



TOOLS FOR A WORKING LIFE WITH SCI:  
**INDIVIDUAL PLACEMENT AND SUPPORT  
IN SPINAL CORD INJURY  
TOOLKIT**

2nd Edition

# HOW TO USE THIS TOOLKIT

The Toolkit is organized by steps to implement IPS in SCI, but the process is seldom linear. This table of contents contains a brief description of what you will find in each section, including links to tools and resources. You can start at the beginning or jump to the section that you need right now.

## WATCH FOR THESE ICON LINKS



A downloadable or web-based **tool**



**Suggested reading**



**Video** illustrating IPS services



Helpful **website**



To return to the **table of contents**

“ *IPS has changed my life. I love getting up in the mornings and I look forward to going to work.* ”

Navy Veteran with incomplete paralysis employed as a kitchen assistant



## WHAT YOU WILL FIND IN EACH SECTION

### 1 About IPS in SCI



The 8 principles critical to success and how IPS differs from other vocational rehabilitation approaches.

### 2 The Evidence



The data on how IPS improves employment and quality of life

### 3 Integrating Vocational and Medical Rehabilitation



What integrating IPS in SCI rehab looks like and how to achieve it.

### 4 Bringing an Employment Specialist on Board



Making a home in the SCI unit for an employment specialist and getting access to resources.

### 5 SCI and Work 101



Factors of SCI that must be addressed for employment.

### 6 IPS Services



Descriptions of IPS services that help persons with SCI get and keep employment.

### 7 Program Leadership



Standards, quality improvement, and sustainability.

### 8 Index of Resources



A complete list of resources with links.

### 9 Forms & Templates



Tools that can be viewed and/or printed.

### 10 Contributors



# TABLE OF CONTENTS

- HOW TO USE THIS TOOLKIT** **2**
- What You Will Find in Each Section 3
- INTRODUCTION** **6**
- What is Individual Placement and Support? 6
- Tools for a Working Life with SCI: Individual Placement and Support (IPS) in Spinal Cord Injury (SCI) Toolkit 6
  - Who Is the IPS in SCI Toolkit For? 7
  - Who Informed the Toolkit? 7
  - Is the Toolkit Adaptable to Your Setting? 7
- 1 ABOUT IPS IN SCI** **8**
- How Does IPS SE Differ from Other Vocational Rehabilitation Practices? 8
- The Essentials for Success: IPS Principles 9
- Study Design 10
- 2 THE EVIDENCE** **10**
- Individual Placement and Support (IPS) Has Better Outcomes Than Conventional Vocational Rehabilitation (VR) in Spinal Cord Injury 10
- Individual Placement and Support (IPS) Improves Employment and Quality of Life for Persons with Spinal Cord Injury 11
- Additional Research Articles 12
- 3 INTEGRATING VOCATIONAL AND MEDICAL REHABILITATION** **14**
- How and Where Do We Join Together to Address Employment? 15
  - Interdisciplinary Team Meetings 15
  - Ad Hoc Meetings and Informal Consultations 15
  - The Medical Record 16
- What’s My Role in Employment? 16
- Talking with Team Members and Job Seekers about Work Goals 18
  - Team: Initial Meeting 18
  - Job Seeker: Early Meeting 18
- Introducing IPS to Patients with SCI 19
- Referrals to IPS 19
- Success Stories 20
- 4 BRINGING AN EMPLOYMENT SPECIALIST ON BOARD** **21**
- Finding an Employment Specialist 22
- Hiring and Training 23
- Support and Mentoring 23
  - Hiring Tool 23
  - Training Tools 23
- Key Supports for Successful Practice 24
- Online Resources 24
- Supervision 25

<b>5 SCI AND WORK 101</b>	<b>26</b>
<b>SCI 101 for the Employment Specialist</b>	<b>26</b>
Learning about SCI	26
Learning about the SCI team	27
<i>Members of the SCI IDT</i>	27
<b>Returning to Work with SCI</b>	<b>28</b>
<b>6 IPS SERVICES</b>	<b>32</b>
<b>Overview of IPS Practice</b>	<b>32</b>
<b>Developing a Career Profile</b>	<b>32</b>
Conducting the Career Profile	34
<b>Job Development</b>	<b>35</b>
Reaching Out to Employers	35
Job Seeker Response to Employers	37
Employment Negotiation	37
<b>Benefits Counseling</b>	<b>39</b>
<b>Benefits Information Resources</b>	<b>40</b>
<b>Job Accommodations</b>	<b>41</b>
Accommodation Case Example 1: A Simple Fix	41
Accommodation Case Example 2: Teamwork & Engineering	42
At the Workplace	43
Working from Home	44
Resources	44
<b>Follow-Along Services</b>	<b>45</b>
Team: Follow-Up Post Hiring	45
<b>7 PROGRAM LEADERSHIP: STANDARDS,QUALITY, SUSTAINABILITY</b>	<b>47</b>
<b>Why Invest in IPS for Persons with SCI?</b>	<b>47</b>
IPS Gets People with SCI the Jobs They Want	47
IPS Is a Low-Cost Intervention	48
IPS Improves Care	48
IPS Aligns with CARF Standards	48
<b>Standards for Success—Fidelity Monitoring</b>	<b>49</b>
What Is Fidelity Monitoring?	49
What Is Fidelity Monitoring?	49
How Is a Fidelity Review Conducted?	50
Who Conducts The Fidelity Review?	50
What Is the Impact of Fidelity Monitoring? A Brief Case Example	51
<i>Overall Program Changes</i>	51
<i>A Closer Look: Fidelity Rating Improvement in One Domain</i>	53
How Leadership Supports IPS Fidelity	53
<b>Sustainability</b>	<b>55</b>
<b>Success Leads to Success</b>	<b>56</b>
<b>8 INDEX OF RESOURCES</b>	<b>57</b>
<b>9 FORMS AND TEMPLATES</b>	<b>61</b>
<b>10 CONTRIBUTORS</b>	<b>126</b>
<b>SPECIAL THANKS</b>	<b>128</b>
<b>HOW TO CITE THIS TOOLKIT</b>	<b>129</b>

# INTRODUCTION



“ *Supported Employment has brought a lot of pride to me. I can show my kids, just because I am paralyzed doesn't mean my life ends. It's not about the money obviously, it is about being able to contribute and give something back to this world.* ”

Air Force Veteran with tetraplegia

## WHAT IS INDIVIDUAL PLACEMENT AND SUPPORT?

**Individual Placement and Support (IPS)** refers to the evidence-based practice of **Supported Employment (SE)** that helps people with mental and physical disabilities obtain and maintain competitive integrated employment. When included as an integral part of Spinal Cord Injury (SCI) rehabilitation care, IPS has proven to be the most effective way to help persons with SCI achieve employment and once again make meaningful contributions to their family, community and society.

## TOOLS FOR A WORKING LIFE WITH SCI: INDIVIDUAL PLACEMENT AND SUPPORT (IPS) IN SPINAL CORD INJURY (SCI) TOOLKIT

The purpose of the *IPS in SCI Toolkit* is to enable rehabilitation professionals to adopt IPS services as part of SCI care. As a rehabilitation professional, you help people reach their highest potential for independence, quality of life, and community participation. Many rehabilitation professionals recognize employment is an important goal of rehabilitation, but they rely on referrals to traditional vocational rehabilitation (VR) services that are not specifically designed to meet the employment needs of persons with SCI or are not connected with the rehab team.

***The IPS in SCI Toolkit provides practical, real-world, evidence-based information on the best practices for addressing the vocational gap in SCI rehabilitation.***

## WHO IS THE IPS IN SCI TOOLKIT FOR?

To offer IPS as part of SCI rehabilitation, professionals need a working knowledge of two specialties: SCI care **and** IPS. In most cases, experts in SCI care know little about IPS and employment specialists<sup>1</sup> know little about SCI care. This first toolkit on IPS in SCI is intended to bridge that knowledge gap for both groups. The toolkit also addresses issues of concern to leadership, whose support is essential to make IPS in SCI a reality.

## WHO INFORMED THE TOOLKIT?

Through generous grants from the Craig H. Nielsen Foundation in partnership with the Department of Veterans Affairs (VA), the toolkit was created with input from leading experts in the fields of SCI and IPS SE and from those living and working with SCI. The *IPS in SCI Toolkit* was field tested at a VA SCI Center.



## IS THE TOOLKIT ADAPTABLE TO YOUR SETTING?

Yes. This toolkit provides a starting point for you, and we expect that you will also inform the toolkit by adjusting materials as needed to make them applicable to your local setting.

---

<sup>1</sup> In this toolkit, we use the general term **employment specialist** to refer to persons with specialized training in career counseling and employment issues in the setting of rehabilitation. Official titles for an employment specialist will vary by setting and location and can include titles such as vocational rehabilitation specialist (VRS) and vocational counselor.

# 1 ABOUT IPS IN SCI



“ *My employment specialist was very instrumental in bridging the gap in communication between the employer and myself, for them to understand my accommodations and needs. I am now in a place of employment where I can feel purposeful.* ”

Army Guard Reservist with tetraplegia

## HOW DOES IPS SE DIFFER FROM OTHER VOCATIONAL REHABILITATION PRACTICES?

### Evidence-based

Decades of research on IPS have shown it is more effective than standard VR.

### 8 well-defined principles

Standardized application of IPS principles increases success.

### Integration – A paradigm change for VR in SCI care

- The Employment specialist functions as an integral member of the SCI interdisciplinary team (IDT).
- SCI IDT clinicians work with employment seeker and employment specialist to manage health care to support obtaining and maintaining employment.



Veteran with SCI meets with his interdisciplinary team, including the employment specialist, to discuss job options.

### Fidelity Monitoring

The quality of IPS implementation is monitored with the Fidelity Scale to identify areas for improvement and to prevent drift.



### The IPS Employment Center

Home to the original developers of the IPS model, this is the most comprehensive website for current research, dissemination, training, and consultation on IPS. Includes a library of documents and video resources about IPS.



# THE ESSENTIALS FOR SUCCESS: IPS PRINCIPLES

## The 8 Principles of IPS

---



### **Zero Exclusion**

Persons with SCI who have functional impairments, co-morbid conditions, or psychosocial issues are not excluded from services.



### **Integrated Care**

IPS is an integral part of SCI care. Employment specialists participate in interdisciplinary team meetings.



### **Competitive Employment**

Competitive integrated employment is the goal.



### **Rapid Job Search**

Rapid job search occurs without pre-vocational testing or evaluation.



### **Preferences Are Honored**

The job seeker decides the type of job and how services are provided.



### **Systematic Job Development**

Employment specialists negotiate job opportunities with community employers based on a job seeker's preferences.



### **Benefits Counseling**

Employment specialists help job seekers obtain accurate personalized information about their benefits (Social Security, VA, other entitlements).



### **Follow-Along Supports**

To help ensure success on the job, employment supports are provided for as long as necessary.

# 2 THE EVIDENCE



“ *When I was in the Navy, I developed a strong sense of work ethic, commitment and teamwork. These things helped forge my identity and were lost when I became disabled. Getting back to work after my injury has helped restore these values in my life.* ”

Navy Veteran with tetraplegia

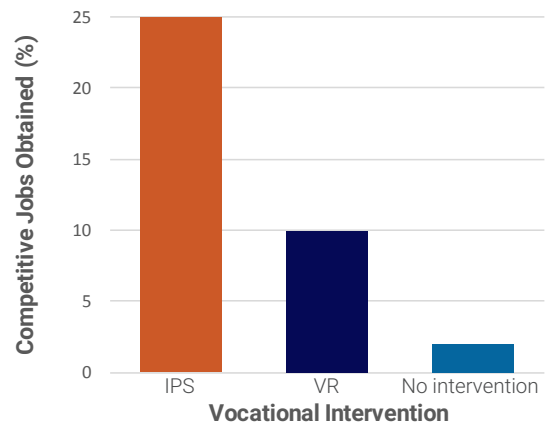
## Individual Placement and Support Works for Persons with SCI



IPS helps job seekers reach their unique employment goals by integrating vocational services with their medical rehabilitation rather than referring them to conventional “one-size-fits-all” vocational rehabilitation (VR).

Results below are from a large multi-center VA-funded randomized clinical trial of 201 Veterans with SCI treated in the VA SCI System of Care.

IPS is  
**2.5 TIMES**  
more effective in helping  
Persons with SCI obtain  
competitive employment than  
Conventional VR.



Source: Ottomanelli L, Goetz LL, Suris A, McGeough C, Sinnott P, Toscano R, Barnett S, Ciper DJ, Lind LM, Dixon T, Holmes AS, Kerrigan A, Thomas F. The effectiveness of supported employment for Veterans with spinal cord injuries: Results from a randomized multi-site study. Arch Phys Med Rehabil. 2012 May; 93(5):740-747

“ The strongest evidence comes from a randomized trial of a SE intervention compared with conventional vocational rehabilitation. . . This highlights the positive impact that established vocational rehabilitation programs can have if they are adequately promoted and utilized, in addition to added benefit from greater integration and personalization of services.”

Source: Trenaman LM, Miller WC, Escorpizo R. Interventions for improving employment outcomes among individuals with spinal cord injury: A systematic review. Spinal Cord. 2014 Nov;52(11):788–794.

“ Only one high-quality RCT based on the principles of supported employment and conducted recently in the United States confirmed that a vocational intervention results in an improved employment rate for people with SCI at two points in time.”

Source: Roels EH, Aertgeerts B, Ramaekers D, Peers K. Hospital- and community-based interventions enhancing (re)employment for people with spinal cord injury: a systematic review. Spinal Cord. 2016 Jan;54(1):2–7.

## Individual Placement and Support Improves Employment and Quality of Life for People with SCI



Photo Credit: Tampa Bay Times

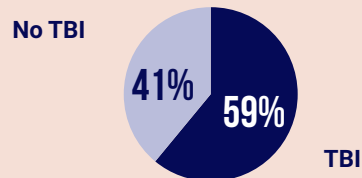
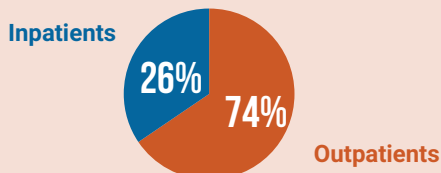
### STUDY DESIGN

Single-arm longitudinal study of 213 unemployed adults with SCI treated in the VA SCI System of Care. All received IPS delivered in the SCI Center as part of interdisciplinary Rehabilitation Care.

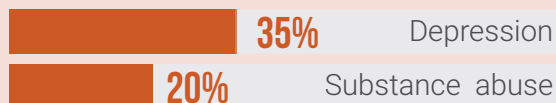
### PARTICIPANTS

47%  
Paraplegia

53%  
Tetraplegia



#### Most Common Mental Health Diagnoses



### OUTCOMES

#### Employment Rates



#### Improvements

#### Measures

Employed Veterans

#### Interviews

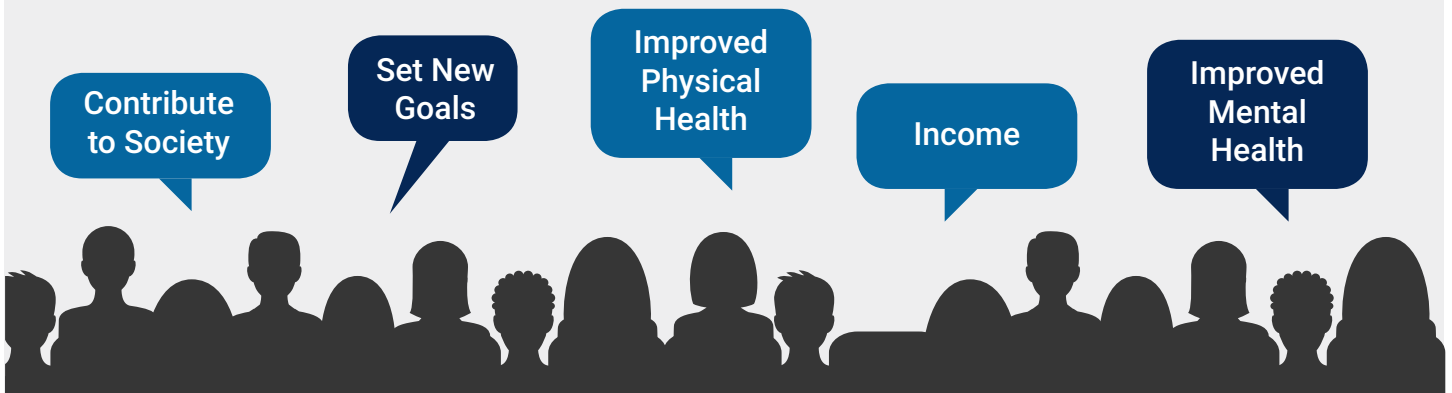
All IPS Participants

Health-Related Quality of Life  
Life Satisfaction  
Life Roles

Quality of Life  
Productivity  
Well-being

Sources: Ottomanelli L, Goetz LL, Barnett SD, Njoh EN, Dixon T, Holmes AS, LePage J, Ota D, Sabharwal S, White K. Individual placement and support in spinal cord injury: a longitudinal observational study of employment outcomes. Arch Phys Med Rehabil. 2017 Aug;98(8):1567-1575. Cotner BA, O'Connor DR, Njoh EN, Barnett SD, Ottomanelli L. Quality of life outcomes for Veterans with spinal cord injury receiving individual placement and support (IPS). Top Spinal Cord Inj Rehabil. 2018 Fall; 24(4):325-335

## Top 5 Benefits of Employment According to Participants with SCI



Source: Cotner BA, Ottomanelli L, O'Connor DR, Njoh EN, Barnett SD, Miech EJ. Quality of life outcomes for veterans with spinal cord injury receiving individual placement and support (IPS). *Top Spinal Cord Rehabil.* 2018 Fall; 24(4):325-335.

## ADDITIONAL RESEARCH ARTICLES



*General IPS Reference List: 1991-2020*



*IPS in SCI Reference List: 2007-2019*

## Job Seeker's Preferences Honored in Job Development



“ *I enjoy being around people and helping them adds to the enjoyment. I wanted to get out and not stay home all day. Speaking with everyone during the IPS process helped me recognize my capabilities.*

*This job allows me to get out and meet with people. ... Working helps my mood. I wish I could work all the time.*

- Army Veteran with SCI

Anthony, an Army Veteran in his 50s, sustained an SCI during a motor vehicle accident when he was in his 20s. He spent the next 23 years out of work and undergoing rehabilitation as well as focusing on his family, which included caring for his mother, who had cancer.

Anthony enrolled in IPS through his VA hospital. He told his employment specialist he wanted to work around people, preferably in one of his favorite settings: a sports environment. Prioritizing Anthony's preference, his employment specialist secured a meeting with the General Manager of the local minor-league baseball team, during which the manager also gave him a tour of the facility. During their meeting, the employment specialist told the manager about Anthony's talents and interests. The manager, who was also a Veteran, wanted to meet Anthony and, even before meeting him, said, "This is going to be a good match." Indeed, at the end of Anthony's interview, the manager immediately offered him a position as an usher. Anthony's duties would include showing patrons to their seats and managing the crowds.

Anthony told his employment specialist, "You know, this is my first job since I was in the Army and I'm not nervous. I'm looking forward to it." Anthony was especially excited about the job offer because he believed having a job would help make his son proud of him. Anthony even borrowed a video camera from a neighbor just so he could record the expression on his son's face when he heard the good news. The manager encouraged Anthony to bring his son to the games.

Anthony has worked every baseball season at the stadium since he began his job. Two years after beginning his job, his son became a bat boy at the ballpark, which further increased Anthony's love of the job. When he later expressed a desire to his employment specialist for additional work, Anthony made it clear that the additional employment would have to be during the off-season, so as not to interfere with his stadium job.

# 3 INTEGRATING VOCATIONAL AND MEDICAL REHABILITATION



**“ I see my role in IPS as having a partnership between me and the employment specialist. I have more access to veterans and their homes. I will remember not to overlook employment or dismiss employment due to barriers, and link vets to the employment specialist.**

***In an outpatient setting, employment gets overlooked, assuming “work isn’t an option for you.” IPS is a new way to handle it.***

Social Worker, SCI Home Care Program

Integration is the cornerstone of IPS. The more integrated IPS becomes in the rehabilitation setting the more successful the program is in achieving employment outcomes and improving health and well-being. Integration takes effort, especially at the beginning of IPS implementation. This means strategically thinking about where and how the employment specialist and the team interact to address employment goals.

This section includes information on:

- How teams join together
- Team members roles
- Videos illustrating IPS team and patient meetings
- Information on introducing and referring patients to IPS
- A tool to create and share success stories from your program

***Integration of vocational and clinical services requires everyone with primary responsibility for care to consider employment an integral part of SCI rehabilitation.***

## HOW AND WHERE DO WE JOIN TOGETHER TO ADDRESS EMPLOYMENT?

The employment specialist is an integral member of the SCI IDT and thus shares information, decision making, and coordination of care with the team. The employment specialist:

- Participates actively with team members to coordinate care to achieve employment goals.
- Enlists the help of team members to address medical and psychosocial issues impacting employment, for example, bowel and bladder management routines within work schedules, effects of pain medication on performance at work, and strategies for handling depression or anxiety on return to work.

