


Notes and Slides



Recommended Use of this Training

- The primary audience is Employment Support Specialist (ESS), Job Coaches, and supervisors.
- This document is best used as an interactive training. The slides provide summary information with additional content/scripting in the notes section.
- Please use the content in full and with attribution to the Center for Psychiatric Rehabilitation at Boston University.


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Vocational Recovery


Meaningful Work for Wellness






Project Creation & Funding

Vocational Recovery (revised Fall 2021)




The contents of this training were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90RT5029). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this training do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.”

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Meaningful Work

- Work is a central aspect of mental health and recovery for adults with serious mental illnesses
- The meaning that individuals ascribe to work is central to their reasons for choosing, getting and keeping a job



Milner, U.C., Rogers, E.S., 2015;
 Fouad & Byars-Winston, 2005;
 Blustein, 2006; Richardson, 1993;
 Savickas, 1993

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The meaning that people derive from work and their work experiences is contingent upon access to opportunities or lack thereof, based on age, gender, race, social class and disability status in society (e.g. Fouad & Byars-Winston, 2005; Blustein, 2006; Richardson, 1993; Savickas, 1993).

Millner, U. C., Rogers, E. S., Bloch, P., Costa, W., Pritchett, S., & Woods, T. (2015). Exploring the work lives of adults with serious mental illness from a vocational psychology perspective. *Journal of Counseling Psychology*, 62(4), 642–654. <https://doi.org/10.1037/cou0000109>

What problem are we trying to solve?

- Low employment for people with psychiatric disabilities

"Stigma says to people with mental illness that we're not ambitious, motivated, intelligent or able. It says we're unable to handle stress, too sick and even potentially dangerous. However, these are all myths, and the common belief that people with mental illness cannot work, is a myth."

Road to Recovery: Employment and Mental Illness
2014, the National Alliance on Mental Illness
<https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/RoadtoRecovery>

Very low rates of employment for people in recovery, despite effective interventions that have existed for more than 20 years

Literature & experience suggests:

Contextual challenges include discouraging messages about work aspirations from providers, family members, internalized by person- as well as systems level issues such as interest in employment outcomes, funding etc.

Clinical challenges such as difficulties with cognitive functioning and self management of psychiatric symptoms and sequelae

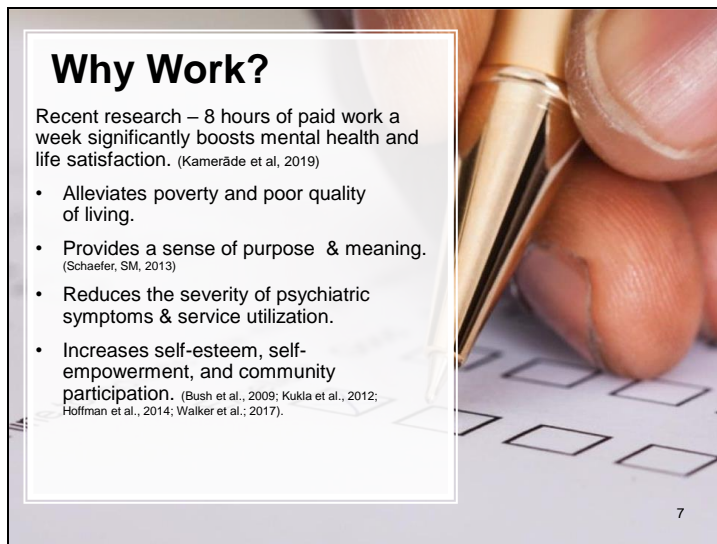


Current Status of The World of Work

1. Employment rates for people with any disability are consistently much lower than in persons without disabilities, across all age groups and for both men and women. (Kessler Foundation, 2010)
2. *Competitive employment* rates for individuals with psychiatric disabilities are usually in the **10-20%** range, with most working part-time. (Mueser et al., 2001; Marwaha & Johnson, 2004; Marwaha et al., 2007; Waghorn et al., 2012; Evans-Lacko, Knapp et al., 2013)
3. Racial or ethnic minority individuals with psychiatric disabilities face additional challenges -- less access to services in general and receive poorer quality treatment due to factors such as poverty, language barriers, and discrimination. (Atdjian & Vega, 2005; Alegria et al., 2008; Lee et al., 2014)

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Why Work?

Recent research – 8 hours of paid work a week significantly boosts mental health and life satisfaction. (Kamerade et al, 2019)

- Alleviates poverty and poor quality of living.
- Provides a sense of purpose & meaning. (Schaefer, SM, 2013)
- Reduces the severity of psychiatric symptoms & service utilization.
- Increases self-esteem, self-empowerment, and community participation. (Bush et al., 2009; Kukla et al., 2012; Hoffman et al., 2014; Walker et al., 2017).

