

# Integrating Core Skills from Evidence-Based Practices into Your Work

*A Learning Collaborative*

*Today with: Michelle Salyers and Marina Kukla*

Hosted by

The Southeast Mental Health Technology Transfer Center

February 2 – March 9, 2023



# Today's Roadmap

- Check in: how did things go?
- Common barriers & facilitators to meeting our goals
- Working with community members considered within a stigma response framework
- Reviewing practical applications

# The Series: Topics

1. Introductory session on doing more with less -- Core skills from Evidence-based practices in under-resourced communities (Michelle and Sandy)
2. Client-directed goal setting and collaborative decision-making (Emily)
3. Using measurement-based care principles to guide your practice (Sandy)
4. Coaching clients to work with providers/advocating for themselves (Emily)
5. Working with community members (Marina)
6. Recovery in challenging situations and wrapping it up (Michelle and Emily)

We are here



# Checking in

Some reflections (pen & paper/open word document)

1. Last week you set a SMART goal for something to try. How did it go?
2. If you met your goal, what helped you reach it?
3. If you had trouble with your goal, what got in the way?
4. Write down your favorite food.



## Next Step

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You will be invited to join a break-out room. In those rooms, the person whose favorite food is closest to 'A' in the alphabet is the "leader" and note taker for today

- 1) Introduce yourselves, and your favorite food.
- 2) Discuss your goals from the past week and how they went
- 3) Write down 3-4 common things that tended to help you reach your goal and 3-4 things that tended to get in the way
- 4) Troubleshoot: what might help you overcome those barriers?

# Working with Community Members

Considered within a Stigma Response Framework

# Background

- Public, personal, structural stigma pervasive in SMI
- **Impacts how we work with community members & extent to which it is successful/achieves desired outcomes**
- Stigma at all levels negatively impacts people with SMI
  - Form of chronic stress related to discriminatory events & internalized stigma
  - Impacts access to needed goods, services, resources
  - Effects on general well-being, self esteem, sense of self, sense of value

