

Supported Employment: An Overview of the Individual Placement and Support Model

What is the practice?

Supported employment (SE) is defined by the 1986 Rehabilitation Act Amendment as “competitive work in integrated work settings” consistent with the interests, goals, strengths, and informed choice of the job seeker. SE utilizes a “place then train” approach to assist people with psychiatric disabilities to return to the workforce (Bond et al., 2008; Drake et al., 2012).

The Individual Placement and Support (IPS) model of SE was developed specifically for people with serious mental illnesses (Bond, et al., 2008). The principles of the IPS model of SE are (1) rapid job search, (2) integration of rehabilitation and mental health treatment, (3) attention to individual preferences, (4) competitive employment as the goal, (5) continuous and comprehensive assessment, (6) time-unlimited support, (7) job development, and (8) benefits planning (Drake et al., 2012).

What outcomes does this practice produce?

Employment services that incorporate the IPS principles achieve enhanced employment outcomes compared to other vocational services. In one of the largest multisite randomized trials of SE interventions, individuals who received SE were more likely to become competitively employed, work 40 or more hours per month, and have higher monthly earnings compared to those who received services as usual (Cook et al., 2008). Participants in SE services also experience improvements in non-vocational outcomes including decreases in symptom distress, substance use, service utilization, and crises, as well as increases in housing stability, self-esteem, and overall quality of life (Akihito et al., 2014; Burt, 2012; Kukla et al., 2012; Luciano et al., 2014; Netto et al., 2016).

What is the evidence for this practice?

The IPS model of SE is the most researched vocational service for people with serious mental illnesses. In the 27 studies to date examining the effectiveness of IPS compared to usual vocational services, an average of 55% of individuals receiving IPS obtain competitive employment compared to 24% for those in control groups (Bond, 2020).

How is this practice implemented?

In what contexts is this practice implemented (e.g., schools, clinical)?

SE, specifically the IPS model, has been implemented across different geographical regions (e.g., rural and urban) and in settings such as behavioral healthcare programs, supportive housing, veterans services, assertive community treatment teams, and first episode psychosis programs.

What is the dosage of this practice (e.g., one-time training, six-week curriculum)?

There is no dosage requirement for SE services. Individuals who express an interest in working are rapidly assisted in finding employment and services are provided ongoing. However, high-fidelity IPS programs meet face-to-face with at least six employers each week on behalf of individuals looking for jobs, as well as having “face-to-face contact with clients 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” (Becker et al., 2019).

***How is the practice delivered (e.g., online, in-person)?***

IPS is typically delivered in person and generally in the participants' community. IPS employment specialists (ESs) spend a significant amount of time in the community and infrequently provide services within their agencies.

What infrastructure or readiness is needed to implement this practice (e.g., capacity for data analysis, individual full-time equivalent [FTE])?

The IPS Employment Center has created a checklist to assess agency readiness. Items include the agency's mission and commitment to supporting employment and recovery, financial means for IPS program support, input from participants regarding IPS implementation, availability of effective supervision, and an integration of clinical and vocational services. Additional agency readiness items can be found at <https://ipsworks.org/wp-content/uploads/2017/08/agency-readiness-checklist.pdf>.

For which population(s) can this practice be implemented?***For which population(s) is this best or promising practice (BPP) intended? Has it been adapted for diverse groups? If so, which ones?***

The IPS model of SE was intended for individuals with mental health conditions such as schizophrenia, bipolar disorder, depression, anxiety, and other serious mental health conditions. SE has been implemented with adults, veterans, transition age youth, and individuals with co-occurring substance use and mental health disorders.

With which specific populations has this practice been successfully implemented?

IPS has been shown to be successful with populations including people with serious mental health conditions, individuals with justice involvement, people receiving disability benefits, people with co-occurring substance use, and young adults (Bond et al., 2020).

For which populations, if any, is this practice NOT a good fit?