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Benefits of Employment

(Millner et al., 2015)

- Work improves self-esteem, self-efficacy, self-worth
- Education and skills improve self-efficacy
- Work-related role models mostly come from family; some individuals have no role-models
- Individuals receive mixed and confusing messages about work. Sometimes they are encouraged while at other times discouraged by family and providers
- Symptoms affect work functioning. Work can improve symptoms.

Additional info on benefits of employment (Milner study):

- Expectations of work dominated by fears of loss of government benefits, symptom exacerbation, being underpaid and undervalued at work, and anticipating stigma and discrimination
- For young adults, having the goal of working in conjunction with drive and ambition were important
- The pursuit of a dream job provided motivation to work for older respondents
- Work provides opportunities for improved financial condition and independence
- Work improves the social life and social standing

Why talk recovery when we discuss employment issues ?

- High levels of unemployment & low levels of engagement occur in despite effective practices such as IPS. (SAMHSA 2012)
- Simply implementing a particular practice – even if it has good evidence – is not enough.
- Access to additional supports is needed. Financial literacy, stigma reduction, addressing physical health all support employment outcomes.



Kara's Story

- Always good student
- Invitation to a recovery support group to share my own recovery story
 - 20+ years in therapy
 - 15 years old at first hospitalization
 - This – along with my trauma history – almost sealed my fate
- Employment changed my outcome
 - Overcame my feelings of shame
 - Work helps me stay wellness focused
 - My job helped me build a social life and a reason to make room for success

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School was the only source of competency I had. One day one of the professors invited me to a Recovery-Oriented Focus Group. Later, he invited me to tell my personal recovery story, and then he asked that I write my personal recovery story. I spent 20 years in therapy and life experience trying to recover from a psychiatric disability.

I began my formal recovery at the age of 15 in my first of a long line of hospitalizations at an area State Hospital and later in both private and public mental hospitals. My history of trauma and hospitalizations had almost sealed my fate.

- I developed a career that helped me move from a shame-based existence to now, at 35, making \$45,000 a year at the precipice of my new life.

- When my feelings and thoughts are being challenged by dissociation and flash backs, work is my lifeline and my support.

- Work, making real friends, literally having a place to live all these have been the great blessings in my life that for me, show me that I have indeed recovered from mental illness -- from internal stigma and the self-fulfilling prophecy of assuming that I had nothing to offer.

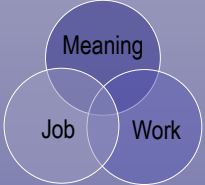


Implications to Ponder


- Employment, while difficult to achieve, in and of itself, is not enough
- Vocational recovery should be a goal
- Vocational recovery is a subset of the concept of recovery

Killackey, 2018; Miller, 2018; Young, 2018

Not all work is a job.
 Not all jobs are work.
 Not all jobs are meaningful.
 Not all work is meaningful.
 Not all meaning is from jobs or work.



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What is Vocational Recovery?

Emphasis on work as a “vocation”, a vocational identity – over time – as part of a life with social connections, and a sense of contributing to overall economic & social climate of one’s community etc.

(Svanberg et al., 2010; Blustein, 2008)

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How Do You Promote Recovery? How Do You Promote *Vocational* Recovery?

- Use EBP & Promising Practices
- Build a culture based on recovery values
- Use core competencies to improve individual factors in order to rebuild self and instill hope for a future
- Improve environmental factors to increase support and opportunities for work

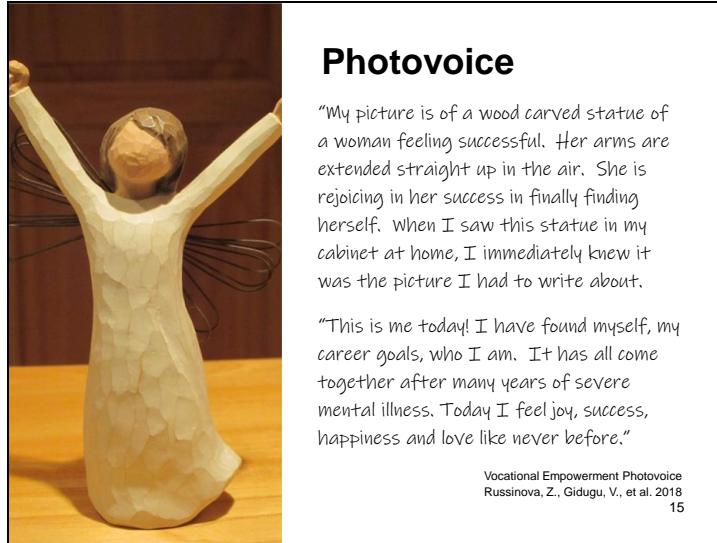
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Evidence Based or Promising Practices	
Practice	Supporting Research
IPS	Drake, Becker, 2014
Housing First	Padgett, Gulcur, Tsemberis, 2006
Illness Management and Recovery	Gingrich, Mueser 2006
Cognitive Remediation with Rehabilitation	McGurk, Shiano et al, 2010
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These e.g are not the full list—however they do point out that supporting vocational recovery may include practices that target other domains—stable housing may contribute to stable employment, for e.g. ; supported ed. may promote advancement in employment over time—right now these are all hypotheses being tested or that will be tested over next 5 years