The following downloadable PowerPoint template slides can be used with your team to promote integration:



***Vocational and Clinical Integration: Maximizing Our Potential for Collaboration.*** What integration is and is not, and helpful hints on how to achieve it.



***Integrating IPS Supported Employment (IPS SE) into SCI Treatment and Rehabilitation.*** Following the supported employment model achieves maximum employment outcomes. Describes the role of the employment specialist (or vocational rehabilitation specialist [VRS]) on the team and offers practice examples.

Below are descriptions of the many ways that the employment specialist serves as a member of the IDT and communicates with the team and team members..

### INTERDISCIPLINARY TEAM MEETINGS

At IDT meetings, healthcare team members participate in vocational planning with the employment specialist. Together, with the patient, they discuss the patient's employment goal and work to optimize the patient's health to facilitate that goal.

Both of the following tools can be used as part of SCI IDT meetings and are designed to focus the team on vocational issues:



***Form: Interdisciplinary Staffing Form***



***Form: Vocational Treatment Plan***

### AD HOC MEETINGS AND INFORMAL CONSULTATIONS

Sometimes issues related to a change in a patient's health or life circumstance cannot wait until the regularly scheduled meeting; thus, rehabilitation professionals are accustomed to being called on to address issues as needed. When a specific concern needs to be addressed as soon as possible, informal consultation with team members outside of meetings or at scheduled ad-hoc meetings is highly recommended.

## THE MEDICAL RECORD

Most rehabilitation settings use some form of electronic health record (EHR). The EHR includes a wealth of information relevant to employment-seeking such as notes on the patient’s health, physical therapy sessions, medication lists, and discharge plans.

- Most EHR systems have a co-signing feature by which team members can alert each other to important changes.
- Co-signing treatment notes is often an efficient means of communicating among team members outside of face-to-face meetings.



Check out this comprehensive guide about integrating IPS into SCI care within the VA SCI System of Care:



*IPS Supported Employment in SCI: Implementation Guide from the Predictive Model Over Time to Employment (PrOMOTE) Project*

## WHAT’S MY ROLE IN EMPLOYMENT?

Examples of IPS Activities of the SCI Interdisciplinary Care Team (IDT)							
IPS Activities	IDT Member						
	Person with SCI	Physician	Nurse	Psychologist	Therapist (PT, OT, KT)	Social Worker	Employment Specialist
Share job preferences, set goals, and determine action steps	✓						
Encourage vocational goals		✓	✓	✓	✓	✓	✓
Assess employment interests and preferences, conduct job development, report to team and solicit feedback, suggest job supports							✓
Monitor physical status and functioning; advise on how functioning affects employment	✓	✓	✓		✓		✓
Manage healthcare needs for optimal participation in workplace	✓	✓	✓				
Develop strategies for addressing mental health for success in the workplace				✓		✓	
Evaluate worksite for accommodation needs/equipment	✓				✓		✓



## Success Story – Integrated Care



A young Army Veteran was serving during the Persian Gulf War when he was shot and sustained a T1 ASIA A SCI. After rehabilitation, he lived with his mother and considered going to college. He enjoyed wheelchair rugby and adaptive scuba diving. He also had extensive knowledge about guns and weapons safety. His vocational goal was to teach weapons safety or to work in a retail gun store.

Job development conducted by the employment specialist included employer contacts with gun stores in the Veteran's area. However, the Veteran had a pattern of being in and out of contact with his employment specialist. When the Veteran began training for tryouts for the national wheelchair rugby team, he completely stopped returning calls or responding to the employment specialist's community visits. **By collaborating with the physical therapist (PT), who was helping the Veteran prepare for the rugby tryouts, the employment specialist learned more about the Veteran's focus on the tryouts. During this time, the PT acted as liaison between the two and encouraged the Veteran to remain in touch with his employment specialist.**

When the Veteran did not make the rugby team, he took a more active role in his

job search. Securing an interview with one of the employers the employment specialist had previously visited, the Veteran requested the employment specialist advocate with the employer on his behalf. The Veteran was ultimately offered and accepted a sales position at a retail gun store and range – the first civilian job he ever had.

After being on the job for a few months, the Veteran experienced interpersonal problems with coworkers, and his manager called the employment specialist to discuss. **She, in turn, went to the Veteran and his psychologist, who addressed the incidents as learning opportunities for the Veteran. He had not previously worked outside the military, so the sessions with the employment specialist and psychologist helped him to think about the expectations of different environments, and he was able to consider appropriate options for responding to coworkers when certain topics arose. During the sessions, it was discovered that the Veteran also had some anxiety, and coping strategies were developed for use at work.** These actions led to the Veteran keeping his job, and his employer was pleased with the positive changes in the Veteran's ability to interact with coworkers.

## TALKING WITH TEAM MEMBERS AND JOB SEEKERS ABOUT WORK GOALS

As with other areas of life impacted by SCI, setting work goals, formulating treatment plans to start or resume work after SCI, and addressing employment disruptions need to be discussed by the team to share pertinent information, knowledge, and resources. As a team member, the employment specialist communicates with patients as well as knowledgeable team members so together the team can identify employment barriers and can design supports to overcome them. The role-playing videos below and on later pages illustrate these types of conversations.

### TEAM: INITIAL MEETING



#### *Introductory Clinical Team Meeting*

---

An interdisciplinary team works together to prepare to assist a person with SCI to participate in IPS.

### JOB SEEKER: EARLY MEETING



#### *Veteran Planning Meeting*

---

An IPS specialist and a person with SCI discuss employment options and what is possible within the constraints of the

## INTRODUCING IPS TO PATIENTS WITH SCI

---

“ *I had felt that I would never return to being employed. Returning to work and interacting with various people has been so rewarding to me. My life has been so much more productive since I returned to work.*

— Navy Veteran with complete paraplegia employed as a Human Resources Assistant with the Department of Veterans Affairs

---

The increased use of IPS in SCI creates awareness of the importance of work and opens the door for providers to talk with patients about what a working life with SCI would entail.

### **Ask Early and Often About Work**

Introduce the topic of work early in rehabilitation to set expectations for a positive outcome. A good place to begin is by asking about patients' interests and strengths. In the outpatient setting, routinely ask patients with SCI about work, problem solve any work barriers, and make referrals to IPS.

### **Starting the Conversation**

For some providers, starting the conversation sounds something like this:

*“Have you ever thought about going to work?”*

*“Many people with SCI find that they can work after SCI with appropriate supports.”*

*“Individual placement and support is a vocational program that helps people with disabilities overcome barriers to employment and find work that is meaningful for them. Would you like to learn more about this option?”*

Keep printed information about the IPS in SCI program available to handout to patients and to distribute in clinic waiting areas. If you don't already have an SCI specific brochure, you may want to create one or adapt the following template:



**Brochure Template – IPS in SCI Program** (Microsoft Publisher file)

## REFERRALS TO IPS

Given that the referral process differs by organization, contact the vocational rehabilitation (VR) department in your facility for information on referring patients for IPS services. If there is no VR department at your facility, contact a state VR office.



**State Vocational Rehabilitation Agencies**

**If your patient is a veteran:** Refer veterans to the local VA hospital or clinic for IPS services through Compensated Work Therapy (CWT) programs:



### ***Compensated Work Therapy, Veterans Health Administration***

This website has a list of CWT program sites and contact information as well as general information about CWT programs.

## **SUCCESS STORIES**

Sharing outcomes through success stories propels implementation of IPS in several ways:

- Team members receive feedback about their roles in addressing employment as a critical aspect of rehabilitation – feedback that is positive and observable and, thus, powerful.
- Stories about creative solutions forged in the process of overcoming obstacles help to further employment discussions and reveal that there are many possibilities for persons with SCI.
- From VA studies of IPS in SCI, success stories:
  - Proved to be the best strategy for addressing ambivalence about IPS.
  - Served as a very powerful tool for illustrating the benefits of IPS.
  - Increased general support for IPS when the stories were disseminated through media such as Facebook, newsletters, and local newspapers.

The following template for building a success story may be helpful:



### ***Success Story Template***

# 4 BRINGING AN EMPLOYMENT SPECIALIST ON BOARD



“The employment specialist continues to be the person who has the best interface with leadership and human resources, with the other team members, as well as the veterans. I would say she’s the glue.”

Medical Director, Outpatient SCI Rehab Program

The employment specialist works collaboratively with the interdisciplinary team (IDT) to facilitate meaningful employment for persons with SCI. A major responsibility of the employment specialist is navigating the job market and negotiating with employers to match job seekers with SCI to their preferred type of work.

## Employment Specialist Support Valued by Job Seekers with SCI



### COMMUNICATION

“The employment specialist calls and follows up with me, Asks me how I’m doing. What can I do, what can he do to help. He motivates me too.”



### COLLABORATION

“The employment specialist has been real helpful and open minded and bouncing ideas off of me on different aspects of employment.”



### PERSONALIZATION

“The employment specialist is very thorough and very informed as far as my case because she knows me and she knows the situation.”

## FINDING AN EMPLOYMENT SPECIALIST

SCI is a relatively new population for the practice of IPS. Hence, finding an employment specialist who has experience in both IPS and SCI may be challenging. One approach is to prioritize identifying or hiring an employment specialist with IPS experience and train them in SCI issues with the guidance of the SCI IDT members.

When looking for an effective employment specialist, personal style and beliefs about disability and work are as important as credentials. Experts suggest looking for someone with these characteristics:

### *Optimistic Attitude*

- Believes work is possible for all people.
- Sees competitive integrated employment as an achievable goal.

### *Marketing Orientation*

- Works comfortably with employers in the community.
- Adjusts to rapidly changing circumstances.
- Demonstrates assertive confidence and skillful persuasion in negotiating jobs.

### *Motivational Style*

- Elicits personal information from patients to learn about their skills, experiences, and preferred career goals. Uses this knowledge to formulate a strategy that motivates patients to achieve their employment goals (i.e., dream jobs) and to maintain successful employment.

### *Cultural Competency*

- Has breadth of experience, both personal and professional, in working with various cultures and diverse groups of people.

### *Community Networking*

- Embraces work in the community. Enjoys meeting people in their homes and communities to advocate for and support them as they enter the workforce. For example, mobilizes social support networks to aid in career planning, job development, and job maintenance.

## HIRING AND TRAINING

If your facility already has a vocational rehabilitation program, determine whether an existing employment specialist has time to provide IPS to patients with SCI. If not, you may need to hire an employment specialist specifically for SCI.

### HIRING TOOL



#### **Template: Interview Questions**

Initial Face-to-Face Interview and Follow-up Phone Interview

This is the performance-based interviewing form used by a large-scale VA study to hire employment specialists for the VA PrOMOTE study. Questions were designed to:

- Screen for IPS related knowledge and experience.
- Assess knowledge, skills, and abilities to:
  - Work with persons with disabilities.
  - Provide employment services in the community.

### TRAINING TOOLS



#### **IPS Practitioner Skills Online**

Available at the IPS Employment Center website, this highly recommended interactive, 12-week, module-based course teaches IPS fundamentals and builds skills in job development. It consists of print and video exercises and has a moderated discussion board.



#### **Initial Training Checklist for an IPS Employment Specialist**

This checklist is an example; it was developed for use in the VA PrOMOTE study.

## SUPPORT AND MENTORING



***So I think on the front end, the employment specialists really need to be part of the team, even if they're not technically at every team meeting, but just having everything integrated into policies and procedures that includes them is necessary.***

– SCI Physician Executive

## KEY SUPPORTS FOR SUCCESSFUL PRACTICE

### **Leadership support**

Top-down leadership and informal team leaders can connect the employment specialist with the IDT and serve as a champion for vocational issues on the SCI unit.

### **Mentorship**

A more experienced employment specialist or trainer can provide technical assistance in applying IPS. This mentorship could come from a direct supervisor or a regional field mentor or national expert.

### **Practical resources and equipment**

The employment specialist needs space within the SCI unit to meet privately with job seekers. A designated office is ideal but shared space can work as well. The employment specialist also needs resources to use out in the community for job development such as cell phones, laptops, and work-related transportation.

### **Professional connections**

A strong linkage with local vocational providers and national programs strengthens both clinical skills and job development opportunities.

### **TIP**

Partnering up with a more experienced job developer in the community improves IPS skills.

## ONLINE RESOURCES



### **Compensated Work Therapy, Veterans Health Administration**

This website has a list of Compensated Work Therapy (CWT) program sites and contact information as well as general information about CWT programs.



### **International IPS Learning Community**



### **State Vocational Rehabilitation Agencies**

This web page lists websites and phone numbers for the State vocational agencies of every state and the U.S. Territories.



### **Department of Labor Disability and Employment Online**



## SUPERVISION

If you are responsible for supervising an employment specialist, you may want to check out these additional tools:



### ***IPS Supervisor Skills Course***

This module-based course at the IPS Employment Center website includes active learning assignments and interaction with instructors to enhance knowledge and skills in supervising IPS practitioners.



### ***Evidence-Based Practice in Supported Employment***

This downloadable PDF document has resources appropriate for those who supervise staff working directly with IPS program participant.



### ***The IPS Employment Center IPS Leadership Training***

Conducted on-site at the Center, *this intensive and interactive training is for IPS trainers and agency leaders with oversight for IPS programs.* Attendees also include state, regional, and national leaders who oversee IPS implementation and quality improvement.

# 5 SCI AND WORK 101



## SCI 101 FOR THE EMPLOYMENT SPECIALIST

---

“ *For return to work to succeed over time despite the complexity of SCI, a proactive, preventive health strategy is needed that addresses medical challenges through continuous interdisciplinary collaboration between persons with SCI and their healthcare team.*

*A care plan must be developed that is flexible and responsive to evolving needs while the person seeks, gains, and maintains employment*

— Editorial by SCI Experts  
(Click to see the full editorial.)

---

### LEARNING ABOUT SCI

Since SCI affects all aspects of life, the employment specialist needs a broad understanding of how SCI impacts daily life and employment. For example:

- Extended time sitting in a chair is a risk for pressure wounds and treatment could require bed rest or prolonged work absence.
- Medications prescribed for pain or spasms can cause sedation at work.
- Routines for dressing, bathing, and toileting may affect work schedules.

A good place to start learning the basics about SCI are consumer fact sheets and guides. Your facility patient educator may be a good point of contact and widely available online resources can be helpful.



#### ***Living with SCI***

SCI Model Systems Knowledge Translation Center factsheets present information on understanding SCI, the body before and after injury, and recovery and rehabilitation.



#### ***Yes, You Can! A Guide to Self-Care for Persons with Spinal Cord Injury***

A consumer guide addressing all areas of SCI, including self-care, bowel and bladder issues, pain management, substance abuse, adaptive equipment, and staying healthy. Written by SCI experts and published by the Paralyzed Veterans of America, the information is geared toward people who are new to SCI and serves as a lifetime reference, both for people with SCI and for those who live and work with them.

## LEARNING ABOUT THE SCI TEAM

The good news about practicing IPS in SCI is that you will be working with an existing interdisciplinary team (IDT), which consists of a variety of professionals who are highly skilled and knowledgeable about solving issues that face persons with SCI. You will want to get to know your team members—their work patterns and their roles—as you collaborate on the common goal of helping people reach their full potential through employment.

### MEMBERS OF THE SCI IDT



#### **Rehabilitation physician**

Often the team leader who manages all aspects of patients' SCI care and has the primary responsibility for coordination of the rehabilitation treatment plan of care.



#### **Rehabilitation nurse**

Responsible for day-to-day care and management. Teaches and reinforces functional skills and daily routines for managing SCI and for staying healthy, such as positioning, bladder care, and diet.



#### **Occupational therapist**

Focuses on activities of daily living such as dressing, eating, and grooming. Expert on strategies and environmental adaptations and accommodations to facilitate participation in usual roles.



#### **Physical therapist**

Focuses on bodily movement and posture. Expert on exercises and techniques to improve strength and stamina and to maximize physical functioning.



#### **Psychologist**

Assesses and treats cognitive, emotional, and behavioral issues associated with SCI. Provides psychological interventions and strategies to help patients and families adjust to life with SCI.



#### **Social worker**

Focuses on social support systems and resources. Works with patients, caregivers, and family members to find an appropriate discharge plan as patients transition from rehabilitation to the community.



#### **Recreation therapist**

Focuses on community reintegration, sports, and leisure activities. Helps patients get back to their preferred activities, hobbies, and interests or to discover new ones after SCI.



#### **Other professionals**

Teams vary in size and composition. Some teams may include other professionals such as chaplain, dietician, orthotist, prosthetist, rehabilitation engineer, respiratory therapist, or speech and language therapist.



### TIPS FOR GETTING TO KNOW YOUR TEAM!

- **Rounds** – Make frequent rounds on the SCI unit to get to know clinicians individually.
- **Shadowing** – Spend a day shadowing team members from each discipline for a closer look at what each one does.

## RETURNING TO WORK WITH SCI

Working with SCI requires careful attention to managing common SCI-related conditions. Often there is a reciprocal relationship between managing SCI and employment. That is, a goal of returning to work can motivate the patient to learn and adopt healthy self-care routines. In turn, staying healthy and out of the hospital maximizes their ability to participate in work and other activities.

The table below highlights medical concerns that may occur in a work situation, and work-related issues that merit consideration or intervention from the IDT, caregivers, or others.

## Conditions Typical with Spinal Cord Injury (SCI) That May Affect Return to Work

Additional details about various conditions are available at [this link](#).

Condition	Concerns	Work-Related Issues
<b>Medical</b>		
Autonomic dysreflexia	Sudden and insidious onset that can resemble anxiety Treatment: Immediate correction of underlying cause, most often bladder related; if this fails, use nitroglycerin 2% paste	Detection requires high level of suspicion Educate employee, co-workers, and employer
Bladder, neurogenic (loss of voluntary control)	Bladder emptying or storage; urinary catheterization helpful Increased risk of urinary tract infection (UTI) and skin trauma from catheters	Without developing and following a bladder management plan, UTI may result in frequent sick leave. Caregiver assistance at work may be needed
Bowel, neurogenic	Bowel care routine of less than 2 hr required to prevent hemorrhoids Colostomy may be best solution for some and may lead to higher satisfaction with bowel management	Work schedule must accommodate bowel care schedule. Caregiver assistance at work may be needed Prolonged sitting contributes to hemorrhoids
Heterotopic ossification	Impairs range of motion Increases risk of pressure ulcers	Specialized seating may be required
Pressure ulcers (PrUs)	Most frequent medical complication after SCI; often recurrent Prevention critical -- protect skin from moisture, friction, and pressure Recovery requires often lengthy conservative or surgical care	Work may reduce risk of PrUs by improving health behavior Prevent with frequent rest breaks, pressure relief, and sometimes standing wheel chair Prolonged recovery and recurrence affect job retention
<b>Neuromusculoskeletal</b>		
Extremity impairment, lower	Even if walking is possible, impaired gait and balance may create risks Fall assessment required	Fall-proofing can increase personal safety and confidence For jobs requiring lower extremity function, functional capacity evaluation may be useful
Extremity impairment, upper	Impairment occurs from weakness, flaccidity, spasticity, and contractures Treatments include orthotics, reconstructive surgery, and functional electrical stimulation Shoulder problems can result from overuse	Ergonomic workplace design can increase accessibility and decrease the risk of complications Education helps prevent overuse
Fractures	Even minor stress on bones below the level of SCI can cause fractures Leg fracture usually treated with leg elevation and extension and bivalved cast or padded brace	Educate employee, co-workers, and employer about risks of fractures Detection requires high level of suspicion
Osteoporosis	No proven prevention or treatment Further increases risk of fractures	Educate employee, co-workers, and employer about risks of fractures
Spasticity	Spasticity may support standing/pivoting; must be treated only when it impairs function or causes pain or other complications Treatment and prevention include: <ul style="list-style-type: none"> <li>• Physical therapy and gentle stretching</li> <li>• Equipment, including standing wheelchair</li> <li>• Medications</li> </ul>	Prefer medications less likely to affect cognition Long periods of stillness can exacerbate spasticity; with prolonged inactivity, scheduled breaks for gentle stretching

Condition	Concerns	Work-Related Issues
<b>Neuropsychological</b>		
Depression	Is underdiagnosed and under-reported Psychotherapy combined with medication may be more effective than medication alone Include vocational services in treatment strategy	Work can mitigate depression Associated with decreased workplace productivity and increased absence Can be mistaken for lack of motivation
Dual diagnosis traumatic brain injury (TBI) and SCI	Dual diagnosis of SCI/TBI is associated with greater cognitive impairment and emotional distress and less functional gain than SCI alone Include neuropsychological evaluation in vocational planning Effects of TBI may manifest only when challenges occur, such as seeking employment	As severity of TBI increases, likelihood of successful return to work decreases Screen for co-occurring TBI/SCI in vocational candidates Supported employment is proving effective
Pain	Goal of treatment is maximum benefit with minimal adverse reactions Improving activity and quality of life may be more realistic than eliminating pain	Pain interferes with vocational goals Medication can affect work productivity and safety

This table is reprinted from the article listed immediately below (Optimizing Medical Care).