Thoits & Link, 2016

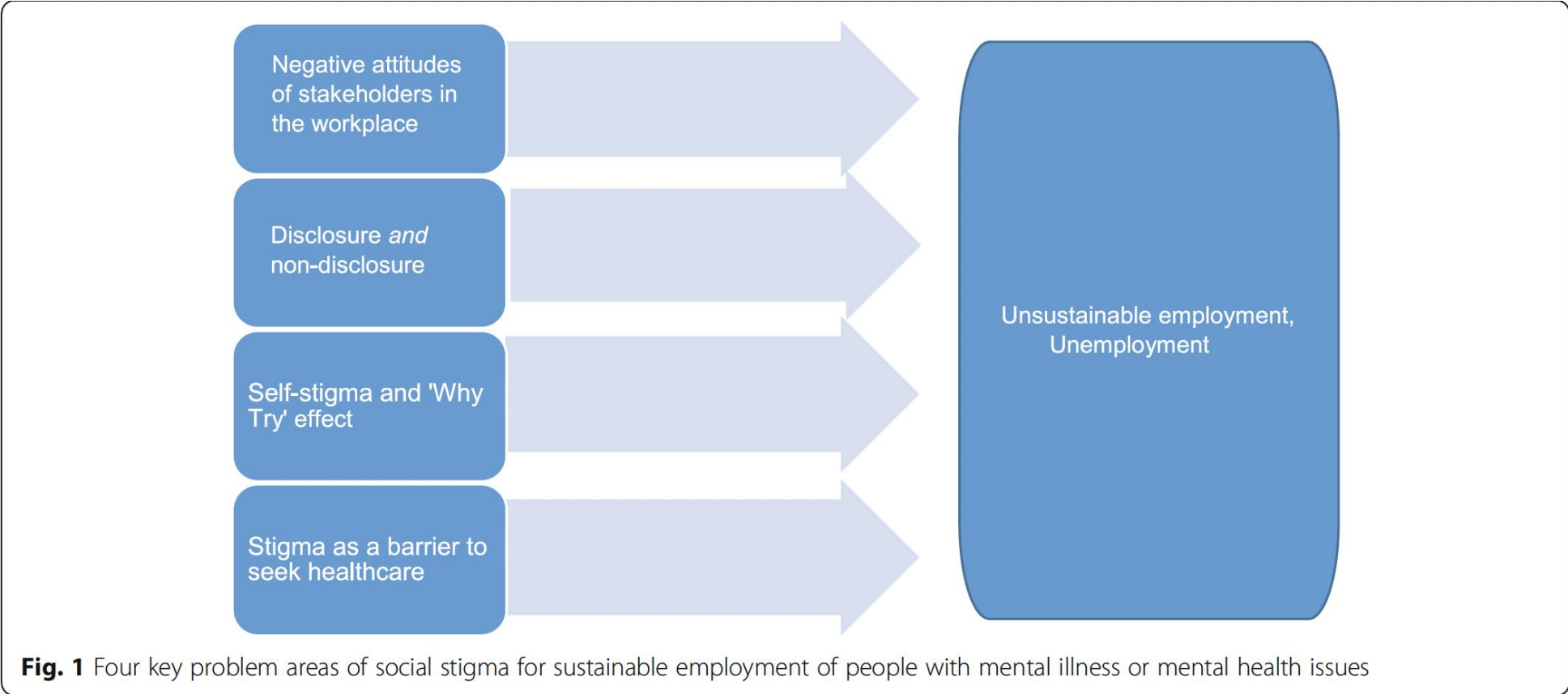


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# Public stigma and employment in SMI



**Fig. 1** Four key problem areas of social stigma for sustainable employment of people with mental illness or mental health issues

Brouwers, E. P. (2020). Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: position paper and future directions. *BMC psychology*, 8, 1-7. (p. 2)



# Stigma and Community Members— Employment

- Employers hold negative attitudes about people with mental illness
  - Unsafe to hire people, especially in vulnerable settings/situations
  - Untrustworthy, unreliability
- Barriers to referrals to supported employment
  - MH Staff expectations of discrimination or failure at work
  - MH Staff do not view employment/self sufficiency as important to recovery

Brouwers, 2020 review



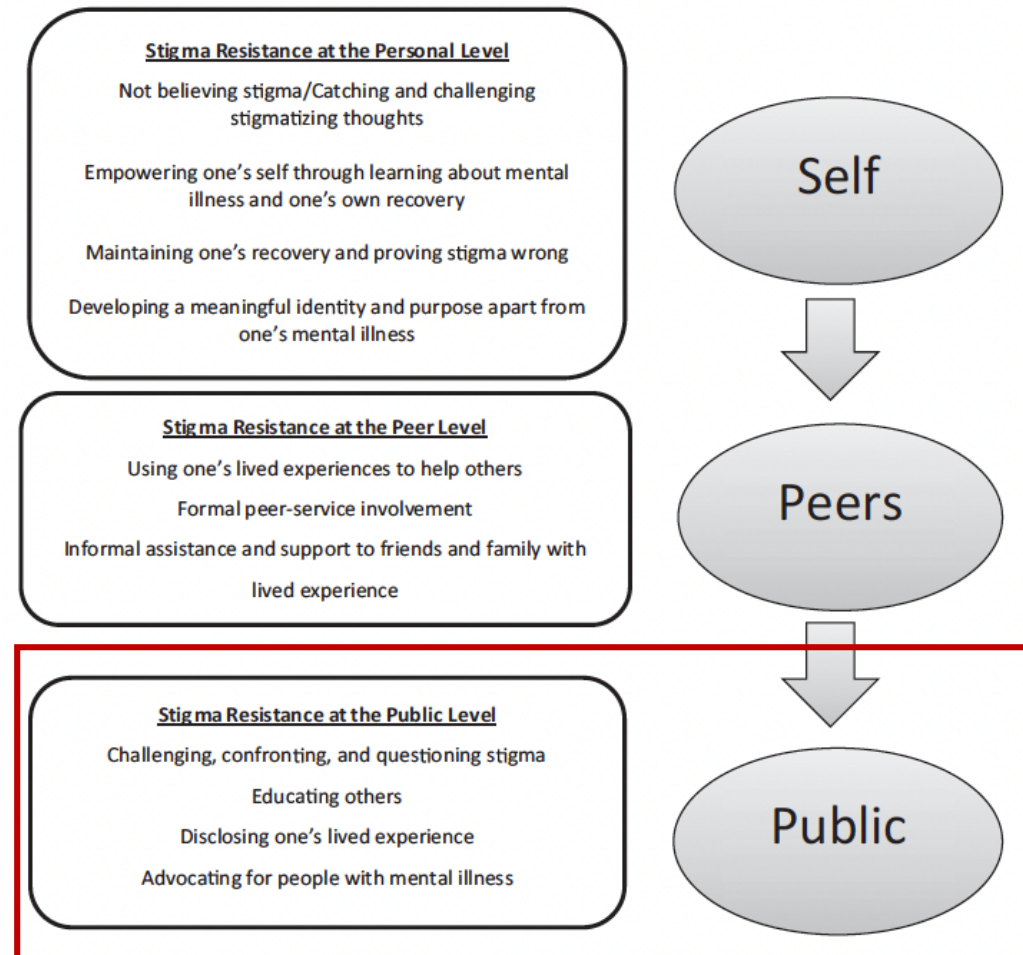
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# Model of Stigma Resistance & Response