IPS has been successfully implemented with different populations, including individuals from diverse ethnic and racial backgrounds, those with considerable hospitalization histories, all levels of educational attainment, and a range of work histories, including those with little to no work experience (Bond, 2020).

Who can implement this practice?***What expertise is needed to implement the practice?***

ESs have knowledge of mental health conditions, their functional implications on employment, and the needs of the business community. ESs typically attend trainings specific to SE including marketing planning, job development, understanding disability-related laws (e.g., Americans with Disabilities Act), and job coaching and supports.

What specific training or certification is required to implement the practice?

Although there are no formal certification requirements, the IPS job description for an ES identifies education and experience equivalent to an undergraduate degree in mental health, social services, or business ([IPS Employment Center](#)).

What costs are associated with delivering this practice?

Costs associated with delivering SE may include staff travel to see job seekers and employers, fees associated with marketing materials (e.g., business cards, brochures, flyers), and membership and participation in business networking associations, such as local Chambers of Commerce. Additional costs



may include career development assessment materials such as those used in assisting job seekers with identifying interests, values, and skills. Costs associated with providing SE staff equipment for mobile offices such as laptops, tablets, smartphones, and reliable Wi-Fi should also be considered.

What costs and commitments are associated with becoming trained in this practice?

What is the cost associated with becoming trained?

Costs related to training of ESs vary depending on trainers selected. Note that the MHTTC Network may be able to provide training on these topics free of cost. Free or low-cost trainings through state and/or local training entities may also be available. Additionally, professional organizations such as the Association for Persons in Supported Employment (APSE) hold regular conferences that include specific knowledge and skills workshops for new and seasoned SE staff. Training costs may also include the expense of any workbooks, manuals, or other necessary resources required to learn the skills of an ES.

What is the time commitment associated with completing training?

The IPS Employment Center indicates that training in SE should include at least four training days a year for newly hired ESs. Additional ongoing trainings in more advanced topics or refresher trainings are highly recommended, as is learning on-the-job skills through mentoring by experienced staff and supervisors.

Are there recognized providers of training in this practice?

The IPS Employment Center (<https://ipsworks.org/>) provides national and international training and technical assistance.

Does the practice have an associated fidelity assessment?

There is a 25-item Supported Employment Fidelity Scale that assesses adherence to the model and its principles (Becker et al., 2019). Sections of the tool include staffing, organization (structure and support), and services. There is also a fidelity scale for young adults (IPS-Y), which includes the 25 Supported Employment Fidelity Scale items plus 10 additional items (9 education items and 1 family item) and modified scoring (Bond et al., 2020).

What resources or references are useful for understanding/implementing the practice?

- SAMHSA's brief video on SE, describing program characteristics and perspectives from individuals who have received SE services: https://youtu.be/DoLO_p04uKY
 - SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) website: <https://www.samhsa.gov/soar>
 - Becker, D. R., Swanson, S. J., Reese, S. L., Bond, G. R., & McLeman, B. M. (2015). *Supported Employment Fidelity Review Manual (3rd ed.)*. Dartmouth Psychiatric Research Center.
 - IPS-Y Fidelity Scale for Young Adults: <https://www.umassmed.edu/globalassets/transitionsrtc/research/ips/ips-y-fidelity-scale-1-10-20-w-cover.pdf>
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Where should you go for more information?

- SAMHSA's SE toolkit provides resources and research supporting the implementation of SE services: <https://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-Kit/SMA08-4364>
- IPS Employment Center: <https://ipsworks.org/>
- Northeast and Caribbean MHTTC Supported Employment page: <https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/supported-employment-se>
- Search for Supported Employment in:
 - MHTTC Training and Events Calendar: <https://mhttcnetwork.org/centers/global-mhttc/training-and-events-calendar>
 - MHTTC Product & Resources Catalog: <https://mhttcnetwork.org/centers/global-mhttc/products-resources-catalog>

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