### ***Optimizing Medical Care to Facilitate and Sustain Employment after Spinal Cord Injury.***

This article details the medical issues that must be considered when persons with SCI return to work and how to prevent problems and complications to assure successful employment.



### ***Issues and Interventions for Work Force Participation after Spinal Cord Injury.***

This book chapter for health care providers discusses physical, neurologic, psychological, and functional outcomes of SCI in the context of vocational rehabilitation integrated into medical care.

## Success Story – Team Supports on First Job



“ *This is the coolest job ever. I’m so happy I get to help people.* ”

Veteran with C4 ASIA A SCI employed as a rehabilitation consultant and a peer mentor.

A 64-year old Veteran was married and lived at home with his wife and 12-year-old daughter. He sustained a C6 ASIA D SCI in 1967 from a fall during active duty in Germany. His vocational objective was to help other Veterans. **The employment specialist had to take several medical and mental health issues into account during the Veteran’s job search, including recent total knee replacement surgery, depression, and post-traumatic stress disorder (PTSD).**

The treatment team was comprised of the Veteran’s primary physician, psychologist, and physical therapist, who provided aqua therapy. The employment specialist had to make special efforts to collaborate with the psychologist who was not located on the same campus as the SCI Center.

It wasn’t long before a job offer as a Peer Specialist in the VA was extended to the Veteran. He accepted this full-time position, conducting outreach to homeless Veterans experiencing substance abuse problems.

Soon, it was clear that a full-time schedule interfered with the Veteran’s aqua therapy, which was integral to his pain management. **With the assistance of the team, the employment specialist proposed to the**

**employer a schedule modification that would allow the Veteran to start work later twice per week, so he could attend therapy. It was also arranged with the physical therapist that he do the therapy at the VA medical centerpool where he worked, rather than at his “home” VA medical center.**

The Veteran was also experiencing greater fatigue related to crossing the VA campus multiple times per day. **Again, with the team’s assistance, the employment specialist drafted a proposal to the Reasonable Accommodations Committee on behalf of the Veteran to request a modified 3-wheel cycle the Veteran could use to travel underground tunnels between campus buildings.**

As time passed, the Veteran began experiencing exacerbation of his PTSD symptoms, which made it increasingly difficult to maintain personal boundaries as he helped other Veterans. **The psychologist and employment specialist worked together with him to create a plan for strengthening boundaries, and for relaxation exercises he would do at the end of the work day and at bedtime.** While these strategies did lead to an improvement in the short term, the Veteran ultimately decided to leave the position. His employment specialist moved forward with a new job search.

# 6 IPS SERVICES



---

“ *I don't know how she did it, but she knew that I liked working with my hands . . . and designing stuff.* ”

— Employed Veteran with SCI

---

## OVERVIEW OF IPS PRACTICE

While IPS is a team effort, the employment specialist, who provides and coordinates IPS services, is a keystone, directly responsible for ushering a caseload of job seekers with SCI into successful employment. Each job seeker has unique employment preferences and challenges, which require the employment specialist to engage in a wide variety of activities, provide a wide variety of services, mediate among diverse people, and find creative solutions to obstacles great and small.

Services are provided continuously over time and range from developing or finding a job through providing support services after employment. After employment, services can range from mediating between clinical team and supervisor to finding the best schedule for both work hours and care appointments and arranging psychological support for the employee with SCI if co-worker issues arise.

While the employment specialist is the keystone, IPS principles are the keys. The first two IPS principles to be applied in every case are **zero exclusion** and **rapid job search**: The job search is not terminated or delayed, for example, by obstacles such as extreme paralysis or substance use or by prevocational activities such as training. Instead, as soon as possible, the employment specialist begins to explore and elicit the job preferences of the job seeker with SCI.

## DEVELOPING A CAREER PROFILE

One of the IPS activities that sets it apart from traditional vocational services is the Career Profile. It is an ongoing process that elicits as much information as possible about the interests, capabilities, and work preferences of a job seeker with SCI.



# THE CAREER PROFILE

## IS NOT

- Completed in one meeting.
- A test or questionnaire.
- Used to determine IPS eligibility.

## IS

Continuously obtaining information to help with job development and with obtaining and maintaining employment and involves:

- **Meeting regularly with the job seeker** – in settings where they are comfortable, including the home or places in the community.
- **Gathering information at each meeting about the likes and dislikes of the job seeker with SCI** – daily routines, hobbies and interests, favorite places to go, care management, significant others, military and professional background, education and training, aspirations for work, and anxieties and concerns.
- **Gathering information from varied sources**
  - Other treatment team members.
  - The medical record.
  - With permission of the job seeker, from family members and significant others.
- **Regular updates** – throughout the time that IPS services are offered, even after employment is obtained, because both circumstances and interests of the job seeker or employee with SCI can change over time.

**Examples of Career Profile forms** that can be downloaded and adapted for use in your IPS program:



### **Career Profile: General**

This form is available from the IPS Employment Center.



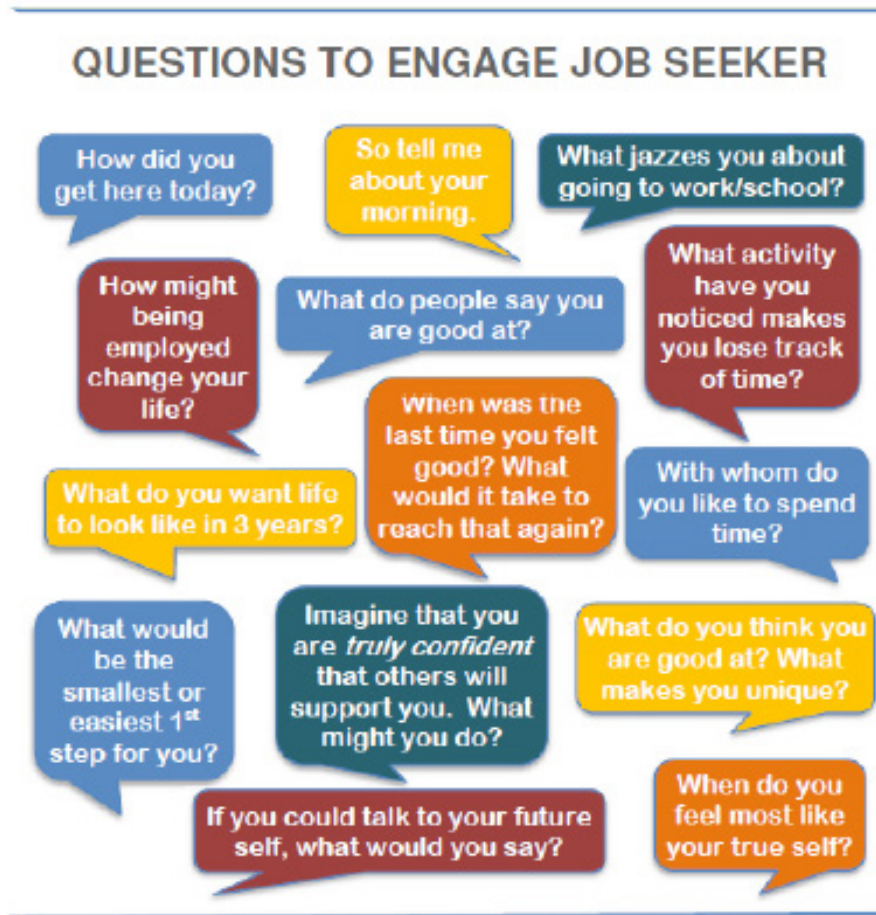
### **Career Profile: SCI-Specific**

This form was developed for use with veterans with SCI.

## CONDUCTING THE CAREER PROFILE

Good clinical interviewing skills are used to engage the job seeker in the process of completing a useful Career Profile. Helpful interviewing techniques including using:

- Conversational style
- Motivational interviewing
- Active listening
- Open-ended questions



Excerpt from the IPS Employment Center Career Profile Tip Sheet



### ***Career Profile Tip Sheet***

Helpful details on how to conduct a useful Career Profile from the IPS Employment Center.



## Career Profile at the VA

The Career Profile requires strong clinical and interview skills to obtain the most relevant and helpful information about the preferences and constraints of each job seeker with SCI. At the VA, the Career Profile is called the Vocational Assessment Profile.

## JOB DEVELOPMENT

The IPS method of developing structured relationships with employers requires:

- Investing time in getting to know an employer and the business.
- Demonstrating genuine interest in the employer's perspective, plans, and needs.
- Returning to the same employer several times to determine if a good employment match can be made or not.

Specific employers are targeted based on the preferences of the job seeker with SCI for the type of job, industry, and work environment as identified from the Career Profile. This approach is distinct from the traditional approach of meeting with employers to ask if they will hire a person without having information about whether the job would be a good fit.

Although general networking and business community connections are always helpful, employer contacts are specific to each job seeker with SCI. IPS is not about plugging people into positions already available in the job market, but rather intentionally matching persons with SCI to specific jobs to facilitate success for both employee and employer.



### **IPS Employment Center Job Development Video**

Among the collection of videos at this link, one video focuses on job development (scroll down or search "job development"). Actual employment specialists are shown working with job seekers and employers in the process of investigating and negotiating employment opportunities.

## REACHING OUT TO EMPLOYERS

In IPS, **systematic job development** entails progressive meetings with employers to strategically learn about opportunities for job matching, for example:

Initial, brief face-to-face contact to ask questions about the business to determine if it might be a good fit for an IPS participant. A good outcome is agreeing to meet again for second visit.

- Ask to meet with the hiring managers to learn more about their business needs.
- Ask for a tour of the business to learn more about the business functions.

**For example:** *“I’d like to take some time to consider what I’ve learned today. If I have additional questions, may I stop by again next week?”*

Follow up meeting(s) to gather information about the business itself would involve guided conversation to generate employer interest and trust and to put the employer at ease and eliminate concern that the employment specialist will require a commitment.

- Ask to bring a job seeker by for an informational meeting about the business.

**For example:** *“If I think about someone who might be a good fit for your business, would you mind if I came back to let you know a little about them?”*

Once a positive connection with an employer of interest is established, a proposal can be presented to the employer.

- Ask to bring a job seeker by for an interview

**For example:** *“I have someone who has an interest in your business and would like to know a little more about what you do. May I bring the person by for a tour of your business?”*

### Topics to explore with employers:

- The employer’s connection to the business.
- Workplace culture and layout of workspaces, preferably including a tour of the business.
- Current and anticipated needs and any other information that indicates a potential job match.

Although the job development process is structured, interactions that occur at each meeting seldom are. Establishing a connection with an employer can sometimes be difficult – some employers are not open and some are apprehensive, ambivalent, or doubtful. In these situations, for additional guidance, return to the resources in this toolkit and seek a creative solution.



### Employer Contact Questions

Helpful questions to ask employers to facilitate job matching.

## TIPS FOR SUCCESSFUL EMPLOYER CONTACTS

Focus on identifying what resonates with the employer to build a relationship, for example:

- Common interests such as sports, cars, or other hobbies.
- Personal connections to the job seekers' life experiences
  - The employer may have family members with a disability.
  - If the job seeker is a Veteran, the employer may be a Veteran or may have family members with military experience.

## JOB SEEKER RESPONSE TO EMPLOYERS

When sharing a potential job opportunity with a job seeker with SCI, notice the following:

- *How does the job seeker react to an offer to meet with the employer?*
- *Does the job seeker get noticeably excited or light up?*
- *Does the job seeker express any concerns?*
- *Does the participant have any thoughts about the potential work or employer?*

When meeting an employer and touring the workplace:

- *How does the job seeker present?*
- *What is the comfort level of the job seeker in talking with a potential employer?*
- *Does the job seeker seem comfortable in the work site?*
- *How does the job seeker with SCI navigate in the environment—is it physically accessible? If not, how does the job seeker react to ideas for possible accommodations?*

## EMPLOYMENT NEGOTIATION

To be effective in job development, employment specialists must think outside the box to develop jobs around the interests and needs of employer as well as job seeker. The following two strategies are standard tools in the process:



## JOB CREATION

Meeting an unmet need through innovative means based on the skills and talents of a job seeker.

## JOB DEVELOPMENT STRATEGIES



## JOB CARVING

An existing job description is modified to consist of one or more, but not all, of the tasks from the original job description.

There are many training resources to help IPS specialists learn and apply job development strategies. Here are few from the one of the large scale VA studies on IPS for veterans with SCI:



### ***PowerPoint: Going All-In for SCI Employment.***

This information was presented at an annual meeting of SCI professionals in Las Vegas where employer negotiation was portrayed as a high-stakes strategy.



### ***PowerPoint: Employment Specialist as Salesperson.***

This presents the salesperson not as adversarial but as a helping the employer understand how an employee with SCI can bring real value to the business.



### ***Employer Negotiation***

This discussion between an employment specialist and employer illustrates the exchange of information needed about SCI, a job seeker, and the kind of work and employee typical for the employer.



### *Employer and Employee*

---

An employee with SCI discusses what he does, and the employer discusses how the employee became so valuable, including being promoted three times.



### *Post Process Dialog with Job Seeker and Employment Specialist*

---

Discussion of how the barrier of transportation combined with the preferences of the job seeker led to his great satisfaction with the job and how the employee specialist mediated between the IPS specialist and the employer.

## **BENEFITS COUNSELING**

Fear of losing benefits is a common reason that persons with SCI do not pursue work. Many people are unsure how earned income might affect government benefits such as Social Security payments, VA benefits or pensions, housing assistance, or personal care assistance.

Once the job seeker has accurate and complete information about how earned income affects benefits, however, most people report less apprehension and a greater willingness to go to work.

## EARLY, OFTEN, AND ACCURATE

- **Counseling**
  - Initiate early in rehabilitation
  - Revisit as new goals develop or treatment plan changes.
- **Information:** To assure guidance is up to date and accurate, **go directly to the source of the information.**

## BENEFITS INFORMATION RESOURCES



### ***Social Security Administration Ticket to Work “Find Help” Tool to Locate Local Community Work Incentives Coordinators (CWICs)***

This website is a fast and efficient way to locate local benefits counselors and up-to-date contact information. CWICs help beneficiaries understand how earned income may affect their Social Security cash benefits, how to report earnings, and how to anticipate potential benefits evaluations.



### ***eBenefits***

Hosted by the Department of Veterans Affairs and the Department of Defense, this website provides information, access, and contacts for the many benefits available to Veterans.



### ***Paralyzed Veterans of America (PVA) National Service Officers (NSOs)***

NSOs are accredited experts in VA benefits and assist veterans with SCI in understanding how income earned from employment may affect VA benefits, how to report earnings, and how to remain aware of potential benefits evaluations.



While veterans are receiving IPS from VHA Compensated Work Therapy (CWT), their VA disability benefits are protected by law and cannot be reduced, denied, or discontinued.\*

***\*38 U.S. Code §1718. Therapeutic and Rehabilitative Activities***



## JOB ACCOMMODATIONS

Persons with SCI often need workplace accommodations to be successful in the workplace, and employers are often hesitant to address this issue. The employment specialist will need to open the door for this conversation while providing basic education, for example: “You may be thinking about how we figure out what accommodations would be needed to hire someone with SCI. I work with an experienced team that will help us navigate those issues.”

Sometimes, all that is needed is arranging a flexible schedule to manage personal care needs or raising a desk so a wheelchair can fit under it. In many cases, a simple accommodation like moving work supplies to a lower shelf requires no additional cost. Other times, a complex solution is needed that may require ordering special equipment or technology. In determining the need for accommodations, consider the following:

- Each accommodation situation is unique and depends on a balance of work and health factors.
- Accommodations depend on the job site, the work environment, and potential duties.
- Programs are available that fund assistive equipment for employment, which will mitigate employer costs. The employment specialist works with the IDT and employers to determine if a job seeker qualifies for funding.

### ACCOMMODATION CASE EXAMPLE 1: A SIMPLE FIX



A veteran who enjoyed raising and racing Roller pigeons was interested in work that involved birds. His employment specialist found a taxidermist who specialized in preparing and mounting duck specimens. He agreed for the employment specialist, the veteran, and an assistive technology (AT) specialist to observe him going through the steps of his work to see if any could be done by the veteran to expedite the process. It was determined that the veteran could glue on eyes and apply base paint to artificial duck heads used in mountings. The veteran, who had the use of only his right hand due to a stroke, could easily reach the worktable and materials while seated in his wheelchair, a means of holding the wooden duck head, however, required brainstorming. The employment and AT specialists identified a clamp that could be fixed onto the side of the worktable to hold the duck head in place, which would allow the veteran to use his right hand to apply the adhesive and false eyes and to paint the head.

## ACCOMMODATION CASE EXAMPLE 2: TEAMWORK & ENGINEERING

*“I’d like to work again. My brother and I ran a restaurant together and I loved it.”*



A Navy Veteran with C-ASIA tetraplegia and secondary complications of depression and hand contractures, Mr. M, wanted to return to work in the restaurant industry.

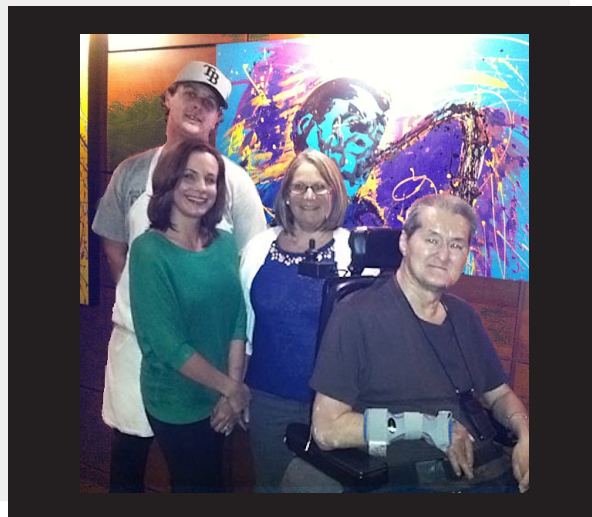


His employment specialist (not pictured here) developed a potential job for Mr. M as a sous chef. A worksite evaluation was conducted by the employment specialist, an occupational therapist and a rehabilitation engineer.



With the guidance of the occupational therapist, the rehabilitation engineer designed special chopping equipment that enabled Mr. M to use his larger proximal arm muscles with a pulley system. A standing wheelchair was also provided to facilitate access in the kitchen.

Close collaboration between the veteran, his employment specialist, the SCI team, and the natural supports of co-workers resulted in his being hired part time to fulfill a business need. His hiring meant the kitchen was well prepped in advance of busy rush hours.





***“Since I started working, my life has been 200% better.***

With competitive employment, Mr. M had improved:

- Social integration
- Quality of life
- Hand function
- Mood

*Photographs used with permission of Barbara Taylor.*

## **AT THE WORKPLACE**

### ***Job site tour***

View the workspace layout, the configuration of furniture and equipment, the location of other workers, the location and layout of restrooms and break rooms and look for accessibility issues such as stairs and elevators.

### ***Client tour of workplace***

Bring the job seeker to the workplace to observe how the job seeker responds to the environment, to physically navigating the workspace, and to carrying out specific tasks.

### ***Job observation***

Ask to observe an employee carrying out tasks the job seeker would do. Observe the client during PT and/or OT sessions to better understand physical issues that impact the job seeker’s ability to work such as dexterity, flexibility, strength, and stamina.

### ***Occupational therapist (OT) onsite consultation***

Arrange for the OT or assistive technology (AT) specialist to visit and evaluate the workplace to make recommendations for equipment or task modification.

### ***Explore options with employer***

Discuss accommodations with the employer in terms of what is possible to provide. Keep in mind that, by law, employers must provide reasonable accommodations deemed necessary for a person to carry out the essential duties of the position. Most accommodations end up costing employers \$500 or less, a point worth mentioning to the employer.

## WORKING FROM HOME

Like many people in today's workforce, working from home may be a good option for persons with SCI. Many people find working from home saves the time and money involved in commuting. Also many businesses either already have or are willing to consider telework positions with flexible schedules as an accommodation.

“ ***This job has been life changing for me.*** ”

Online English Tutor  
Working from Residential Facility



“ ***Helping people, especially veterans, makes it all worth the effort.*** ”

Nonprofit Employee  
Working from Home

## RESOURCES

### ***Explore options with IDT***

Different departments at your facility may have access to or know about ways to obtain equipment or services that would assist in specific situations.