Firmin et al., 2017



Firmin, R. L., Luther, L., Lysaker, P. H., Minor, K. S., McGrew, J. H., Cornwell, M. N., & Salyers, M. P. (2017). Stigma resistance at the personal, peer, and public levels: A new conceptual model. *Stigma and Health*, 2(3), p. 186.



# Stigma at public level & PSR

## Challenging/confronting/questioning

- Thoughtful conversations, open dialogue
- Addressing some of the most harmful false stereotypes of people with SMI
  - Dangerous
  - Less competent
  - Unreliable
  - “Cute”/child-like
  - Unable to manage and direct their own lives
  - Devaluation



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# Stigma at public level & PSR

## **Educating Others**

- Nature of SMI & effects
- Recovery is not only possible but likely
- Modeling person first language
- Use narratives/stories to illustrate recovery & success



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# Stigma at public level & PSR

## **Disclosing one's lived experiences**

- Peer disclosure
- Experiences of family or friends, others
- Normalize experiences of mental illness
- Success stories



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# Stigma at public level & PSR

## Advocating

- Pursue advocacy work (e.g., peer work—people with SMI)
- Advocacy within ‘the system’
  - Assistance to provide needed services and supports
  - Persistent approach
  - Avoiding adopting a stigmatizing stance as clinicians



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# Real World Strategies

## Working with Community Members

# Supported Employment (SE) & Working with Employers: Job Development



In the public domain

Psychiatric Rehabilitation Journal

2018, Vol. 41, No. 2, 103–108  
<http://dx.doi.org/10.1037/prj0000297>

## Helping Veterans Achieve Work: A Veterans Health Administration Nationwide Survey Examining Effective Job Development Practices in the Community

Marina Kukla and Alan B. McGuire  
HSR&D Center for Health Information and Communication,  
Richard L. Roudebush VA Medical Center, Indianapolis,  
Indiana, and Indiana University–Purdue University Indianapolis

Amy M. Strasburger and Elizabeth Belanger  
Richard L. Roudebush VA Medical Center,  
Indianapolis, Indiana

Shana K. Bakken  
Veterans Health Administration, Washington, DC

**Objective:** Veterans Health Administration vocational services assist veterans with mental illness to acquire jobs; one major component of these services is job development. The purpose of this study was to characterize the nature of effective job development practices and to examine perceptions and intensity of job development services. **Method:** A national mixed-methods online survey of 233 Veterans Health Administration vocational providers collected data regarding frequency of employer contacts, perceptions of job development ease/difficulty, and effective job development practices when dealing with employers. Qualitative responses elucidating effective practices were analyzed using content analysis. **Results:** Vocational providers had a modest number of job development employer contacts across 2 weeks ( $M = 11.0$ ,  $SD = 10.6$ ) and fewer were face-to-face ( $M = 7.6$ ,  $SD = 8.4$ ). Over 70% of participants perceived job development to be difficult. Six major themes emerged regarding effective job development practices with employers: using an employer-focused approach; utilizing a targeted marketing strategy; engaging in preparation and follow-up; going about the employer interaction with genuineness, resilience, and a strong interpersonal orientation; serving as an advocate for veterans and educator of employers; utilizing specific employer-tailored strategies, such as arranging a one-on-one meeting with a decision maker and touring the business, individualizing a prescribed sales pitch, connecting on a personal level, and engaging in ongoing communication to solidify the working relationship. **Conclusions and implications for practice:** Respondents highlight several potentially effective job development strategies; tools and resources may be developed around these strategies to bolster job development implementation and allow opportunities for fruitful employer interactions.