- We have good tools now to help people get housing—even if they have been homeless for a long time; to get competitive work—even though it is still entry level work.
- we can help people manage their symptoms in the context of a life goal; we can help them with thinking skills- like focus, attention, memory, etc.;
- we can help people figure out what choices they want to set as meaningful goals –what valued roles in society they want to have and how to get there; we know how to involve people with the experience of mental illnesses put that experience to use helping others;
- **Less evidence** still but promising about how to support people in college and other post secondary ed., and how to help people learn what they need to learn to manage and improve their lives. -Is it a cure? No. Is it the road to recovery—yes—but remember Will? The family, the community of peers, friends, etc. is critical.
- How people see themselves—“broken” “disabled” or people with hope, makes all the difference in the world



Research on the VEP Program

Small randomized study (N=51) of the VEP Program at the BU Recovery Center demonstrated that when compared to a waitlist control group participants in the VEP program who attended at least 6 VEP sessions showed significantly greater benefits in increase of empowerment, work hope, and sense of positive identity, decrease in self-stigma, and higher rates of engagement vocational activities such as seeing a vocational counselor or getting a job.

Current randomized study (N=160) is under way at Thresholds in Chicago, IL and the Pilgrim Psychiatric Center, Long Island, NY. Ruscinova et al. 2016



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What problem are we trying to solve?

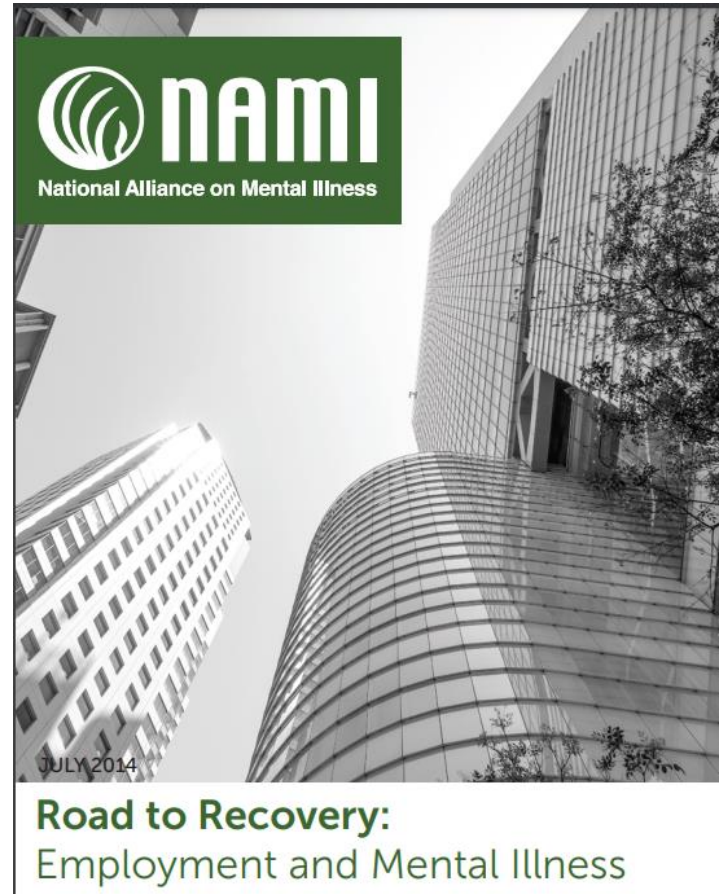
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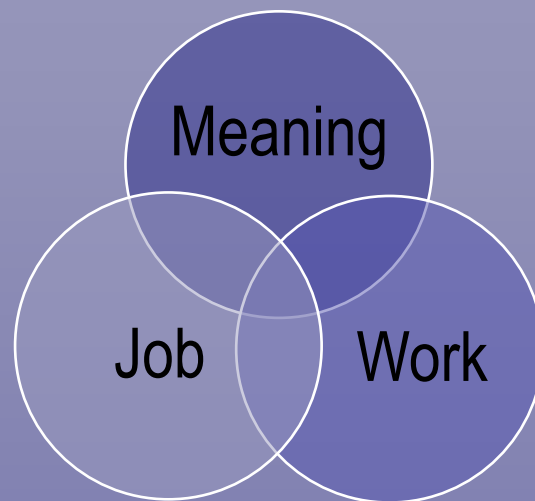
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Photovoice

"My picture is of a wood carved statue of a woman feeling successful. Her arms are extended straight up in the air. She is rejoicing in her success in finally finding herself. When I saw this statue in my cabinet at home, I immediately knew it was the picture I had to write about.

"This is me today! I have found myself, my career goals, who I am. It has all come together after many years of severe mental illness. Today I feel joy, success, happiness and love like never before."

Vocational Empowerment Photovoice
Ruscinova, Z., Gidugu, V., et al. 2018