### ***Explore external options***

Consider organizations that may have programs or resources that may be helpful, such as Easter Seals, State Vocational Rehabilitation, or other SCI advocacy organizations.



#### ***Employing and Accommodating Individuals with Spinal Cord Injury***

Part of a series of publications developed by the Program on Employment and Disability at Cornell University, this brochure covers topics such as “Accommodating Individuals with SCI,” “Considerations in the Hiring Process,” and “Solving Common Work Issues.” A resource list is also included for more information.



#### ***Job Accommodation Network (JAN)***

This is the leading source of free, expert, and confidential guidance on workplace accommodations and disability employment issues. Working to benefit both employer and employee, JAN helps people with disabilities enhance their employability and shows employers how to capitalize on the value and talent that people with disabilities add to the workplace.

## FOLLOW-ALONG SERVICES

Follow-along supports assure employment success. In IPS, these services are time-unlimited and continue after employment for as long as the employee with SCI needs support. Follow-along services focus on helping employees with SCI to keep their jobs and perform at their best.

As with all IPS services, follow-along services should be as individualized, creative, and flexible as possible and will vary widely, for example:

- Observing and coaching provided at the job site for the first couple of days or week(s).
- Communicating with the supervisor to see if any concerns arise and to help address them in initial week.
- Assisting with transportation needs to help the employee get to work for the first few days or week, such as accompanying the employee on new bus route, driving a new route together, or assisting with arranging handicapped ride service.
- Educating employers about disability etiquette and with guidance on how to effectively communicate directions to an employee with SCI.
- Referring an employee for counseling to address healthy relationships and communication pattern in the workplace.

### TEAM: FOLLOW-UP POST HIRING



#### *Follow-up Clinical Team Meeting*

An IPS specialist engages team members in addressing environmental and medical issues, benefits, and other supports as a Veteran is hired onto a new job.

Together, the whole IDT is responsible for anticipating and evaluating problems, for designing and providing adequate supports, and for moderating service intensity depending on the needs of the employee with SCI.



## ***Follow-Along Support Menu of Possibilities and Individualized Follow-Along Job Support Plan***

Based on a form from the **Oregon Supported Employment Center for Excellence**, detailed examples on a range of follow-along services and a template for a support plan.



## ***Job Follow-Along Plan***

An example of a follow-along plan from the IPS Employment Center.

## ***Success Story – Follow Along Support During First Job***



**“ On my first day, it was like the wheelchair didn’t even matter. I would do this job for free...”**

***I am a creative person, and I want to give back to others.***

*Army Veteran with C5 ASIA D employed as Crochet Instructor*

In 2009, a 49-yr-old Army Veteran experienced an SCI secondary to surgery. Believing she inherited a gift for crocheting from her mother, the Veteran found crocheting relaxing, fun, and worth sharing with others. In July of 2012, she enrolled in an IPS program with the short-term goal of teaching crochet. Her long-term goal was to start a non-profit that would allow her to use her talents to serve needy families and to create employment opportunities for other Veterans.

Within 3 weeks of enrolling in IPS, her VRS, who chose to first target a retail fabric and crafts store, successfully connected with the company’s Education Coordinator about the need for a crochet instructor. Once this seed was planted in the Veteran’s mind, she kept coming back to it, even as the VRS was investigating other options.

On her birthday that October, the Veteran interviewed for a job at the fabric store. She started work that November for a minimum dollar amount per hour plus commission on each class she taught. Within just a few weeks, although she was reporting new friendships

with coworkers and customers alike, difficulties in her personal life were interfering with work, requiring help from her VRS and treatment team. By responding to her specific needs, they made a difference in her being able to continue her job:

- When the Veteran had an accessibility issue at her apartment complex, the VRS and social worker reassured her and advocated for her with the management company to address the issue.
- When she had increased anxiety and irritability related to divorce, the VRS arranged a visit with her mental health provider, who offered validation and considered medication options. The VRS counseled her around maintaining boundaries between work and home when it comes to personal issues.

With these IPS follow-along supports provided by her VRS and treatment team, the Veteran not only continued at the fabric store but also became an instructor for the city recreation department. She even found time to knit and provide sweaters for two adapted snow skiing teams.

# 7 PROGRAM LEADERSHIP: STANDARDS, QUALITY, SUSTAINABILITY



“ *The Commission on Accreditation of Rehabilitation Facilities (CARF) recognized the adoption of the IPS Supported Employment program as an area of strength in the SCI/D program.*

*The surveyors cited the benefits of this program . . . to assist SCI/D clients in matching their skills to job placements, so they can engage in meaningful work. Moreover, the integration of an interdisciplinary team approach was acclaimed and recognized as beneficial to these Veterans.*

— Chief of SCI Center  
Edward Hines Jr. VA Hospital

## WHY INVEST IN IPS FOR PERSONS WITH SCI?

### IPS GETS PEOPLE WITH SCI THE JOBS THEY WANT

IPS is an evidence-based model of supported employment that is the most well-researched and effective intervention for improving employment outcomes for persons with SCI. Take a look at **Outcomes with IPS** in Section 3, “The Evidence.”

There are many stories of changed lives such as these featured in *Best Care Anywhere*:

Mr. X is a Veteran who became spinal cord injured as a result of a motor vehicle collision. At the time of injury, he was intoxicated and using illegal drugs. After his rehab, he enrolled in the Supported Employment (SE) program. His SE specialist helped him get a job at a local deli, where his personality blossomed. He loves his job, was named employee of the month, and is even referred to as the “mayor” of the deli. He has stopped using illegal drugs, is active in adaptive sports, has extra spending money, and a new lease on life.

Many other Veterans with Spinal Cord Injuries (SCIs) of all levels and severity have been helped by Supported Employment programs at their centers. Some of these Vets can walk,

but most need power or manual wheelchairs to get around. One SCI Veteran, hired as a sous chef, stated, “Being in the ... program has changed my life. I love getting up in the mornings and I look forward to going to work.” Another, who got a job as a tutor, said, “This job has been life changing for me.” Yet another, now working as a computer technician, stated, “This job is awesome.” Finally, another SCI Veteran, who obtained an office position, stated that he planned to work at the position, “Until I retire. I see myself moving up ... ”

From *Best Care Everywhere*

## IPS IS A LOW-COST INTERVENTION

- The cost of providing IPS services to a Veteran with SCI was less than the cost of two inpatient hospital days.
- The total cost of IPS does not significantly differ from that with usual care, however, IPS outperforms usual care with a 2 1/2 times higher employment rate and significantly greater quality-adjusted life years of participants.

Sources:

Sutton BS, Ottomanelli L, Njoh E, Barnett S, Goetz L. Economic evaluation of a supported employment program for veterans with spinal cord injury. *Disabil Rehabil.* 2019 May 17:1-7;

Sinnott PL, Joyce V, Su P, Ottomanelli L, Goetz LL, Wagner TH. Cost effectiveness of supported employment for Veterans with spinal cord injuries. *Arch Phys Med Rehabil.* 2014 Jul; 95(7): 1254–1261.

## IPS IMPROVES CARE

Benefits of IPS include:

- Increased quality of life.
- Increased program employment and community reintegration outcomes.
- Improved participation in health care.
- May reduce re-hospitalization.

For more details, see Section 3, “**The Evidence.**”

## IPS ALIGNS WITH CARF STANDARDS

Including an IPS program in SCI rehabilitation supports accreditation standards of the Commission on the Accreditation of Rehabilitation Facilities (CARF).



### **CARF Employment and Community Services Program Descriptions**

This webpage provides an overview of services, including Community Employment Services.





# STANDARDS FOR SUCCESS—FIDELITY MONITORING

## WHAT IS FIDELITY MONITORING?

Fidelity monitoring is a quality assurance process to assess the level of implementation of IPS within an organization. This process is key because high fidelity (i.e., high-quality IPS) improves employment outcomes.

## HOW IS FIDELITY MEASURED?

The Supported Employment Fidelity Scale is a 25-item instrument used to measure the degree of adherence to the evidence-based model of IPS.



### *Supported Employment Fidelity Scale for Use in SCI*

The scale measures quality of IPS implementation in three domains:

**Staffing:** Addresses issues such as caseload size and whether the employment specialist is providing only IPS services.

**Organization:** Addresses integration of vocational and clinical services and agency support.

**Services:** Addresses whether the program is providing the full spectrum of IPS services.

## Fidelity Scale Item Example from the Organization Domain

Criterion	Data Source	Anchor
8. Executive team support for SE: Agency executive team members (e.g., CEO/ Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present.	DOC INT OBS	<p>1 = One is present. 2 = Two are present. 3 = Three are present. 4 = Four are present. 5 = Five are present.</p> <ul style="list-style-type: none"> <li>Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.</li> <li>Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability.</li> <li>At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months ...</li> </ul>

## HOW IS A FIDELITY REVIEW CONDUCTED?

Data on IPS implementation are gathered from numerous sources, and results are presented to leadership as well as staff.

### Fidelity Process: Review and Feedback

Review	Interviews	Report
Evaluate information in medical charts	<ul style="list-style-type: none"> <li>• IDT staff</li> <li>• IPS clients</li> <li>• Employers</li> </ul>	Provide feedback on strengths and weaknesses to leadership and staff

## WHO CONDUCTS THE FIDELITY REVIEW?

There are several methods to conduct a fidelity review depending on the resources available within an organization.

### Independent fidelity consultant reviewers

Ideally, fidelity reviews are site visits conducted by external, independent fidelity monitors who are experienced vocational professionals with expertise in IPS and in using the fidelity scale.

### Partnered reviews

Regional partnerships among local, community-based IPS programs enable programs to provide peer reviewers for each other. Another option is to become a member of the International **IPS Learning Community**, which is facilitated by The IPS Employment Center. Currently, 21 states are members.

### Self-assessment

This can be done by an expert level IPS program manager, trainer, or specialist.

### Other organizational resources

Work with local resources such as your organization's quality assurance office to see what is available or can be arranged.





Your local quality assurance office or the VHA Vocational Rehabilitation Service may be able to assist you with organizing an IPS Fidelity Review.

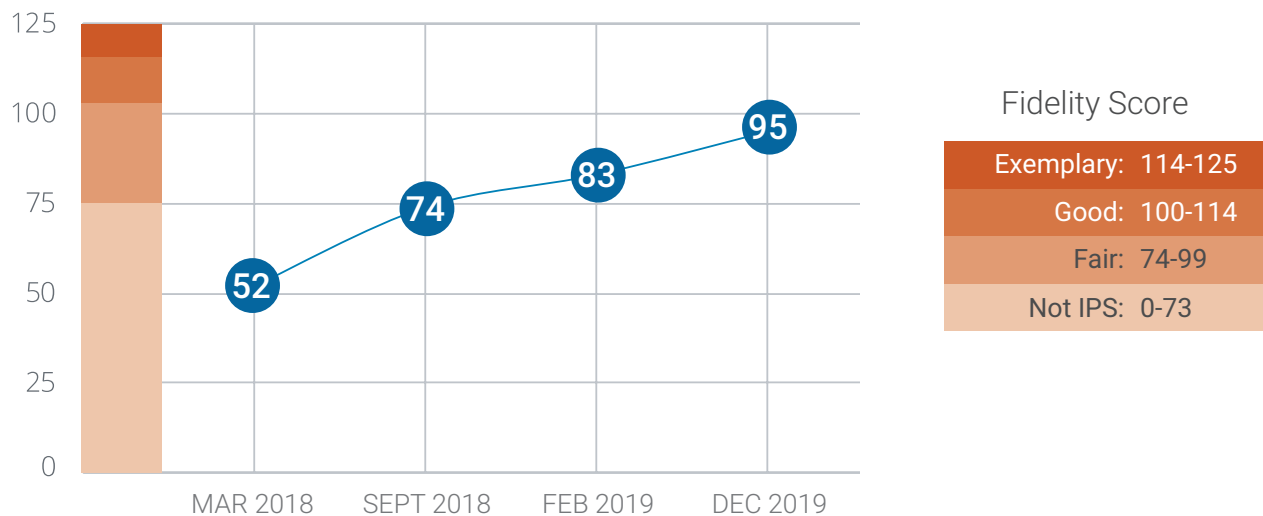
## WHAT IS THE IMPACT OF FIDELITY MONITORING? A BRIEF CASE EXAMPLE

During the 1-year field test of this toolkit, the Edward Hines Jr. VA Hospital (Chicago) began implementing IPS in SCI. Fidelity reviews were conducted every 6 months. The reviews identified barriers to implementation and engaged the team and leadership in problem solving and strategically planning actions to improve the IPS program.

### Overall Program Changes

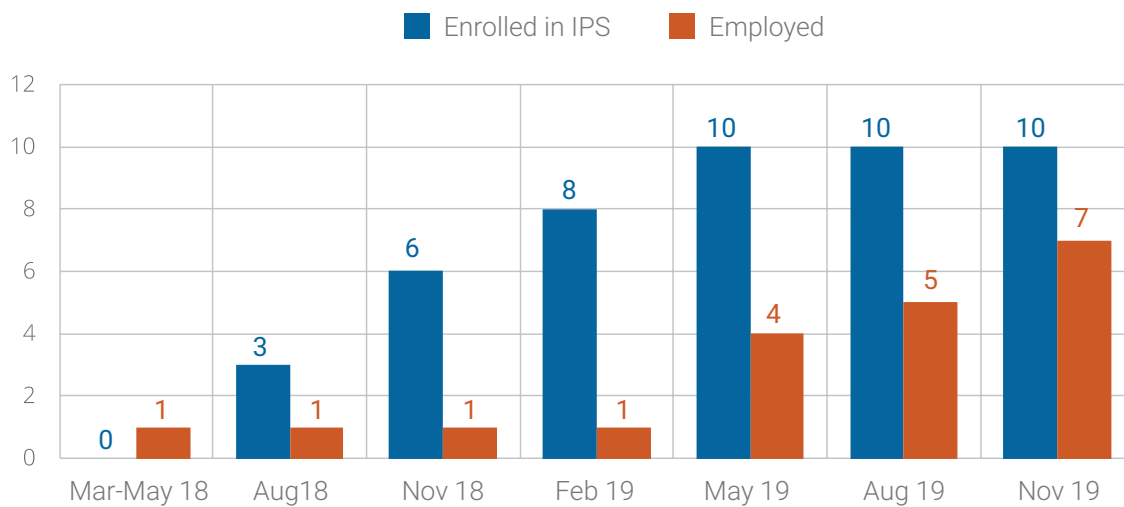
The value of fidelity reviews can be seen in the progress that was made at the test site: As fidelity score increased, so did IPS enrollment and employment:

IPS Implementation over Time





## IPS Enrollment and Employment Outcomes Over Time



## A Closer Look: Fidelity Rating Improvement in One Domain

Improved program outcomes over time occur as a result of changes in response to the various fidelity scale items. The example below shows how leadership support of specific organizational changes improved integration of IPS and SCI services as evidenced by scores on the Organization Item 2, Integration of rehabilitation with treatment through frequent team member contact as follows:



### HOW LEADERSHIP SUPPORTS IPS FIDELITY

“ *If you have the leader of the whole place buying into it and sort of creating a structure in which it really had to happen, but also not just saying, ‘you must do it’, but also saying why, and believing it, then that’s been the biggest thing I think for making it happen at our level.*

*And then the personality and creativity of the employment specialist, having the buy in of the vocational unit as a whole, a chief who had clout already here, the willingness of the team ...*

*Most of all is the willingness of the team to make changes.*

— SCI Provider

Fidelity review and the scale assess implementation of IPS **by the facility**, not just the employment program, which requires strong leadership involvement.

The key leadership factors rated in the Fidelity Scale are:

***Executive support in sustaining the IPS program as well as implementing it.***

***Organizational focus***

- The organization promotes competitive employment systematically, such as:
  - *Requiring questions about employment during program intake*
  - *Highlighting employment in public postings*
  - *Encouraging participants to talk about their work experiences with others, and*
  - *Sharing employment outcomes throughout the organization.*
- For a strong, successful IPS SE program, each level of leadership should provide a clear message about:
  - *The value of work for patients with SCI who seek employment.*
  - *Employment as an integral part of a SCI rehabilitation.*

Leadership standards include responsibility for reducing barriers to integration. Leaders ensure that:

- Employment services are integrated into clinical treatment.
- The employment specialist and SCI clinical team work together to assure successful employment outcomes. For additional details, see ***Section 3, Integrating Vocational and Medical Rehabilitation.***

# SUSTAINABILITY

“ *I could not have dreamt that this program [IPS SE] would have been this good of a success. . . . Normally programs for the handicapped tend to take off and then sizzle out. The staff didn't give up! They kept a persistent and steady process and it just got better and better.*

*I never seen myself becoming successful with my injury, but I not only gained employment but I'm still maintaining my job today.*

— Army Veteran with T3 Asia B paraplegia  
Employed at a custom leather and woodworking shop

Nearly two decades of experience using IPS in the VA identified common facilitators to implementing high-quality IPS services in SCI care. A synopsis of this experience and key factors for replicating its success are included in a VA book of best practices published in an effort to disseminate innovations that improve the quality of healthcare across the VA system.



### Key Factors to Replicate a Successful IPS Program

- Outlining clear expectations for evidence-based IPS practices, monitoring adherence, and providing feedback for program improvement
- Cultivating active and obvious leadership support at both the department and upper management level
- Promoting seamless collaborative care through broad education about IPS that includes sharing outcomes with staff



Best Care Everywhere section on IPS in SCI

### Suggested Reading



Cotner BA, Ottomanelli L, O'Connor DR, Trainor JK. Provider-identified barriers and facilitators to implementing a supported employment program in spinal cord injury. *Disabil Rehabil.* 2018 Jun;40(11):1273-1279. doi: 10.1080/09638288.2017.1294209



Cotner BA, Njoh EN, Trainor JK, O'Connor DR, Barnett SD, Ottomanelli L. Facilitators and barriers to employment among Veterans with spinal cord injuries receiving 12 months of evidence-based supported employment services. *Top Spinal Cord Inj Rehabil.* 2015; 21(1): 20-30. doi: 10.1310/sci2101-20

## SUCCESS LEADS TO SUCCESS

The more that IPS standards and principles are implemented with fidelity the more effective and evident the program outcomes become.

The many success stories in this toolkit and the ones that will occur in your own program are an important reminder of how teamwork, flexibility, and creativity can overcome employment barriers. To share your own employment success stories at team meetings and leadership briefings see the sample template **at this link** that can be used to compile and discuss these stories with stakeholders, team members, and partners at your site.

Sharing success stories with staff, patients, employers, and the wider community builds confidence that with appropriate supports persons with SCI can return to work and contribute to their families and communities.



**“ I never thought that I would return to work... I then began meeting regularly with my employment specialist who helped me identify my skills, hobbies, and interests and soon after identified a good job match based off of something I loved to do—golf! I met with the employer and he actually gave me the opportunity. . . . Getting involved and helping others helps you to not focus on your disability.**

— Veteran with SCI  
employed at a golf course



# 8 INDEX OF RESOURCES



Links to all the websites, readings, videos, and tools recommended in the toolkit.

## 1 About IPS



*The IPS Employment Center*

## 2 The Evidence



*IPS Employment Center: IPS Research References*



*Veterans Health Administration: IPS Research References*

## 3 Integrating Vocational and Medical Rehabilitation



*IPS Supported Employment in SCI: Implementation Guide from the Predictive Model Over Time to Employment (PrOMOTE) Project*



*PowerPoint: Vocational and Clinical Integration: Maximizing Our Potential for Collaboration*



*PowerPoint: Integrating IPS Supported Employment (IPS SE) into SCI Treatment and Rehabilitation*



*Form: Interdisciplinary Staffing Form*



*Form: Vocational Treatment Plan*



*Video: Team: Initial Meeting, View 12-minute video*



*Video: Job Seeker: Early Meeting, View 6-minute video*



*Brochure Template—IPS in SCI Program (Microsoft Publisher file)*



*Success Story Template*



*State Vocational Rehabilitation Agencies*



*Compensated Work Therapy, Veterans Health Administration*

## 4 Bringing an Employment Specialist on Board



*Evidence-Based Practice in Supported Employment*



*Template: Interview Questions*



*Initial Training Checklist for an IPS Employment Specialist*



*IPS Supervisor Skills Online*



*IPS Practitioner Skills Online*



*The IPS Employment Center IPS Leadership Training*



*Compensated Work Therapy, Veterans Health Administration*



*State Vocational Rehabilitation Agencies*



*Department of Labor Disability and Employment Online*



*International IPS Learning Community*

## 5 SCI and Work 101



*Living with SCI*



*Yes, You Can! A Guide to Self-Care for Persons with Spinal Cord Injury*



*Optimizing Medical Care to Facilitate and Sustain Employment after Spinal Cord Injury*



*Issues and Interventions for Work Force Participation after Spinal Cord Injury*

## 6 IPS Services



*Employing and Accommodating Individuals with Spinal Cord Injury*



*Evidence-Based Practice in Supported Employment*



*Career Profile: General*



*Career Profile: SCI-Specific*



*Career Profile Tip Sheet*



*Video: Career Profile at VA – View 15-minute video*



*IPS Employment Center Job Development Video*



*Employer Contact Questions*



*PPT: Going All-In for SCI Employment*



*PPT: Employment Specialist as Salesperson*



*Video: Employer Negotiation – View 7-minute video*



*Video: Employer and Employee – View 5-minute video*



*Video: Post Process Dialog with Job Seeker and Employment Specialist – View 5-minute video*



*Video: Team: Follow-up Clinical Team Meeting - View 10-minute video*



*Follow-Along Support Menu of Possibilities and Individualized Follow-Along Job Support Plan*



*Job Follow-Along Plan*



*Social Security Administration Ticket to Work “Find Help” Tool to Locate Local Community Work Incentives Coordinators (CWICs)*



*eBenefits*



*PVA National Service Officers (NSOs)*



*Job Accommodation Network (JAN)*



*Telemedicine and Telehealth*

## **7 Program Leadership**



*Supported Employment Fidelity Scale*



*CARF 2019 Employment and Community Services Program Descriptions*



## 9 FORMS AND TEMPLATES



**Interdisciplinary Staffing Form**

**Date of staffing:** \_\_\_\_\_

**Patient to be staffed:** \_\_\_\_\_

**Clinical treatment providers:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment specialist:** \_\_\_\_\_

**Most recent clinical presentation** (start on next line; space will expand as needed):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**Current vocational situation** (start on next line; space will expand as needed):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**Issues for treatment team consideration** (spaces will expand as needed):

1.  
  