**Keywords:** job development, supported employment, mental illness, veterans, work



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# Employer Characteristics

- Impacts success of the employment specialist interaction—
  - Employer’s stigma
  - Stereotypes about people with SMI or other factors (e.g., veteran status)
  - Willingness to work with SE specialist to make accommodations
  - Mitigated by relationship & use of other job development strategies

Kukla, M., McGuire, A. B., Strasburger, A. M., Belanger, E., & Bakken, S. K. (2018). Helping veterans achieve work: A Veterans Health Administration nationwide survey examining effective job development practices in the community. *Psychiatric Rehabilitation Journal*, 41(2), 103.



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# SE Job Development Strategies

1. Employer Focused Approach
2. Targeted Marketing Strategy
3. Preparation and Follow-up
4. Strong Interpersonal Orientation
5. Specific Employer Tailored Strategies
6. **Advocating/Educating**



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# SE Job Development Strategies

## **Advocating/Educating Employers**

- a. Educating employer on best strategies to work with clients
- b. How to accommodate disabilities
- c. Education on mental illness & related psychosocial issues
- d. Dispelling stigma
- e. SE services & what they have to offer
- f. Disclosure decisions



# Advocating/Educating

- Educating the employer regarding best strategies to work with individual clients and accommodate their needs & disabilities
- Educating employers on mental illness/housing instability & dispelling stigma
- Education on SE program and services
- Job carving-based on needs of business & needs, preferences & strengths of clients



# Advocating/Educating

- Addressing client barriers with the employer as they arise
- Intentional assistance with arranging workplace accommodations as appropriate
- Disclosure decisions: work with clients
  - Personal decision that is dynamic over time & circumstances
  - Complex decision-making process (Hielscher & Waghorn, 2015)
  - Formal plan for disclosure can be beneficial re: outcomes (McGahey et al., 2016)



# Job Development Strategies

*How to to it....*

- a. Honesty and sincerity regarding client strengths and weaknesses
- b. Proactive and persistent
- c. Resilience in the face of failures & difficulties
- d. Good communication and listening, interpersonal approach
- e. Flexible
- f. Solution focused



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# Job Development Alternative: Conceptual Selling

## Create a 'win-win' solution for all parties (Carlson et al., 2018)

1. Understanding what is important to employers & their hiring
2. Understanding how employers make their decisions
3. Being a part of the solution by proposing ways client can fill needs
  - Establish what employers want to 'accomplish, fix, avoid'
  - Give information about SE program and specific client tailored around employer needs and/or hiring goals
  - Ask for a commitment at the end of each employer encounter, e.g., tour of the business, introduction to hiring manager, client interview



# Avoid adoption of stigmatizing stance

- People with SMI are unable to direct their own lives
- Recovery is not possible or is only possible in a limited way
- As professionals, we should decide what is best for people with SMI



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# Avoid adoption of stigmatizing stance

- Perceptions that people cannot handle ‘stress’ or challenges
  - Lack of informed consent or withholding information for concern of “relapse”
  - Over emphasis on symptoms or medical model that ignores “whole person”.
  - Over pathologizing needs, concerns, human experiences
- We should save people with SMI from themselves or from potential failure
  - Suggest *against* pursuit of recovery goals, e.g., employment, education, or relationships that might risk rejection



# Small Group Activity

- What does **working with community members** look like in your setting or service?
- Examples of doing so successfully? What did you do?
- Same leader/note taker jot down a few ideas for successful adaptation



# Big Group Sharing

- What were a few highlights?
- Group leader, please paste notes in chat.



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# Reflection

- What is one thing you plan to try differently this week?
- Write it down for yourself

Remember SMART goals are: specific, measurable, attainable, realistic, timely

- Then write it in chat



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# Next Week

- Check in with how it is going
- Talk more deeply about **recovery in challenging situations and wrapping it up**
- More small-group sharing



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