interesting. You know, I shared this last time, but there's a job search board called 70millionjobs.com, and it's specifically targeted to people with forensic backgrounds, so I'll share that link in the chat for everyone. Lynn asks, "How does IPS differ in serving people with other disabilities? For example, substance abuse co-occurring with intellectual or physical disability."

Bob: Yeah, so that's a great question. You know, there are more and more IPS teams in different kinds of settings like two years ago, we started a team here for people, young adults with autism spectrum disorder. And so, you know the team is really an IPS specialist and a neurocognitive specialist and a psychiatrist who's a specialist in autism. And, they meet together, and they try to compare notes on what kind of strengths the person has. And the IPS Specialist spends time with the person and spends time with the family, and sometimes you have to get most of the history from the family because the person is not very verbal. So, you know there's not really, it's not like working in a mental health system. It's a team that's more oriented towards the particular population. And they've had great success, I think they got

everybody in that group good jobs. We have another team here now that works with downstairs here works with pregnant women who are heroin addicts. So the team is really an OB doctor who joins the addiction team and an IPS Specialist who also joins the addiction team down there, and they work together to help the pregnant lady be stable and do some work while she's pregnant and make plans for after the delivery. I visited a very cool team at Tampa VA Hospital, which is the largest spinal cord injury center in the VA. And they, you know their team was really neurologists, physical rehab people and a person from the engineering department, as well as IPS Specialist. And they were able to get jobs for people with quadriplegia and all kinds of really serious problems, I was amazed. And part of how they do that is, they figure out what kind of physical abilities the person has, is he, does he have one hand that he can use to press a computer, or does he have one finger that he can use to you know, direct a special panel that the engineers build for him. Or, is he going to have to do those things with his eyes, or with his mouth because he doesn't have any movement at all, and so on. And they're just amazing getting jobs for people.

David: Absolutely.

Bob: So, it's an integrated approach that involves the pertinent people for the, maybe the disability group that you're working with.

David: Sure. Now I'm looking at the time, and we only have time for one or two more questions. But, there seems to be a whole lot of interest for the work that you're doing, and I'd love to have you back on again sometime.

Bob: Sure!

David: So, Jessica asks; "In your experience, what has been the most challenging for people to retain employment while overcoming mental health challenges? What supports have been the most effective to support individuals to retain employment?"

Bob: That's a good question. You know, I think people are challenged in different ways, aren't they? Sometimes the challenge is more social and environmental. Sometimes the challenge is managing symptoms, sometimes the challenge is learning the skills that one needs to do the job. I'm always amazed at how clever the IPS specialists are at finding the right job and helping people to overcome the challenges that they do experience. You know, I had a lady once who was my psychotherapy client, and this lady really couldn't be around other people, she would just erupt with impulsive anger in all kinds of situations, including meeting with me. She once brought a dog to the therapy and had the dog attack me [laughter]. So, and she was cutting herself up all the time, too, had hundreds or maybe thousands of scars from carving on herself. But anyways, this terrific Employment Specialist got her a job during the middle of the night doing autopsies in a lab where they were giving these toxic medications to mice, and she would go through the lab and find the mice who had died and then she would open them up and do all these autopsies and weigh things and make notes and everything like that. And she would

leave the lab before anyone else arrived in the morning. So she never had to run into anybody at all, and she did great work, and they just loved her at this job.

David: Shaheem asks; "When a consumer has been out of employment for eight to ten years because of their illness, how does one motivate them when reality is no longer the illness holding them back, but rather complacency, comfort, and the habits they formed. How do we help them overcome that?"

Bob: Well, I don't know if we're great at providing motivation externally. I think the person has to have some interest in work. But having said that, I've seen a bunch of people who haven't worked in years, or maybe had never worked at all and were really scared about working, but they liked art or they liked theatre, or they liked something. And, so we got them a job just one hour a week in that area so they could see what it was like. And then over time, it just gradually increased. Most people with serious mental health problems will end up working twenty to twenty-five hours, but it may take six months or a year for them to build up to that level.

David: I'm just going to keep going with the questions while we still have time. Melissa asks, "Do you disclose a client's barriers to employers at the gate as a way of building an honest relationship, and what's the best way to approach employers initially?"

Bob: Yeah, well you know, Sierra and Debby have written these really nice things about how to do job development. I think they call it, Three Cups of Tea, and I don't do it exactly like that because, you know, they're the experts, and they wrote this book after I had been doing the work. But, you know, for me, I find it really fun to go meet a new employer and I'm genuinely interested in what kind of business they have and what it's like to run that kind of business, and who are the people that work in the back, and what kinds of jobs do they do, and all that kind of stuff. And after I've had one or two meetings that are building a relationship like that and learning about their business, then I say, "Well, if I have someone that I think would fit into your place well, could I give you a call about it?" And usually the employer will say, "Yeah, please call me," and "be sure you call me and give me the guy's name because everybody has to apply for a job through the internet at our company and if you tell me the name, I'll put that person at the top of the list and make sure I interview them." But I don't even have somebody in mind at that point. And then when I call them about a person, I mostly just tell them, "I think this guy would be really good in your setting doing this specific kind of job that you and I talked about." I don't tend to say anything about what kind of disability they have, and of course, the employer's not allowed to ask.

David: That is true. Dana asks, and I think this is our last question, "How can confidence levels be raised in Employment Specialists with little to no business experience or training when beginning employer engagement activities?"

Bob: Yeah, well that's a really good question. I think that's why we try to have, make sure we have supervisors and trainers who've got a lot of experience. I remember when I first started doing this, Debby Becker and I would go visit programs in different parts of the country, and

this sort of typical experience was they would tell us about how, you know, there weren't any jobs in their area and their clients were too sick and etcetera, etcetera. And so, we said, "Well, that may be true, but why don't we go out with you just so we can see what it's like?" So Debby would go with one of them, and I'd go with the other one, and we'd meet back at the end of the day and I had learned some things and Debby had gotten three jobs for people [laughter]. So, I think people who know how to do this are really good at it, and it's really, really, it's not a natural thing for most people. You know, you don't study this in school necessarily, and so, it's really important to have a supervisor who does what we call field-based supervision, that goes out into the field with you and helps you learn how to do the job development and helps you learn how to talk to employers with confidence. Helps you learn how to answer somewhat challenging questions and so on.

David: That is great. You know, everyone, we're out of time. There are many questions that we have not gotten to, and I've put our email address, psyrehab@bu.edu, in there, you know if there's something anyone wants to ask that we didn't get to, please email us, and we'll make sure someone gets you an answer. If it can't be Bob, someone can help you out. Bob, I want to thank you for taking your time today to answer everyone, and I'd love to have you do this again sometime.

Bob: Okay, it's been my pleasure, thank you, and I'm sorry I couldn't see all of you, and it always feels better to have a more direct conversation, but I'd be glad to be here again.

David: Thank you very much. Hopefully after this webinar by email all participants will receive a link to the recording, as well as a survey. And we have other "Ask Me Anything's" about employment coming up about employment with other speakers as well. Again, thank you, Bob, for spending your time with us this afternoon, and we look forward to seeing you all again. Good day everyone, and goodbye.

Bob: Goodbye.