\_\_\_\_\_

2.  
  
\_\_\_\_\_

**Interdisciplinary plan** (start on next line; space will expand as needed):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

# Vocational Treatment Plan

For Patients with Spinal Cord Injury Enrolled in Individual Placement and Support (IPS)

**Employment Specialist Name:**\_\_\_.

**Members of Patient’s Interdisciplinary Team:**\_\_\_.

**Date of Plan Development** (Indicate “initial” or “update”):\_\_\_.

**Vocational Goal.** Include specifics regarding employment preferences such as setting, desired duties, and hours.

---

**Rationale for the Goal.** Explain assessment information that led to the development of this particular goal.

---

**Clinical Considerations.** Include input from clinical treatment providers regarding this goal, including workplace health and safety factors.

---

## Vocational Treatment Plan

**Cultural Considerations.** Include information pertaining to patient's cultural and family background as it may relate to goal.

---

**Recommended Supports.** Describe in terms of follow-along supports necessary for success such as anticipated worksite accommodations, clinical supports, transportation, family/significant others, self-care routines, or natural supports in the work place.

---



# Vocational Treatment Plan

**Objective 1.** Objective must be specific, realistic, and measurable.

<b>Action Steps</b> Describe exactly what must happen to meet objective. If certain individuals/employers are to be contacted, include names and affiliation.	<b>People Responsible</b> Who will be accountable for ensuring objective is met?	<b>Target Date</b>	<b>Date Completed</b>

**Date Objective Achieved: \_\_.**

**Objective 2.** Objective must be specific, realistic, and measurable.

<b>Action Steps</b> Describe exactly what must happen to meet objective. If certain individuals/employers are to be contacted, includes names and affiliation.	<b>People Responsible</b> Who will be accountable for ensuring objective is met.	<b>Target Date</b>	<b>Date Completed</b>

**Date Objective Achieved: \_\_.**

# Vocational Treatment Plan

**Objective 3.** Objective must be specific, realistic, and measurable.

<b>Action Steps</b> Describe exactly what must happen to meet objective. If certain individuals/ employers are to be contacted, includes names and affiliation.	<b>People Responsible</b> Who will be accountable for ensuring objective is met.	<b>Target Date</b>	<b>Date Completed</b>

**Date Objective Achieved: \_\_\_.**

**Employment Specialist Signature: \_\_\_\_\_.**

**Printed Name: \_\_\_\_\_.**

**Patient Signature: \_\_\_\_\_.**

**Printed Name: \_\_\_\_\_.**

**COMPLETION OF THIS DOCUMENT REQUIRES**

- **EMPLOYMENT SPECIALIST AND PATIENT SIGNATURES**
- **ENTRY INTO ELECTRONIC MEDICAL RECORD**

## Frequently Asked Questions

### Will working affect my benefits?

Our staff will help you get the information you need about Social Security, Veterans Benefits, and any other entitlements BEFORE you decide to accept employment.

### Do I have to work 40 hours per week?

Not necessarily; your schedule could range from a few hours per week to full-time. We will work with you to determine the right number of hours.

### What if I'm worried about returning to work?

It is normal to feel anxious about starting a job, but rest assured that your employment specialist will help you through it—at your pace.

### What if I fail or quit a job?

Quitting a job is not a failure. Every work experience is a success, whether the job lasts 2 days or 2 years.

## Contact Us

Add program contact information here.



Organization

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Phone: 555-555-5555  
Fax: 555-555-5555  
E-mail:

Your Facility  
Logo Here

Supported  
Employment  
*for Persons with  
Spinal Cord Injury*



Organization Name  
Your business tag line here.

Tel: **555 555 5555**

# Supported Employment (SE) for Persons with Spinal Cord Injury

Research shows working helps people with SCI to live longer and to have lives that are more meaningful and more satisfying.

Our SE program helps people with SCI find and maintain jobs that are based on their interests and preferences for work in their communities.

SE provides people interested in working with assistance and ongoing support. Our staff work with you, your clinical team, and employers to help you achieve employment goals.

## What People with SCI Say about SE

**“Now that I’m back at work, I don’t feel as helpless. I don’t have to depend on anyone.”**  
— Sales Clerk

**“Ever since I started working with [SE], my quality of life has been 200% better.”**  
— Prep Cook

## SE Services

Our program will help you:

- Determine the type of work you want to do.
- Find community employers in your field of interest.
- Meet with employers.
- Navigate the hiring process.
- Handle problems that may arise on the job.
- Work closely with your SCI healthcare team and employers to address any barriers at work.

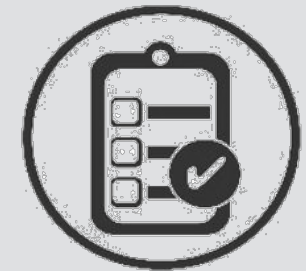
We also can attend interviews with you and accompany you on the job to help you adjust to your duties.

We’ll provide support for as long as you want it.

## Do I Qualify for SE?

**If you have a SCI or other disability and want to work, you qualify for services.**

If you are interested in working, start by talking to your family and healthcare team. Ask for a referral to talk to an employment specialist about the SE program and whether it is right for you.



**With SE, you progress toward employment at your own pace and based on your specific needs.**

## IPS in SCI Success Story

<b>Patient's Name</b>	
<b>Level of SCI</b>	<input type="checkbox"/> Paraplegia <input type="checkbox"/> Tetraplegia <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
<b>Date of IPS Enrollment</b>	
<b>Date of Job Start</b>	
<b>Today's Date</b>	

**Release of Information: Be sure to obtain any necessary releases of information and consents required by your facility to share the success story and any photos.**

---

### Background

- Provide a brief narrative about patient's daily life prior to entering IPS.

- 
- In patient's own words, why did he/she want to participate in IPS?

- 
- Discuss this patient's vocational goal.
- 

---

### Employment

**Job:** Describe the patient's job in detail, including start date, duties, environment, hours, involvement with coworkers/customers. Include information pertaining to relationship between patient's preferences and job itself.

---

**Supports:** Describe accommodations and supports from SCI team or others that lead to the success.

---

**Impact:** Provide a quote from the patient regarding what this job means to the patient and how it changed the patient's life.

---

---

### IPS Supported Employment Principles

List which principles were illustrated by this story, describe how they were applied. Reference where more information on them can be found in the toolkit.

---

## **Employment Specialist for IPS in SCI Questions for Initial Face-to-Face Interview**

---

**Applicant:** \_\_. **Date:** \_\_.

**Interviewer:** \_\_.

**Scoring Ratings:** 5 = Superior 3 = Average 1 = Minimal

**No Score:** Included for non-vocational services interviewers, such as spinal cord injury (SCI) clinicians, who would rate only items they have knowledge to evaluate.

**Score:** 100% = 75 points 90% = 67.5 points 80% = 60 points 70% = 52.5 points

**1. What is your experience working with the evidence-based supported employment model, individual placement and support (IPS) as a vocational model? Score: \_\_.**

5 = Cites experience with hands-on implementation of the IPS.

3 = Cites training received or collaborative work done with IPS provider.

1 = Describes no experience with IPS.

No Score—Rater does not have content knowledge on which to base scoring.

**2. How have you gone about obtaining jobs for yourself? Score: \_\_.**

5 = Discusses learning as much as possible about position, networking, utilizing informational interviews, trying to get hiring authority face time.

3 = Discusses heavy focus on submitting applications and resumes for posted openings.

1 = Discusses use of internet searches, classified ads, blanket resume strategies.

No Score—Rater does not have content knowledge on which to base scoring.

**3. If everything is equal, why would an employer elect to hire a person with a spinal cord injury SCI)? Score: \_\_.**

5 = Expresses commitment to competitive employment for anyone with a disability who desires to work, discusses the value of a diverse workforce for businesses.

3 = Expresses belief in the viability of competitive employment for some, but not all people with disabilities, does not verbalize positive implications of employer hiring someone with a disability.

1 = Does not mention competitive employment as a viable treatment option for people with disabilities.

No Score—Rater does not have content knowledge on which to base scoring.

Applicant: \_\_. Date : \_\_.

Interviewer: \_\_.

**4. Describe an example of a difficult case that required you to use the principles of IPS and please specify the principles used. Score: \_\_.**

5 = Discusses at least three principles of IPS.

3 = Discusses two principles of IPS.

1 = Discusses only one or no principle of IPS.

No Score—Rater does not have content knowledge on which to base scoring

**5. In order to enroll in IPS, patients must verbalize a desire to pursue employment. However, there are times when patients may appear uncooperative and/or unmotivated. What expectations have you had on clients demonstrating such behaviors? Score: \_\_.**

5 = Discusses ideal participation that could be expected from person served such as motivated behavior, taking initiative, and keeping all appointments but recognizes that there are factors that naturally interfere, such as illness, fears, ambivalence, or family circumstances; indicates importance of employment specialist being proactive with engagement and service provision.

3 = Discusses concept of providing services in keeping with the level of participation demonstrated by the person served (“I will do as much as s/he will do; it’s her/his job search”).

1 = Uses terms such as “readiness” or “does not want to work” as indicators of persons who have not been given priority.

No Score—Rater does not have content knowledge on which to base scoring.

**6. A patient, who you have never met and has minimal background data available, is referred to you for vocational services. What types of assessment do you feel will be necessary in order for you to commence with job development and employment services? Score: \_\_.**

5 = Discusses client-centered, on-going, in-vivo assessment; response may also include mention of collateral input from family/significant others.

3 = Discusses office-based question/answer of assessment and review of employment history; may or may not discuss person-centered approach; does not discuss collateral input.

1 = Discusses approaches such as standardized tests and pre-vocational evaluation processes; does not discuss person-centered or on-going, in-vivo assessment approaches or collateral input.

No Score—Rater does not have content knowledge on which to base scoring.

**Applicant:\_\_. Date :\_\_.**

**Interviewer:\_\_.**

**7. Typically, those served by IPS programs contend with multiple challenges, that is, mental health, social, medical, and legal as well as vocational issues. What have you found to be the best approach to ensuring treatment of the whole person? Score:\_\_.**

5 = Expresses commitment to competitive employment as part of treatment as well as assertiveness/confidence in presenting to interdisciplinary treatment team members, describes strategies for fostering integration of employment and clinical services.

3 = Expresses recognition of need to regularly attend treatment team meetings and represent employment services, but does not describe strategies for fostering integration.

1 = Does not address role as one of advocate/responsible for employment among treatment team; does not describe strategies for fostering integration.

No Score—Rater does not have content knowledge on which to base scoring.

**8. What are the essential elements in a comprehensive employment plan and why is each necessary and appropriate? Score:\_\_.**

5 = Discusses plan derived from assessment and summary of information, including individual's strengths, needs, abilities and preferences; discusses clinical input, goals with measurable objectives, services/interventions, timeframes for completion, accountable individuals.

3 = Discusses plan derived from assessment and summary of information; discusses goals with measurable objectives and services; does not mention clinical input, timeframes for completion, accountability.

1 = Discusses plan including goals, objectives and services; does not address strengths, needs, abilities, preferences, clinical input, timeframes for completion, accountability or measurability.

No Score—Rater does not have content knowledge on which to base scoring.

**9. The job for which you have applied requires the employment specialist to secure meaningful and gainful competitive employment for referred patients with SCI. Please demonstrate your best techniques for convincing a resistant employer to consider hiring the patient whom you represent. Score:\_\_.**

5 = Provides at least three examples of successful techniques, such as interviews and/or employment was secured.

3 = Provides two examples of successful techniques.

1 = Provides only one example or response indicates lack of success in overcoming resistance.

No Score—Rater does not have content knowledge on which to base scoring.



**Applicant: \_\_. Date : \_\_.**

**Interviewer: \_\_.**

**10. Give an example of bringing up and negotiating with an employer for a reasonable accommodation needed by one of your patients. Score: \_\_.**

5 = Discusses at least one case involving a reasonable accommodation request and related negotiations; may include discussion of suggestions made to employer as to how request could be fulfilled without undue hardship.

3 = Discusses at least one case involving a reasonable accommodation but does not address a specific presentation to employer, that is, candidate was aware of what person needed but was not sure how to bring it to employer's attention.

1 = Does not respond in terms of reasonable accommodations.

No Score—Rater does not have content knowledge on which to base scoring.

**11. Talk about a client whom you were working with who decompensated in the workplace and the employer called you for help. What did you do and what were some of the underlying issues that you had to consider? Score: \_\_.**

5 = Discusses timely responsiveness, bringing information to treatment team to engage in shared decision-making, for example, to collaboratively develop proposal of modified work conditions to present to employer.

3 = Discusses bringing information to team but would allow team to dictate next steps, that is, no vocational advocacy or shared decision-making.

1 = Does not discuss integration of employment and medical goals, that is, maintaining both employment and optimum health; sees employment and medical as separate treatment components.

No Score—Rater does not have content knowledge on which to base scoring.

**12. The IPS model calls for employment specialists to spend at least 70% of their time in the community, meeting with both clients and employers. The job requires that the incumbent has a good driving record and a valid driver's license, as transporting patients with a government vehicle in the community may be required and is considered essential to successful completion of the job. Please discuss your understanding of and preparation for this requirement. Score: \_\_.**

5 = Describes confidence in ability to and experience with responsibly conducting duties in the community as expected; provides affirmative response regarding driving record and license and recognizes that transporting patients may be critical to effective job development; may cite relevant examples).

3 = Describes understanding this expectation and ability to fulfill it; may cite limited experience in field/community-based work; provides affirmative response regarding driving record and license, and recognizes that transporting patients may be critical to effective job development.

**Applicant: \_\_. Date : \_\_.**

**Interviewer: \_\_.**

**1** = Describes reticence about community-based work and/or no experience in community-based work; provides non-affirmative response regarding driving record and/or license.

No Score—Rater does not have content knowledge on which to base scoring.

**13. Talk about a time when you felt you had done a good job but the client you were working with verbalized to your supervisor and coworkers that you could and should have done more? Score: \_\_.**

**5** = Discusses willingness to ask questions and obtain clarification; mentions client preferences as guiding treatment.

**3** = Discusses apprehension to ask questions and obtain clarification but willingness to do so; may blame client in attempt to justify decisions.

**1** = Does not discuss willingness to ask questions or clarify.

No Score—Rater does not have content knowledge on which to base scoring.

**14. Based on this interview, what have you determined to be the key activities in the workday of a employment specialist successfully practicing IPS for patients with SCI? Score: \_\_.**

**5** = Discusses at least three of the following:

- Community-based work
- Face-to-face work with patients, such as assessments, home visits, and job site visits
- Meeting employers/learning about local business community
- Job development on behalf of specific patients
- Interacting with clinical providers
- Synthesizing resources necessary for a patient to go to work

**3** = Discusses only two of the above.

**1** = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**15. Please tell us why we should recommend you over other applicants for this position. Score: \_\_.**

**5** = Discusses at least three of the following:

**3** x \_\_ = \_\_

- The belief that competitive employment is attainable for all persons
- Specific experience related to the IPS model
- Specific experience with business networking
- History of creativity and tenacity in job development/employer negotiation
- Documented competitive employment outcomes for clients in previous job(s) ≤ 40%
- Experience conducting person-centered assessment and planning
- Experience collaborating on an interdisciplinary teams)

**Applicant: \_\_. Date :\_\_.**

**Interviewer: \_\_.**

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**Total Score: \_\_.**

**Applicant: \_\_. Date : \_\_.**

**Interviewer: \_\_.**

## **Questions for Follow up Telephone or Face-to-Face Interview**

---

**1. Based on what you know about this position, what do you think a typical day would look like? Score: \_\_.**

5 = Discusses at least three of the following:

- Community-based work
- Face-to-face work with patients, such as assessments, home visits, and job site visits
- Meeting employers/learning about local business community
- Job development on behalf of specific patients
- Interacting with clinical providers
- Synthesizing resources necessary for a patient to go to work

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**2. What do you think about people with disabilities working? Score: \_\_.**

5 = Expresses commitment to competitive employment for anyone with a disability who desires to work.

3 = Expresses belief in the viability of competitive employment for some, but not all people with disabilities.

1 = Does not mention competitive employment as a viable treatment option for people with disabilities.

No Score—Rater does not have content knowledge on which to base scoring.

**3. What techniques have you used to get to know the people you are serving? Score: \_\_.**

5 = Discusses face-to-face interactions intended to elicit a person's strengths, interests, preferences, needs, and abilities; highlights benefits of conducting interactions in the community with the person.

3 = Discusses office-based interaction, completion of assessment documents.

1 = Discusses use of tests and assessment tools to determine aptitude and interests.

No Score—Rater does not have content knowledge on which to base scoring.

**Applicant:\_\_. Date :\_\_.**

**Interviewer:\_\_.**

**4. From your perspective, what has been the value of a treatment plan to a client's vocational services?**

**Score: \_\_.**

5 = Discusses treatment plan as a collaboratively developed document, that is, includes the client and treatment providers, which summarizes assessment information; defines specific and measurable goals, objectives, and interventions; and guides all treatment.

3 = Discusses treatment plan as a document that includes the client's goals and services to be delivered.

1 = Discusses treatment plan as a document required as part of the client's medical record.

No Score—Rater does not have content knowledge on which to base scoring.

**5. What have your expectations been for persons on your caseload in terms of their participation in employment services?**

**Score: \_\_.**

5 = Discusses ideal participation that could be expected from person served such as motivated behavior, taking initiative, and keeping all appointments but recognizes that there are factors that naturally interfere, such as illness, fears, ambivalence, or family circumstances; indicates importance of employment specialist being proactive with engagement and service provision.

3 = Discusses concept of providing services in keeping with the level of participation demonstrated by the person served, such as saying "I will do as much as s/he will do; it's her/his job search."

1 = Uses terms such as "readiness" or "does not want to work" as indicators of persons who have not been given priority.

No Score—Rater does not have content knowledge on which to base scoring.

**6. What are three strategies you have used to assist people with disabilities to obtain jobs?**

**Score: \_\_.**

5 = Discusses at least three of the following:

- Utilized contacts of the client, such as family members, friends, former employers and co-workers, to network to potential employers.
- Utilized contacts of the employment specialist to network to potential employers.
- Arranged informational interviews to learn about potential jobs or to facilitate a client's meeting with those in the community working in jobs and at businesses where s/he would like to work.
- Researched local businesses and industry and established contacts for face-to-face job development meetings.
- Proposed job carving/job creation plans.
- Facilitated appropriate and accurate negotiation and provision of job accommodations.

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

Applicant: \_\_. Date : \_\_.

Interviewer: \_\_.

**7. How have you built credibility or strengthened relationships with employers?**

**Score: \_\_.**

5 = Discusses at least three of the following:

- Researched business/learn as much as possible prior to and during contacts.
- Made multiple face-to-face contacts.
- Demonstrated respect for time limitations/business flow of employer.
- Presented accurate, truthful information about IPS program.
- Being reliable.
- Proposed employment arrangements that are well thought-out and planned for best interests of employer and employee.
- Being available to employer/easily accessible.

3 = Discusses only two of the above.

1 = Discusses only one or none of the above.

No Score—Rater does not have content knowledge on which to base scoring.

**8. What are at least three individualized supports you have provided to help a client keep a job?**

**Score: \_\_.**

5 = Discusses individualized examples in at least three of the following areas:

- *Transportation*, such as arranging for a co-worker to drive a client to and from work on certain days.
- *Healthcare*, such as involving a nurse to develop a plan for managing medication dosing or self-catheterization while at work.
- *Tasks*, such as working with an employer to modify client's tasks to create a better fit and improve productivity.
- *Job coaching*, such as being on-site for defined periods of time to mentor, demonstrate, prompt, and observe the client while conducting duties according to expectations of manager.
- *Personal circumstances*, such as meeting with a client and family members to develop a plan for managing a client's home responsibilities such as cooking and child care during work time.
- *Leave*, such as negotiating with an employer when a client becomes sick or symptomatic and requires a period of time for recovery.

3 = Discusses individualized examples in only two of the above areas.

1 = Discusses individualized examples in only one of the above areas or does not discuss individualized examples.

No Score—Rater does not have content knowledge on which to base scoring.

**Applicant: \_\_. Date : \_\_.**

**Interviewer: \_\_.**

**9. For what reasons have you found it important to stay in close contact with a client's other (non-vocational) treatment providers? Score: \_\_.**

5 = Discusses importance of interdisciplinary work to evidence-based IPS and overall vocational outcomes.

3 = Discusses importance of remaining aware of a client's healthcare status in terms of its impact on working.

1 = Does not offer indication of recognizing the importance of interdisciplinary work or discusses contact only in terms of referrals when needs arise.

No Score—Rater does not have content knowledge on which to base scoring.

**10. What would you enjoy about this job?**

**Score: \_\_.**

5 = Discusses at least three positive aspects of implementing IPS with patients with SCI.

3 = Discusses only two positive aspects.

1 = Discusses only one or no positive aspects.

No Score—Rater does not have content knowledge on which to base scoring.

**Total Score: \_\_.**

**Predictive Outcome Model over Time for Employment (PrOMOTE), 2010-2015**

**Individual Placement and Support Supported Employment (IPS SE) in Spinal Cord Injury (SCI)**

**Initial Training Checklist for Vocational Rehabilitation (VR) Specialist**

Activity	Discipline	Date Discussed/ Reviewed with Supervisor
<i>Some readings may be available through your facility library.</i>		
<b>Read:</b> Ottomanelli L, Barnett SD, Toscano R. Individual placement and support (IPS) in physical rehabilitation and medicine: The VA spinal cord injury experience. <i>Psychiatr Rehabil J.</i> 2014;37:110–112.	VR/SCI	
<b>Read:</b> Becker D, Drake RE. <i>A working life for people with severe mental illness.</i> Oxford, New York: Oxford University Press; 2003.	VR/SCI	
<b>Read:</b> Swanson SJ. <i>Supported employment: applying the individual placement and support (IPS) model to help clients compete in the workforce.</i> 2nd ed. Hazelden Educational Foundation; 2011.	VR	
<b>Read:</b> Hammond MC, Burns SC, editors. <i>Yes, you can! Guide to self-care for persons with spinal cord injury.</i> 3rd ed. Washington, DC: Paralyzed Veterans of America; 2000.	SCI	
<b>Review:</b> <a href="#">Supported Employment Fidelity Scale</a> (2008)	VR	
<b>View:</b> IPS in SCI Videos <ul style="list-style-type: none"> <li>• <a href="#">Introductory Clinical Team Meeting</a></li> <li>• <a href="#">Veteran Planning Meeting</a></li> <li>• <a href="#">Vocational Assessment Profile</a></li> <li>• <a href="#">Employer Negotiation</a></li> <li>• <a href="#">Employer and Employee</a></li> <li>• <a href="#">Post Process Dialog with Veteran and Vocational Rehabilitation Counselor</a></li> <li>• <a href="#">Conclusion</a></li> </ul>	VR/SCI	
<b>View:</b> <a href="#">Videos at the IPS Employment Center.</a> <i>IPS Employment Center videos also available at YouTube.</i>	VR	
<b>Read:</b> SAMHSA (Substance Abuse and Mental Health Services Administration). <i>Supported Employment Evidence-Based Practices Tool KIT</i> [Internet]. 2010 [cited 2015 Sep 24]; available from: <a href="http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365">http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365</a> . <b>Free download</b>	VR	
<b>Shadow</b> –At least one day: Vocational staff	VR	
<b>Shadow</b> –At least one day: SCI Physician/Physician Assistant	SCI	
<b>Shadow</b> –At least one day: SCI Nurse	SCI	
<b>Shadow</b> –At least one day: SCI Psychologist	SCI	
<b>Shadow</b> –At least one day: SCI Occupational/Physical Therapist	SCI	
<b>Attend:</b> SCI Patient Education Training	SCI	
<b>Attend:</b> Weekly SCI Interdisciplinary Team Meeting	SCI	
<b>Attend:</b> Weekly Vocational Unit Meeting	VR	
<b>Meet:</b> Local representatives of Work Incentive Planning and Assistance and Paralyzed Veterans of America to establish relationships and protocol for benefits counseling.	VR/SCI	
<b>Recommended Training:</b> IPS Employment Center: IPS Practitioner Skills Online Training:	VR	



- Preferred Language-pull in data object
- If not English, indicate the methodology utilized from a configurable pick list, including but not limited to Interpreter, Language Line, etc.
- Space for additional Free text Comment.

## Career Profile IPS Supported Employment/Education Referral

### Face Sheet

Date of referral: [Click here to enter text.](#)

Name: [Click here to enter text.](#)  
 Address: [Click here to enter text.](#)  
 Email: [Click here to enter text.](#)  
 Phone number/s: [Click here to enter text.](#)  
 Best way to reach: [Click here to enter text.](#)

Case Manager/therapist: [Click here to enter text.](#)

State Vocational Rehabilitation counselor: [Click here to enter text.](#)

Referral sent to State Vocational Rehabilitation

Other healthcare/social service providers: [Click here to enter text.](#)

What is the person saying about work? Why does s/he want to work now? What type of job?  
[Click here to enter text.](#)

.....

Is this person interested in gaining more education now to advance his/her career goals?  
[Click here to enter text.](#)

.....

Please include some information about the person's illness (diagnosis, symptoms, etc.). How might the person's illness (and/or substance use) affect a job or return to school?  
[Click here to enter text.](#)

.....

What are some of the person's strengths? (Experience, training, personality, supports, etc.)  
[Click here to enter text.](#)

.....

What job (type of job, hours, etc.) do you think would be a good match?  
[Click here to enter text.](#)

.....

\_\_\_\_\_  
 Person making referral

\_\_\_\_\_  
 Title

## Career Profile

This form is to be completed by the employment/education specialist during the first few weeks of meeting with someone. Sources of information include: the person, the mental health treatment team, client records, and with permission, family members and previous employers. The profile should be updated with each new job and education experience using job start, job end, and education experience forms.

### Work Goal

What is your dream job? What kind of work have you always wanted to do?

[Click here to enter text.](#)

---

What are your long-term career goals?

[Click here to enter text.](#)

---

What type of job do you think you would like to have now?

[Click here to enter text.](#)

---

What is it that appeals to you about that type of work?

[Click here to enter text.](#)

---

What type of job(s) do you know that you would not want?

[Click here to enter text.](#)

---

Do you know people who are working? What types of jobs? What do you think about those jobs?

[Click here to enter text.](#)

---

Is there anything that worries you about going to work? Why do you want to work?

[Click here to enter text.](#)

---

### Education

Are you interested in going to school or attending vocational training now to advance your work career?

[Click here to enter text.](#)

---

#### Education/learning history

Did you complete high school?

No

Yes

If no, would you be interested in earning your GED/high school equivalency diploma?

No

Yes

N/A

---

Did you participate in vocational training classes in high school?

No

Yes

---

Have you ever completed an apprenticeship (i.e., plumbing, welding, electrician, etc.)?

No

Yes

If so, what year? [Click here to enter text.](#)

---

Did you complete any job related job-related training in the military?

No

Yes

N/A

Please describe the training, including years and any certificates earned. [Click here to enter text.](#)

---

**Other education or training programs**

N/A

Name of Educational/ Training Institution: [Click here to enter text.](#)

City/State: [Click here to enter text.](#)

Years attended: [Click here to enter text.](#)

Type of degree or certificate sought: [Click here to enter text.](#)

Degrees, certificates, or classes completed: [Click here to enter text.](#)

If program was not completed, why not? [Click here to enter text.](#)

Liked most about the program: [Click here to enter text.](#)

Liked least about the program: [Click here to enter text.](#)

Type of financial aid used, if any: [Click here to enter text.](#)

Name of Educational/ Training Institution: [Click here to enter text.](#)

City/State: [Click here to enter text.](#)

Years attended: [Click here to enter text.](#)

Type of degree or certificate sought: [Click here to enter text.](#)

Degrees, certificates, or classes completed: [Click here to enter text.](#)

If program was not completed, why not? Click here to enter text.  
Liked most about the program: Click here to enter text.  
Liked least about the program: Click here to enter text.  
Type of financial aid used, if any: Click here to enter text.

Name of Educational/ Training Institution: Click here to enter text.  
City/State: Click here to enter text.  
Years attended: Click here to enter text.  
Type of degree or certificate sought: Click here to enter text.  
Degrees, certificates, or classes completed: Click here to enter text.  
If program was not completed, why not? Click here to enter text.  
Liked most about the program: Click here to enter text.  
Liked least about the program: Click here to enter text.  
Type of financial aid used, if any: Click here to enter text.

---

Do you have copies of the degrees, licenses, certificates that you have earned?

No  Yes

Click here to enter text.

---

Are you interested in earning a specific certificate, license, or degree for work?

No  Yes

Click here to enter text.

---

If the individual is not interested in additional schooling or technical training now, skip the next set of questions and ask about work history instead.

What type of job are you interested in obtaining?

Click here to enter text.

Do you know of a specific training/education program you would like to pursue?

Click here to enter text.

What is it about that field that interests you?

Click here to enter text.

Do you know about the availability of those jobs in this area? What is the occupational outlook for those jobs?

[Click here to enter text.](#)

---

When would you like to start an educational or training program?

[Click here to enter text.](#)

---

How long do you want to go to a school or training program? What is your timeframe for completing education or training?

[Click here to enter text.](#)

---

Would you be interested in visiting some local programs (community college, four-year college, adult vocational training) to learn about different options for degrees and certificates?

[Click here to enter text.](#)

---

Are you interested in joining a trade union (e.g., baker's, maintenance)? Do you know the requirements for joining? Would you like to visit the union office to learn more?

[Click here to enter text.](#)

---

Are there any other job training or educational opportunities that you would like to learn more about?

[Click here to enter text.](#)

---

### **School Experiences**

Let's talk about some of your school experiences and how they were for you.

			Comments
Being called on in class	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>
Social situations	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>
Taking tests	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>
Learning from lecture	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>
Learning by reading	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>
Learning hands on	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>
Concentration	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>
Memory	<input type="checkbox"/> Okay	<input type="checkbox"/> Problem	<a href="#">Click here to enter text.</a>

Using computers  Okay  Problem [Click here to enter text.](#)

---

Did you have an IEP (individual education plan) while you were in school? Did that include different strategies to help you learn? What were those?

[Click here to enter text.](#)

---

Were you in any advanced classes? Which ones?

[Click here to enter text.](#)

---

Has anyone ever told you that you had a learning disability? What do you know about that? What accommodations have helped you in the past?

[Click here to enter text.](#)

---

What are your strengths related to being a student?

[Click here to enter text.](#)

---

What languages do you know?

[Click here to enter text.](#)

---

### **Plans for School and Training**

What do you need in order to start school?

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Access to a computer                 | <input type="checkbox"/> Computer literacy                                | <input type="checkbox"/> Quiet place to study       | <input type="checkbox"/> Transit card |
| <input type="checkbox"/> Financial aid                        | <input type="checkbox"/> Books/ supplies                                  | <input type="checkbox"/> Mental health support      | <input type="checkbox"/> Eldercare    |
| <input type="checkbox"/> Help with transit route              | <input type="checkbox"/> Help studying                                    | <input type="checkbox"/> Help with a study calendar | <input type="checkbox"/> Childcare    |
| <input type="checkbox"/> Help navigating campus               | <input type="checkbox"/> More support from family/friends                 |   |                                       |
| <input type="checkbox"/> Help talking to teachers/instructors | <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> |   |                                       |

Comments: [Click here to enter text.](#)

---

What are your resources for paying for school tuition? For books? For other school costs?

[Click here to enter text.](#)

---

Have you ever received financial aid for school? Have you ever had a grant? What type? Have you ever defaulted on a grant or student loan?

[Click here to enter text.](#)

---

Do you need any type of classroom accommodations?

[Click here to enter text.](#)

---

What other types of supports may help you succeed in school or training?

[Click here to enter text.](#)

---

## Work Experience

### Most recent job

N/A – Person has no work experience

Job title: [Click here to enter text.](#)

Employer: [Click here to enter text.](#)

Job duties: [Click here to enter text.](#)

Start Date: [Click here to enter text.](#)      End Date: [Click here to enter text.](#)

How many hours per week: [Click here to enter text.](#)

How did you find this job? [Click here to enter text.](#)

What did you like about job? [Click here to enter text.](#)

What did you dislike? [Click here to enter text.](#)

What was your supervisor like? Your co-workers? [Click here to enter text.](#)

Reason for leaving job? [Click here to enter text.](#)

Other info about job: [Click here to enter text.](#)

---

### Next most recent job

N/A – Person has only had one job

Job title: [Click here to enter text.](#)

Employer: [Click here to enter text.](#)

Job duties: [Click here to enter text.](#)

Start Date: [Click here to enter text.](#)      End Date: [Click here to enter text.](#)

How many hours per week: [Click here to enter text.](#)

How did you find this job? [Click here to enter text.](#)

What did you like about job? [Click here to enter text.](#)

What did you dislike? [Click here to enter text.](#)

What was your supervisor like? Your co-workers? [Click here to enter text.](#)

Reason for leaving job? [Click here to enter text.](#)

Other info about job: [Click here to enter text.](#)

---

**Next most recent job**

N/A – Person has only had two jobs

Job title: [Click here to enter text.](#)

Employer: [Click here to enter text.](#)

Job duties: [Click here to enter text.](#)

Start Date: [Click here to enter text.](#)      End Date: [Click here to enter text.](#)

How many hours per week: [Click here to enter text.](#)

How did you find this job? [Click here to enter text.](#)

What did you like about job? [Click here to enter text.](#)

What did you dislike? [Click here to enter text.](#)

What was your supervisor like? Your co-workers? [Click here to enter text.](#)

Reason for leaving job? [Click here to enter text.](#)

Other info about job: [Click here to enter text.](#)

*Please use additional sheets for other jobs.*

---

**Military Experience**

**Not applicable because person was not in the military**

Branch: [Click here to enter text.](#)

Dates: [Click here to enter text.](#)

Training or work experience: [Click here to enter text.](#)

Certificate or license: [Click here to enter text.](#)

---

**Cultural Background**

Use the following script to introduce the next set of questions to the person.



**“Our agency aims to work with people from different backgrounds and with diverse experiences. The next set of questions will help me understand your background and culture, which may help us in planning for jobs.”**

What is important to you in terms of your background and culture? (i.e., race, ethnicity, color, gender, economic status, etc.)

[Click here to enter text.](#)

---

Which different languages do you speak? Which language do you prefer?

[Click here to enter text.](#)

---

What special events or holidays do you celebrate? Are there family traditions that you still practice? How would you like your family involved as we move forward in the process of getting and keeping a job?

[Click here to enter text.](#)

---

Is it important to you whether your work supervisor is male or female?

[Click here to enter text.](#)

---

Have you ever felt discriminated against or treated unfairly when you were looking for work or on the job? Could you tell me about that?

[Click here to enter text.](#)

---

## Mental Health

Has anyone ever told you that you have a mental illness? If so, what did they say?

[Click here to enter text.](#)

---

How does your mental illness affect you?

[Click here to enter text.](#)

---

What are the first signs that you may be experiencing a symptom flare-up?

[Click here to enter text.](#)

---

How do you cope with your symptoms?

[Click here to enter text.](#)

---

What medicines do you take and when do you take them?

[Click here to enter text.](#)

---

How do the medicines work for you?

[Click here to enter text.](#)

---

## Physical Health

How is your physical health? Do you have any health problems?

[Click here to enter text.](#)

---

Do you have any problems with the following:

Standing for long periods  No  Yes

Can you stand for more than an hour?  No  Yes

Sitting  No  Yes

How long can you sit? [Click here to enter text.](#)

Climbing stairs?  No  Yes

How many flights? How often? [Click here to enter text.](#)

Lifting  No  Yes

How much can you lift? [Click here to enter text.](#)

Endurance  No  Yes

How many hours could you work each day? [Click here to enter text.](#)

Each week? [Click here to enter text.](#)

---

What is the best time of day for you?

[Click here to enter text.](#)

---

## Cognitive Health

Do you have problems with memory?

[Click here to enter text.](#)

---

Concentrating?

[Click here to enter text.](#)

---

Doing things fast (psychomotor speed)?

[Click here to enter text.](#)

---

If so, what things have helped with these issues in the past?

[Click here to enter text.](#)

---

## Getting Ready for a Job

Do you have the clothes you will need for a job? For interviews?

[Click here to enter text.](#)

---

Do you have an alarm clock or way to wake up for work?

[Click here to enter text.](#)

---

Do you have two forms of identification? Picture ID, social security card...?

[Click here to enter text.](#)

---

How will you get to work?

[Click here to enter text.](#)

---

## Interpersonal Skills

Would you like a job that involved working with the public?

[Click here to enter text.](#)

---

Where do you live and with whom do you live?

[Click here to enter text.](#)

---

Who do you spend time with? How often do you see or talk to them?

[Click here to enter text.](#)

---

Who can help us think about jobs you would enjoy?

[Click here to enter text.](#)

Appointment made with this person to discuss jobs.

If not, why? [Click here to enter text.](#)

---

Once you are employed, who would be a good person to support you?

[Click here to enter text.](#)

---

Anyone else?

[Click here to enter text.](#)

---

## Benefits

Do you receive any of the following benefits?

SSI       SSDI       Housing Subsidy       Food Stamps       TANF

- Retirement from previous job     VA benefits (combat related?  Yes)
  - Spouse or dependent child receives benefits
  - Medicaid     Medicare     Other benefits: [Click here to enter text.](#)
  - Unsure which benefits s/he receives
  - No benefits
- 

Do you manage your own money?

[Click here to enter text.](#)

---

- Referral made to benefits planner.  
If no referral, why not: [Click here to enter text.](#)
- 

## Disclosure

(or use “Plan for Approaching Employers” Worksheet)

Please explain that each person using supported employment services can decide whether or not their specialist will contact employers on their behalf.

What could be some of the advantages of having an employment specialist contact employers on your behalf?

[Click here to enter text.](#)

---

What could be some of the disadvantages?

[Click here to enter text.](#)

---

Are there any things that you would **not** want your employment specialist to share with an employer?

[Click here to enter text.](#)

---

Do you know whether or not you would like your specialist to go ahead and contact employers on your behalf? (It is okay to change your mind at any time):

[Click here to enter text.](#)

---

If you decided that the specialist should not contact employers, what things would you like him or her to do in order to help you find a job?

- Help with job leads             Help filling out applications             Help writing a resume
  - Rides to job interviews     Practicing job interview questions and answers
  - Help following up on applications             Other: [Click here to enter text.](#)
-

## Substance Use

How much alcohol do you drink?

[Click here to enter text.](#)

---

How often?

[Click here to enter text.](#)

---

Is there a particular time of day?

[Click here to enter text.](#)

---

What drugs do you, or have you, used?

[Click here to enter text.](#)

---

How often?

[Click here to enter text.](#)

---

## Legal History

Have you ever been arrested?

[Click here to enter text.](#)

---

Have you ever been convicted of a crime?

[Click here to enter text.](#)

---

Conviction 1:

Year:

[Click here to enter text.](#)

[Click here to enter text.](#)

Sentence:

[Click here to enter text.](#)

---

Conviction 2:

Year:

[Click here to enter text.](#)

[Click here to enter text.](#)

Sentence:

[Click here to enter text.](#)

---

Conviction 3:

Year:

[Click here to enter text.](#)

[Click here to enter text.](#)

Sentence:

[Click here to enter text.](#)

---

Conviction 4:

Year:

[Click here to enter text.](#)

[Click here to enter text.](#)

Sentence:

[Click here to enter text.](#)

---

Conviction 5:

Year:

[Click here to enter text.](#)

[Click here to enter text.](#)

Sentence:

[Click here to enter text.](#)

---

Conviction 6:

Year:

[Click here to enter text.](#)

[Click here to enter text.](#)

Sentence:

[Click here to enter text.](#)

---

What problems, if any, were you having in your life at the time of the offenses?

Click here to enter text.

Do you have any pending legal charges? If so, what charge?

Click here to enter text.

Parole Officer name:

Click here to enter text.

PO phone number:

Click here to enter text.

Do you have a copy of your rap sheet?

No

Yes

Do you want to get a copy of it?

No

Yes

## Daily Activity

What is a typical day like for you from the time you get up until you go to bed?

Click here to enter text.

Are there places in your neighborhood that you like to go to?

Click here to enter text.

Do you belong to clubs, groups, a church, etc.?

Click here to enter text.

What hobbies or interests do you have?

Click here to enter text.

What are your typical sleep hours?

Click here to enter text.

## Networking Contacts (Family, friends, previous employers, other)

Click here to enter text.

## Information from Family, Previous Employers or Others

Click here to enter text.

\_\_\_\_\_  
Staff signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Client signature

Date: \_\_\_\_\_

# Vocational Assessment Profile Guide

For Use with Veterans Enrolled in IPS SE in SCI

Veteran's Name: \_\_\_\_.

Date of Program Enrollment: \_\_\_\_.

VRS Name: \_\_\_\_.

## Personal Information

1. **Tell me about yourself.** *Listen for those things the Veteran considers most important or relevant to share. Listen, too, for what is not said.*

---

2. **What do you consider your strengths, skills, abilities and passions? What do others say about your strengths, skills, abilities and passions?** *Listen for what the Veteran believes about him/herself. Does this conflict with the perception he/she believes others to have? Are there strengths that are not being used? Are there transferable skills and abilities from pre-injury life or military service?*

---

3. **Include input from family/significant others, treatment team members, and clinical record regarding Veteran's interests, strengths, skills, abilities and passions.**

---

## Employment

4. **What do you want to do for a job?** *Listen for Veteran's preferences, and reasons for wishing to pursue something particular. Listen for ambiguity or uncertainty and ask follow up questions to develop clarity. As you listen, begin generating ideas for initial job development efforts...where might you go together for informational interviews/tours, giving you the opportunity to learn more about the Veteran and his/her preferences?*

---

5. **What is your dream job? Why does that appeal to you?** *Encourage unrestrained thinking. Listen for passions, values, etc that contribute to this "ideal" job. What are the specific components of the dream job, i.e. location, tasks, persons in the workspace, connections to memories/personal meaning, self-esteem enhancements.*

---

## Vocational Assessment Profile for Veterans

6. **Talk about your career aspirations for the next 5 years.** *We want to set the Veteran on a career path. What is his/her short-term career goal?*
- 

7. **Health history/Functional strengths and challenges:** *Investigate the following areas and guide discussion toward relating information to work tasks and environment.*
- 

a. **Upper extremity function**—Fluency vs stiffness/tightness of hands; Use of arms, i.e. typing, writing/holding a pen, gripping, lifting/carrying light objects; Any accommodations made by veteran to accomplish tasks without strong use of upper extremities, i.e. use of mouth stick?

---

b. **Lower extremity function**—Gait/balance, i.e. ability to stand or walk, falling risk; wheelchair use and type?

---

c. **Bladder function**—Existing routine, any problems with control, urgency, leaks?

---

d. **Bowel function**—Existing routine, any problems with control, urgency, leaks?

---

e. **Pain or spasms**—Type and frequency of occurrence; any interference with daytime activities or sleep?

---

f. **Autonomic dysreflexia**—Any history of this condition? Is it under control? Plans for managing should it occur?

---



**8. Work history and military service.** *Note: Add a row for each additional job.*

Pre-injury: Non-military

<b>Dates of Employment</b>	<b>How Job Was Obtained</b>	<b>Title</b>	<b>Employer</b>	<b>Tasks</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>	<b>How Job Ended</b>

Pre-injury: Military

<b>Dates of Service</b>	<b>Title</b>	<b>Tasks</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>	<b>How Service Ended</b>

Post-injury

<b>Dates of Employment</b>	<b>How Job Was Obtained</b>	<b>Title</b>	<b>Employer</b>	<b>Tasks</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>	<b>How Job Ended</b>

**9. Educational history**

Pre-injury

<b>School</b>	<b>Degree(s)</b>	<b>Certifi- cation(s)</b>	<b>Dates Attended</b>	<b>Subjects</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>

Post-injury

<b>School</b>	<b>Degree(s)</b>	<b>Certifi- cation(s)</b>	<b>Dates Attended</b>	<b>Subjects</b>	<b>Likes</b>	<b>Dislikes</b>	<b>Potential Network Contacts and Contact Info</b>

## Daily Life, Routines, and Community Involvement

*Include input from family/significant others, treatment team members, and clinical record regarding Veteran's health, employment and education such as their knowledge of Veteran's health status, impressions of Veteran's functioning, potentially good job matches, and appropriate environments.*

**10. Describe your family and current living arrangements, i.e. immediate, extended, household members, primary family relationships, type of domicile, configuration of living space.** *Gather the basic information while listening for positives and negatives in terms of relationships with each person. Who offers support? On whom does the Veteran rely most? What modifications exist in the home that may inform workplace needs?*

---

**11. How do you get around in terms of transportation? What are your plans for getting back and forth to work?** *Listen for current transportation resources, and other options, as well as for needs that may exist now or upon starting work.*

---

**12. What can you tell me about your personal mobility?** *Listen for information about wheelchair or other devices that facilitate mobility. Observe the chair, consider its dimensions and means of operating as they pertain to potential work environments. Listen for information about accessibility, especially in terms of public spaces/potential work environments.*

---

**13. How do you spend your free time? What are your favorite activities? Why?** *Listen for passions, interests, motivators, etc, that may either provide ideas for employment, or that may be enhanced by the Veteran earning income from employment or having additional structure in his/her day.*

---

**14. Are there any special traditions you like to engage in or uphold? What memories do you have of celebrating these traditions?** *Listen for information that suggests what is meaningful to the Veteran and why.*

---

**15. Describe a typical day.** *Listen for routines, sleep/wake schedules, self-care schedules, meal schedules, activities enjoyed, others involved in the Veteran's day, time required to transition from one activity to another.*

- 
- 16. Include input from family/significant others, treatment team members, and clinical record regarding Veteran’s relationships, living situation, transportation situation and daily routines.**
- 

**Substance Use Information**

- 17. Do you have any history of alcohol or drug use?** *Listen for discussion of history and if any, for specifics of use, time of day/amount per day/whether treatment was sought/whether treatment was successful, is treatment current, etc.*
- 

- 18. If so, did your use have any effects on your employment? In what ways?**  
*Listen for areas Veteran focuses on and determine whether there are existing areas of need or how use may have interfered with working.*
- 

- 19. Is substance use something you are currently dealing with?** *Observe body language, voice tone, eye contact, and help veteran relate any current use with plans to pursue work.*
- 

- 20. If use is current, what time(s) of day do you typically use and how much?** *Listen for information that can inform plans to develop jobs, what needs to be taken into consideration, etc.*
- 

- 21. What things should we consider in terms of your substance use now and looking for a job?** *Keep in mind the principle of “zero exclusion.” The Veteran does not have to be drug-free in order to pursue employment. Work may provide incentive for positive changes in this area of the Veteran’s life.*
-

## Justice System Involvement

22. **Have you ever been arrested?**

---

23. **If so, have you ever been convicted of a crime?**

Type: \_\_\_\_. Year: \_\_\_\_.

State: \_\_\_\_. Circumstances: \_\_\_\_.

Type: \_\_\_\_. Year: \_\_\_\_.

State: \_\_\_\_. Circumstances: \_\_\_\_.

Type: \_\_\_\_. Year: \_\_\_\_.

State: \_\_\_\_. Circumstances: \_\_\_\_.

24. **Do you have any legal charges pending? How do you see your legal involvement having affected employment for you in the past?** *Listen for areas Veteran focuses on, and determine whether there are existing areas of need or how use may have interfered with working.*

---

25. **What things should we consider in terms of your legal status now and looking for a job?** *Keep in mind the principle of “zero exclusion.” We will assist and support Veterans with criminal justice involvement/backgrounds in their efforts to improve their current lives.*

---

## Supports

**26. How do you see your medical status impacting the way that you use your strengths?**

*Listen for discussion of health and strengths, as well as for limiting issues. Encourage the Veteran to discuss positives of his/her functioning/ overcoming of barriers, as well as areas that require support for optimal functioning.*

---

**27. What anxieties/fears do you have about working?** *Observe body language, eye contact, voice tone, etc, as this is discussed, focusing on what is verbalized and what may be underneath the surface.*

---

**28. How do you typically handle it when you feel you truly need help in accomplishing something?** *Be alert to Veteran's sense of personal pride and independence, listening for clues as to how needed support information can be elicited, and how needed supports can be respectfully provided.*

---

**29. What do you generally do to help yourself feel calm and confident?** *Determine what coping mechanisms already exist for the Veteran so they can be utilized, while also listening for areas of need. Elicit names of people who are supportive and may be counted on to help veteran when he/she experiences anxiety or setbacks.*

---

**30. What ideas do you have now for supports you might need for successful employment?** *Listen for Veteran's perspective, preferences, personal boundaries, creativity.*

---

31. **Include input from Veteran’s family/significant others, treatment team members, and clinical record regarding the impact of Veteran’s medical status on his/her use of strengths, existing supports, support needs and support ideas.**

**Networks**

32. **We want to develop a network of people who might lead to the person who will hire you. Let’s think of all the contacts you currently have in the community who could be part of this network, i.e. family, friends, hair stylist/barber, coffee shop owner, grocery store manager.\* Take time with this, encouraging Veteran to think of all possibilities, using community outings and family/significant others to generate as many names as possible.**

<b>Person’s Name</b>	<b>Affiliation to Veteran</b>	<b>Place of Employment</b>	<b>Special Information about This Person</b>

33. **We also want to consider those places in the community where you go regularly, where the business owners know you at least by face, i.e. local pool hall, VFW, gym, church, car wash.\* Take time with this, encouraging Veteran to think of all possibilities, using community outings and family/significant others to generate as many names as possible.**

<b>Name of Place</b>	<b>Frequency of Going There</b>	<b>Why Do You Enjoy Going There?</b>

**\*Secure a written Release of Information for permission to speak with each person listed above.**

- 34. Expand Veteran’s network by including input from family/significant others, treatment team members, and clinical record.** *These sources may be able to provide knowledge of who Veteran knows, as well as share their own contacts in the community that could further develop Veteran’s network.*
- 

**COMPLETION OF THIS DOCUMENT REQUIRES:**

- **A WRITTEN NARRATIVE SUMMARIZING ALL INFORMATION GATHERED**
- **VRS’S SIGNATURE AND DATE OF COMPLETION**
- **ENTRY INTO CPRS.**

**ADDENDUM SECTION**

As part of ongoing assessment, you will add information to the profile.

When adding new information

- Include dates and setting(s) in which information was gathered.
- Reference the appropriate section in the VAP.
- Enter into CPRS.



# CAREER PROFILE TIP SHEET

Designed to make completing the profile more appealing. (Perfect to stick to the desktop)



## GETTING STARTED



### Begin by listening, learning, and building trust.

You are just getting to know each other. Instead of focusing on paperwork, review and memorize important questions to ask *before* meeting. If needed, bring a small pad to take notes and offer to share these with person. Listen for subtle tidbits of information related to employment/education to keep conversation focused. [Meet outside the office to learn the most!](#)

- Start where person is at and go at their pace.
- Listen with openness & curiosity to *person's story*.
- Use open-ended questions to discover details
  - Ask who, what, where, when, how (not why.)
- Use questions to guide, but avoid interrupting.
- Be hospitable – help person feel comfortable.
- Ideas on where to meet (ask person first):
  - Library, café, laundromat, park, book store, university, hotel lobby.

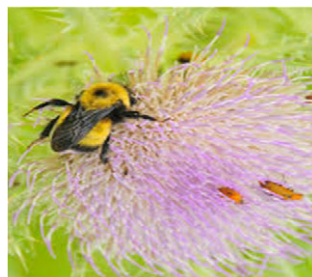
## GATHERING INFORMATION

Be okay not knowing everything at once – the details will come in time.

"HELP!  
I'LL NEVER GET THIS DONE!"

- Use existing information to populate form.
- Ask care managers, therapists, psychiatrists, Vocational Rehabilitation counselors, peers, family members (with permission) for information.
  - If no team, then ask for permission to chat with people who know person.
- Schedule time each day to add information to profiles until complete – keep at it!
- Have a goal to learn at least three new things about person with each meeting.

- Keep profile alive by using it and adding new information as it's discovered over time.
  - Share additions with job seekers and put in clinical file.



## ADDITIONAL RESOURCES

⇒ [www.ipsworks.org](http://www.ipsworks.org)


### BENEFITS OF PROFILE

- ⇒ Discovers passions and interests and strengths
- ⇒ Guides job choices and educational goals
- ⇒ Identifies disclosure preferences
- ⇒ Identifies supportive people to involve
- ⇒ Shows employment history
- ⇒ Illuminates supports needed
- ⇒ Informs useful job search and follow-along plans
- ⇒ Facilitates brainstorming of ideas in supervision

# BASIC TIPS TO GET STARTED

## QUESTIONS TO ENGAGE JOB SEEKER



- **Complete profile** within **first few weeks** of meeting with new person.
- **Explain that the various questions** being asked are helpful for understanding the person's interests, strengths, uniqueness, culture, and experiences. Answers **help with planning together** for the best job or educational pursuits.
- **DISCLOSURE:**  **Remember to explain** that the person can decide whether or not the IPS specialist will contact employers on job seeker's behalf AND this **decision can be changed** at any time.

## Show Belief. Highlight Possibilities.

Develop your own creative questions that demonstrate belief in the person and in possibilities.



**Bring people into the future by asking questions that energize and inspire hope.**

Focusing on the past too much can hold people back and may get boring.



**Action steps increase hope, confidence, and engagement.**

Gather information while being active in the community.

Develop & review action steps at each meeting.

Meet as frequently as possible to keep momentum.

*Remember to record frequently and share with job seeker and team!*

Prepared by: Tara Alley (North Carolina), Sharon Cook (Utah), Laura Flint (Vermont), Jackie Pogue (California)

## Employer Contact Questions\*

- How would you describe someone who is successful in this company?
- What do you specifically look for in a job candidate?
- How do most people find out you need to hire a new employee?
- What issues routinely come up in hiring that you would rather avoid?
- What can you tell me about turnover in this company?
- Do you have a busy time of day/month/year?
- If you had an unlimited budget, how would you use it to grow your business?
- Where would this business/department/program like to be in five years?
- Are there tasks that seem to always get moved to lower priority, but really need to get done?
- How would you describe your supervisory style?
- What would your employees say about the culture/workplace environment here?
- What specific steps must someone take in order to be hired here?
- What flexibility do you have in terms of creating positions based on your needs?
- Are there types of positions in this business that the average person might not know about?
- What is a typical day like for a (name of position)?
- What would your employees say they like about working for this company?
- What should I know about your business that may not be readily apparent to a job seeker?
- So if I do know someone who I think would be a good fit for this company, how could I best help that person get an interview?
- Do you happen to know others in the business community who might be able to give me additional information about this kind of business/industry, or who might otherwise be good for me to contact?
- I appreciate your time and how much you've shared with me. Would you mind if I drop in on you from time to time to see how things are going?

---

\* This list was developed through the collaborative efforts of the PROMOTE Supported Employment Clinical Coordinator and the site Vocational Rehabilitation Specialists.

## Job Follow-Along Plans

The treatment plan forms that programs use vary depending on payers, accrediting organizations, and so forth. However, there are some basic elements that should be included in all individualized job support plans: a goal in the person's own words, some basic information about the job, and clear statements about the type and frequency of job supports. A simple rule for individualized plans is that even if the person's name were removed, the employment specialist and other staff would be able to easily identify the person whose plan it is. Below is an example of an individualized follow-along plan.

**Goal (in person's own words):** "I feel good about having a job again. I hope my new supervisor is more understanding. I'm going to try to get along with my supervisor and hang onto this position for longer than my last job."

**Job:** Alva starts work next week at a diner. She'll be doing food prep from 3PM to 8PM, Thursday through Saturday. Her job also includes making ice tea and keeping the salad bar stocked and clean.

**Objective:** Alva will successfully negotiate job issues with her supervisor.

- Employment specialist will meet with Alva and her supervisor every two weeks for the first six weeks. They'll discuss Alva's progress on the job and any issues that she may need to improve. These meetings will also provide Alva an opportunity to talk about how the job is going from her perspective. After six weeks, Alva, the supervisor and employment specialist will decide if they can decrease the frequency of the meetings.
- Employment specialist and Alva will meet together outside of the workplace at least once a week to talk about how the job is going. If there are any issues on the job, employment specialist and Alva will role-play ways that Alva can talk about these issues with her boss.

**Objective:** Alva will be able to get to work each day that she is scheduled.

- Employment specialist will take the bus to work with Alva the first 2 days that she is scheduled to work. Alva will take the bus on her own after that.
- Alva's case manager will help her purchase monthly bus passes.

**Objective:** Alva will not use alcohol during the day before going to work at 3PM.

- Alva and her employment specialist will review progress on this objective during weekly meetings.
- Alva's case manager will help her manage her work income so that she isn't tempted to drink more because of the extra income.
- Alva will continue going to her IDDT group so that she can talk about her plans to decrease the amount of alcohol she drinks.

## Follow Along Support — Menu of Possibilities

Work Day Supports	Transportation	Benefit Counseling
Keeping track of work schedule/calendar Plan for clean work clothes/uniform Waking up on time- alarm clock/phone call Meals/snacks /medications during work Timecards- Punching in and out New employee orientation Grooming	Rides to and from work first few weeks on the job Auto repairs Purchasing vehicle Plan to approach co-workers for rides Bus pass/ travel training Help with Bicycle or Gas Voucher Obtaining Driver’s license	Explanation of how benefits will be affected Explore incentive programs Monthly wage reporting SSA letters Plan for savings Becoming own payee Address raises or changes in pay/hours
Co-Worker and Boss Relations	Staying Sober	Managing Symptoms
Strategy to disclose/not disclose Palan to get performance feedback from boss Topics of conversation with co-workers Plan to increase-decrease interactions coworkers When to accept offers for more hours Someone to listen to workplace issues	Plan to include sponsor/mentor in work issues Address potential substance use in workplace Address co-workers offer to use Plan for support on paydays Meet with A&D team to plan supports	Plan for managing stress- self care How to recognize symptoms Plan for what to do if symptoms arise at work How to call in sick if necessary Ask for medication adjustment
Next Steps Career-Wise	Support Network	On-the-Job Supports
How to ask for promotion or raise Increasing skills in workplace Managing evaluations/feedback Looking for the next job How to give notice Supported education	Involve family and friends Facilitate meetings with VR counselor Talk to treatment team about supports Involve Peer Supports Coworkers/Boss	Give employer incentive information Job coaching-demonstrate tasks Meet briefly w/ employer and client regularly Make list of job duties Ask for accommodation Use clock/alarms See page 103-104 IPS manual

## Individualized Follow-Along Job Support Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_.

Job: \_\_\_\_\_.

Goal (in person's own words) : \_\_\_\_\_.

Disclosure:     Employment specialist will talk to supervisor             Employment specialist should not talk to supervisor

Objective	Activities (include frequency)	Person(s) Responsible	Date started/ completed

<u>Criterion</u>	<u>Data Source***</u>	<u>Anchor</u>
<p>3. <u>Vocational generalists</u>: Each employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in “Services”.)</p>	<p>MIS, DOC, INT, OBS</p>	<p>1= Employment specialist only provides vocational referral specialist service to vendors and other programs.</p> <p>2= Employment specialist maintains caseload but refers clients to other programs for vocational services.</p> <p>3= Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports).</p> <p>4= Employment specialist provides five phases of employment service but not the entire service.</p> <p>5= Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).</p>

**ORGANIZATION**

<p>1. <u>Integration of rehabilitation with spinal cord injury (SCI) treatment through team assignment</u>: Employment specialists are part of up to 2 SCI treatment teams from which at least 90% of the employment specialist’s caseload is comprised.</p>	<p>MIS, DOC, INT, OBS</p>	<p>1= Employment specialists are part of a vocational program that functions separately from the SCI treatment.</p> <p>2= Employment specialists are attached to three or more SCI treatment teams. <u>OR</u> Clients are served by individual SCI practitioners who are not organized into teams. <u>OR</u> Employment specialists are attached to one or two teams from which less than 50% of the employment specialist’s caseload is comprised.</p> <p>3= Employment specialists are attached to one or two SCI treatment teams, from which at least 50 - 74% of the employment specialist’s caseload is comprised.</p> <p>4= Employment specialists are attached to one or two SCI treatment teams, from which at least 75 - 89% of the employment specialist’s caseload is comprised.</p> <p>5= Employment specialists are attached to one or two SCI treatment teams, from which 90 - 100% of the employment specialist’s caseload is comprised.</p>
--	---------------------------	---

## SUPPORTED EMPLOYMENT FIDELITY SCALE

<u>Criterion</u>	<u>Data Source***</u>	<u>Anchor</u>
<p>3. <u>Vocational generalists</u>: Each employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in “Services”.)</p>	MIS, DOC, INT, OBS	<p>1= Employment specialist only provides vocational referral specialist service to vendors and other programs.</p> <p>2= Employment specialist maintains caseload but refers clients to other programs for vocational services.</p> <p>3= Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job placement, job coaching, and follow along supports).</p> <p>4= Employment specialist provides five phases of employment service but not the entire service.</p> <p>5= Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).</p>
<h3>ORGANIZATION</h3>		
<p>1. <u>Integration of rehabilitation with spinal cord injury (SCI) treatment through team assignment</u>: Employment specialists are part of up to 2 SCI treatment teams from which at least 90% of the employment specialist’s caseload is comprised.</p>	MIS, DOC, INT, OBS	<p>1= Employment specialists are part of a vocational program that functions separately from the SCI treatment.</p> <p>2= Employment specialists are attached to three or more SCI treatment teams. <u>OR</u> Clients are served by individual SCI practitioners who are not organized into teams. <u>OR</u> Employment specialists are attached to one or two teams from which less than 50% of the employment specialist’s caseload is comprised.</p> <p>3= Employment specialists are attached to one or two SCI treatment teams, from which at least 50 - 74% of the employment specialist’s caseload is comprised.</p> <p>4= Employment specialists are attached to one or two SCI treatment teams, from which at least 75 - 89% of the employment specialist’s caseload is comprised.</p> <p>5= Employment specialists are attached to one or two SCI treatment teams, from which 90 - 100% of the employment specialist’s caseload is comprised.</p>



## SUPPORTED EMPLOYMENT FIDELITY SCALE

<u>Criterion</u>	<u>Data Source***</u>	<u>Anchor</u>
<p>2. <u>Integration of rehabilitation with SCI health treatment thru frequent team member contact:</u>                      Employment specialists actively participate in weekly SCI treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their SCI treatment team members. Documentation of SCI treatment and employment services is integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services.</p>	<p>MIS, DOC INT, OBS</p>	<p>1= One or none is present.                      2= Two are present weekly                      3= Three are present.                      4= Four are present.                      5= Five are present.</p> <p><u>All five key components are present.</u></p> <ul style="list-style-type: none"> <li>• Employment specialist attends weekly SCI treatment team meetings.</li> <li>• Employment specialist participates actively in treatment team meetings with shared decision-making.</li> <li>• Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's SCI treatment record.</li> <li>• Employment specialist's office is in close proximity to (or shared with) their SCI treatment team members.</li> <li>• Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.</li> </ul>
<p>3. <u>Collaboration between employment specialists and Vocational Rehabilitation (VR) counselors:</u> The employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.</p>	<p>DOC, INT, OBS, ISP</p>	<p>1= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) less than quarterly to discuss shared clients and referrals. <u>OR</u> Employment specialists and VR counselors do not communicate.</p> <p>2= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) at least quarterly to discuss shared clients and referrals.</p> <p>3= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals.</p> <p>4= Employment specialists and VR counselors have scheduled, face-to-face meetings at least quarterly, <u>OR</u> have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.</p> <p>5= Employment specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.</p>

## SUPPORTED EMPLOYMENT FIDELITY SCALE

<u>Criterion</u>	<u>Data Source</u> ***	<u>Anchor</u>
<p>4. <u>Vocational unit</u>: At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.</p>	<p>MIS, INT, OBS</p>	<p>1= Employment specialists are not part of a vocational unit.</p> <p>2= Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.</p> <p>3= Employment specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. <u>OR</u>, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference.</p> <p>4= At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. <u>OR</u>, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference and SCI practitioners are available to help the employment specialist with activities such as taking someone to work or picking up job applications.</p> <p>5= At least 2 full-time employment specialists and a team leader form an employment unit with weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.</p>

## SUPPORTED EMPLOYMENT FIDELITY SCALE

<u>Criterion</u>	<u>Data Source***</u>	<u>Anchor</u>
<p>5. <u>Role of employment supervisor</u>: Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.</p>	<p>MIS, INT, DOC, OBS</p>	<p>1= One or none is present.</p> <p>2= Two are present.</p> <p>3= Three are present.</p> <p>4= Four are present.</p> <p>5= Five are present.</p> <p><u>Five key roles of the employment supervisor:</u></p> <ul style="list-style-type: none"> <li>• One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.)</li> <li>• Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.</li> <li>• Supervisor communicates with SCI treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to SCI workers) and to be a champion for the value of work. Attends a meeting for each SCI treatment team on a quarterly basis.</li> <li>• Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.</li> <li>• Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.</li> </ul>

## SUPPORTED EMPLOYMENT FIDELITY SCALE

6. Zero exclusion criteria: All clients interested in working have access to supported employment regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the SCI unit does not use them to exclude anybody. Clients are not screened out formally or informally.

DOC, INT  
OBS

- 1= There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners.
- 2= Most clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low employment level of functioning, etc.).
- 3= Some clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).
- 4= No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.
- 5= All clients interested in working have access to supported employment services. SCI practitioners encourage clients to consider employment, and referrals for supported employment are solicited by many sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held

7. Agency focus on competitive employment: Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with SCI, regardless of severity. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with leadership and staff.

DOC, INT  
OBS

- 1= One or none is present.
  - 2= Two are present.
  - 3= Three are present.
  - 4= Four are present.
  - 5= Five are present.
- Agency promotes competitive work through multiple strategies:
- Agency intake includes questions about interest in employment.
  - Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.
  - Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas.
  - Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.
  - Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.

## SUPPORTED EMPLOYMENT FIDELITY SCALE

8. Executive team support for SE: Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present.

DOC, INT  
OBS

1= One is present.

2= Two are present.

3= Three are present.

4= Four are present.

5= Five are present.

- Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.
- Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability.
- At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.
- The agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.
- SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.

SERVICES

1. Work incentives planning: All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits.

DOC, INT  
OBS, ISP

- 1= Work incentives planning is not readily available or easily accessible to most clients served by the agency.
- 2= Employment specialist gives client contact information about where to access information about work incentives planning.
- 3= Employment specialist discusses with each client changes in benefits based on work status.
- 4= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job.
- 5= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.

2. Disclosure: Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.

DOC, INT  
OBS

- 1= None is present.
- 2= One is present.
- 3= Two are present.
- 4= Three are present.
- 5= Four are present
  - Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.
  - Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer.
  - Employment specialists discuss specific information to be disclosed (e.g., disclose receiving SCI treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers.
  - Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)

## SUPPORTED EMPLOYMENT FIDELITY SCALE

### 3. Ongoing, work-based vocational assessment:

Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc, is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and, with the client's permission, from family members and previous employers.

DOC, INT,  
OBS, ISP

- 1= Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.
- 2= Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).
- 3= Employment specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths, etc. and do not routinely analyze job loss (or job problems) for lessons learned.
- 4= Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. They do not document these lessons learned in the vocational profile, OR The vocational profile is not updated on a regular basis.
- 5= Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes.

4. Rapid job search for competitive job: Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry.

DOC, INT,  
OBS, ISP

- 1= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average 271 days or more (> 9 mos.) after program entry.
- 2= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry.
- 3= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry.
- 4= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.
- 5= The program tracks employer contacts and the first face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average within 30 days (one month) after program entry

5. Individualized job search: Employment specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.

DOC, INT  
OBS, ISP

- 1= Less than 25% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc. rather than the job market.
- 2= 25-49% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.
- 3= 50-74% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market
- 4= 75-89% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan.
- 5= Employment specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, employment specialists provide information about a range of job options in the community.



## SUPPORTED EMPLOYMENT FIDELITY SCALE

### 6. Job development - Frequent employer contact:

Each employment specialist makes at least 6 face to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.

DOC, INT

- 1= Employment specialist makes less than 2 face-to-face employer contacts that are client-specific per week.
- 2= Employment specialist makes 2 face-to-face employer contacts per week that are client-specific, OR Does not have a process for tracking.
- 3= Employment specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a monthly basis.
- 4= Employment specialist makes 5 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a weekly basis.
- 5= Employment specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, employment specialist uses a tracking form that is reviewed by the SE supervisor on a weekly basis.

### 7. Job development - Quality of employer contact:

Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each employment specialist, then calculate average and use the closest scale point.)

DOC, INT,  
OBS

- 1= Employment specialist meets employer when helping client to turn in job applications, OR Employment specialist rarely makes employer contacts.
- 2= Employment specialist contacts employers to ask about job openings and then shares these “leads” with clients.
- 3= Employment specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client.
- 4= Employment specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths and asks employers to interview clients.
- 5= Employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer.

## SUPPORTED EMPLOYMENT FIDELITY SCALE

8. Diversity of job types: Employment specialists assist clients in obtaining different types of jobs.

DOC, INT,  
OBS, ISP

- 1= Employment specialists assist clients obtain different types of jobs less than 50% of the time.
- 2= Employment specialists assist clients obtain different types of jobs 50-59% of the time.
- 3= Employment specialists assist clients obtain different types of jobs 60-69% of the time.
- 4= Employment specialists assist clients obtain different types of jobs 70-84% of the time.
- 5= Employment specialists assist clients obtain different types of jobs 85-100% of the time.

9. Diversity of employers: Employment specialists assist clients in obtaining jobs with different employers.

DOC, INT,  
OBS, ISP

- 1= Employment specialists assist clients obtain jobs with the different employers less than 50% of the time.
- 2= Employment specialists assist clients obtain jobs with the same employers 50-59% of the time.
- 3= Employment specialists assist clients obtain jobs with different employers 60-69% of the time.
- 4= Employment specialists assist clients obtain jobs with different employers 70-84% of the time.
- 5= Employment specialists assist clients obtain jobs with different employers 85-100% of the time.

10. Competitive jobs: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)

DOC, INT,  
OBS, ISP

- 1= Employment specialists provide options for permanent, competitive jobs less than 64% of the time, OR There are fewer than 10 current jobs.
- 2= Employment specialists provide options for permanent, competitive jobs about 65- 74% of the time.
- 3= Employment specialists provide options for permanent competitive jobs about 75-84% of the time.
- 4= Employment specialists provide options for permanent competitive jobs about 85-94% of the time.
- 5= 95% or more competitive jobs held by clients are permanent.

11. Individualized follow-along supports:

Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client’s request. Employment offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.

DOC, INT,  
OBS, ISP

- 1= Most clients do not receive supports after starting a job.
- 2= About half of the working clients receive a narrow range of supports provided primarily by the employment specialist.
- 3= Most working clients receive a narrow range of supports that are provided primarily by the employment specialist..
- 4= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialists provide employer supports at the client’s request.
- 5= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client’s request. The employment specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.

12. Time-unlimited follow-along supports:

Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by clients. Clients are transitioned to step down job supports from an SCI provider following steady employment. Employment specialists contact clients within 3 days of learning about the job loss.

DOC, INT,  
OBS, ISP

- 1= Employment specialist does not meet face-to-face with the client after the first month of starting a job.
- 2= Employment specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job.
- 3= Employment specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job.
- 4= Employment specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients.
- 5= Employment specialist has face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports, from a SCI worker following steady employment clients. Clients are transitioned to step down job supports from a SCI provider following steady employment. Employment specialist contacts clients within 3 days of hearing about the job loss.

## SUPPORTED EMPLOYMENT FIDELITY SCALE

13. Community-based services: Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours, then calculate the average and use the closest scale point.)

DOC, INT,  
OBS

- 1= Employment specialist spends 30% time or less in the scheduled work hours in the community.
- 2= Employment specialist spends 30 - 39% time of total scheduled work hours in the community.
- 3= Employment specialist spends 40 - 49% of total scheduled work hours in the community.
- 4= Employment specialist spends 50 - 64% of total scheduled work hours in the community.
- 5= Employment specialist spends 65% or more of total scheduled work hours in the community.

14. Assertive engagement and outreach by integrated treatment team: Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue SE services, the team stops outreach.

MIS, DOC,  
INT, OBS

- 1= Evidence that 2 or less strategies for engagement and outreach are used.
- 2= Evidence that 3 strategies for engagement and outreach are used.
- 3= Evidence that 4 strategies for engagement and outreach are used.
- 4= Evidence that 5 strategies for engagement and outreach are used.
- 5= Evidence that all 6 strategies for engagement and outreach are used: i) Service or termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by employment specialist with integrated team member. vi) Connect with family, when applicable.

\*Data sources:

MIS Management Information System  
DOC Document review: clinical records, agency policy and procedures  
INT Interviews with clients, employment specialists, SCI staff, VR counselors, families, employers  
OBS Observation (e.g., team meeting, shadowing employment specialists)  
ISP Individualized Service Plan

2/14/96  
6/20/01, Updated  
1/7/08, Revise

# SUPPORTED EMPLOYMENT FIDELITY SCALE

## Supported Employment Fidelity Scale Score Sheet

<b>Staffing</b>	<b>Score</b>
1. <u>Caseload size:</u>	_____
2. <u>Employment services staff:</u>	_____
3. <u>Vocational generalists:</u>	_____
<b>Organization</b>	
1. <u>Integration of rehabilitation with SCI through team assignment:</u>	_____
2. <u>Integration of rehabilitation with SCI through frequent team member contact:</u>	_____
3. <u>Collaboration between employment specialists and Vocational Rehabilitation counselors:</u>	_____
4. <u>Vocational unit:</u>	_____
5. <u>Role of employment supervisor:</u>	_____
6. <u>Zero exclusion criteria:</u>	_____
7. <u>Agency focus on competitive employment:</u>	_____
8. <u>Executive team support for SE:</u>	_____
<b>Services</b>	
1. <u>Work incentives planning:</u>	_____
2. <u>Disclosure:</u>	_____
3. <u>Ongoing, work-based vocational assessment:</u>	_____
4. <u>Rapid search for competitive job:</u>	_____
5. <u>Individualized job search:</u>	_____
6. <u>Job development—Frequent employer contact:</u>	_____
7. <u>Job development—Quality of employer contact:</u>	_____
8. <u>Diversity of job types:</u>	_____
9. <u>Diversity of employers:</u>	_____
10. <u>Competitive jobs:</u>	_____
11. <u>Individualized follow-along supports:</u>	_____
12. <u>Time-unlimited follow-along supports:</u>	_____
13. <u>Community-based services:</u>	_____
14. <u>Assertive engagement and outreach by integrated treatment team:</u>	_____
	<u>Total*:</u> _____

\*115-125 = Exemplary Fidelity  
100-114 = Good Fidelity  
74-99 = Fair Fidelity  
73 and below = Not Supported Employment

# 10 CONTRIBUTORS



*Lisa Ottomanelli, PhD*

*[lisa.ottomanelli-slone@va.gov](mailto:lisa.ottomanelli-slone@va.gov)*

Lisa Ottomanelli is a national thought leader committed to promoting effective interventions to restore and enhance employment and community reintegration for persons with disabilities. As a psychologist and researcher in the Department of Veterans Affairs (VA) Veterans Health Administration, she has over 25 years of experience serving Veterans with spinal cord injuries and other cognitive and mental disabilities, working with diverse interdisciplinary teams, and advocating for systems change to implement best practices in employment services.

After earning her doctorate in clinical psychology from Texas Tech University and completing her internship at the University of Oklahoma Health Science Center, Lisa started her career at the VA North Texas Health Care System in Dallas, Texas. While working as a psychologist in the SCI Center, she became acutely aware of the gap in services for vocational needs. She addressed this need by leading 10 years of VA research that established IPS as the most effective form of vocational rehabilitation for persons with SCI. At James A. Haley Veterans' Hospital and Clinics, in Tampa Florida, she continues to work on expanding the implementation of IPS to improve the quality of life for Veterans and others with SCI, and she consults on projects extending IPS to populations with other disabilities. Ultimately, this work supported VA national policy changes that expanded employment services to Veterans with physical disabilities.

Lisa is also an Associate Professor in the Department of Rehabilitation and Mental Health Counseling at the University of South Florida, in Tampa, and serves on the Board of Psychologists, Social Workers, and Counselors of the Academy of SCI Professionals (ASCIP) and on the Vocational Rehabilitation Core Dataset Committee of the International Spinal Cord Society (ISCoS).

Lisa is an international speaker and author of articles, book chapters, toolkits, and guides on employment and disability for both consumers and professional audiences. She has won several awards for her scholarship, leadership, and research including the Essie Morgan Award from the Academy of Spinal Cord Injury Professionals, the Clinical Excellence Award from the Paralyzed Veterans of America, and the Elizabeth and Sidney Licht Award from the American Congress of Rehabilitation Medicine.

## ***Rich Toscano, MEd***

***rich.toscano@icloud.com***

Rich has over 45 years of experience promoting System's Change and Leadership Development on issues related to Employment, Rehabilitation and Recovery. His diverse background spans expertise in local, state & federal administration of employment services; education and training on current best practices in employment & recovery; and promoting an appreciation for the values associated with Respect for the Individual's Right to Self Determination as it relates to treatment, recovery and meaningful access to career and employment.

Rich's career includes Community Development Director for the Western Massachusetts Department of Mental Health in the late 1970s; Founder and Executive Director of a private, non-profit organization focusing on career development through the 1980s and early 1990s; Consultant and Fidelity Reviewer for what was formerly the Dartmouth IPS Psychiatric Research Center (now Westat/IPSworx); Public Service Faculty at University of Georgia - University Center for Excellence on system's development and employment during the early 2000s; National Consultant on large scale dissemination initiatives using Evidence-based Supported Employment interventions for the Northeast Program Evaluation Center at Yale / New Haven - VA Central Office; and the Research Mentor / Fidelity Reviewer for several large scale randomized, control studies to address access and participation in employment for Veterans with SCI, posttraumatic stress disorder, traumatic brain injury, and serious mental illness.

## ***Joe Carlomagno, MEd***

***joseph.carlomagno@va.gov***

Joe joined the Veterans Health Administration (VHA) in the Department of Veterans Affairs (VA) in 2010 and is the National Supported Employment Program Specialist in the VHA Vocational Rehabilitation Service, Office of Mental Health and Suicide Prevention. Joe has over 30 years of experience in supported employment programs within the community mental health systems of several New England states. Joe worked as the Director of a community mental health and disability program on Martha's Vineyard and has held several positions with the State of Vermont. In the Division of Vocational Rehabilitation, he served as the State Supported Employment Coordinator and as a Vocational Rehabilitation Counselor working with young adults with disabilities. He served as the Associate Director for the Division of Developmental Disabilities and as the Quality Management Director within the Vermont Division of Disability and Aging Services. Joe has led and participated in several system change initiatives within several New England states to promote recovery, self-advocacy, Community Integrated Employment and to assist persons with disabilities to live full lives within their local communities. Currently, Joe provides support and guidance to VA Supported Employment programs, Community Based Employment Services, and Supported Self-Employment Services at VA Medical Centers nationwide, promoting recovery and the integration of employment within clinical care.

# SPECIAL THANKS



The vision for this toolkit would not have become a reality without the dedicated efforts of our talented project team at the James A. Haley Veterans' Hospital & Clinics. The development of this toolkit was supported by the comprehensive formative evaluation conducted by Bridget A. Cotner, PhD, and Nora B. Arriola, MA, MPH, and the meticulous editorial talents of Lynn Dirk, MAMC.



We produce our best work when inspired and engaged with other passionate rehabilitation leaders and professionals. The field test of this toolkit was conducted under the leadership of Michael Richardson, MD, FACP, and Kenneth Weber, CRC, LCPC, at the Edward Hines Jr. VA Hospital with the support of the VISN 12 SE Mentor Trainer, James Bonnano, MS, LPC. We are grateful for the leadership and interdisciplinary partnership that shaped this work.



## STEERING COMMITTEE

This version of the toolkit benefited greatly from the review and feedback of representatives from the following organizations:



## FUNDING ACKNOWLEDGMENT

We thank the Craig H. Neilsen Foundation for generously supporting this work. The Neilsen Foundation is dedicated to a future where persons with spinal cord injuries live full and productive lives as active participants in their communities.

***For more information: <https://chnfoundation.org/>***

## HOW TO CITE THIS TOOLKIT

Ottomanelli L, Toscano R, Carlomagno J. Tools for a Working Life with SCI: Individual Placement and Support in Spinal Cord Injury (IPS in SCI) Toolkit, 2nd edition. Tampa, FL: Veterans Health Administration, 2020. Available from:

***<https://www.cindrr.research.va.gov/CINDRRRESEARCH/docs/ips-sci-tools/ips-sci-toolkitv2>***

Contents of this article do not represent the views of the Department of Veterans Affairs or the United States Government. The authors have no financial conflicts of interest to disclose.