Vocational Implications of Psychiatric Disabilities: Introduction to Anxiety Disorders – Transcript

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Lynda Leach, Facilitator: Welcome everyone and thanks again for being on today. I'd like to welcome David Strauser who will give us a preview today of the summer workshops he'll be doing for us in all six states in Region V.

David Strauser: It is a pleasure to be with you all again today. Let me just give you an overview as to what I'm going to talk about and how we're going to proceed. I do want to leave questions for the end so I'm going to go to about quarter of the hour and then give an opportunity for you all to ask questions.

As I was preparing for this I started to look at all the different anxiety disorders such as generalized anxiety disorder and obsessive compulsive disorder. The one that really stuck out as being most relevant given today's context is PTSD, post-traumatic stress disorder. It is relevant to people with disabilities for a variety of reasons and we'll get into that in a minute.

I'm going to provide you an overview of post-traumatic stress disorder and tell you a little bit about what it is, how it is defined, how people look at it, and the components of PTSD, so when you see a report that says somebody has PTSD, you understand what it is. And also, I think it's important that if you're working with somebody who might have some of these symptoms you might be able to refer them to an appropriate source for further diagnostics and evaluation.

With this overview let's transition into what are the vocational implications of post-traumatic stress disorder? How does it impact an individual's ability to work, to engage in workrelated activities and also, how does it impact career development opportunities? So that is where we're going today, and then I'll leave it open for questions.

As Lynda said we will be offering summer workshops on anxiety disorders, and we will be

giving you a full overview of anxiety disorders. Fortyfive minutes does not really allow us to do that today, but I can answer questions at the end of this session.

One last thing before we get going. I'm going to follow along on the PowerPoint slides. I will try to identify the slide I'm looking at and you can keep track of those slides too if you have questions.

The first slide that I'm looking at right now is entitled "The changing nature of work." I want to give a quick overview. For those of you who attended this session in January, I believe this will be a little redundant. For those of you who are new today, I want to lay the context and the ground work for why this is important information.

First of all, as you know, work is changing significantly. It is changing in performance and demands of the work environment. One thing that is really significant is there has been an increased emphasis on the cognitive and interpersonal demands of work. I just spent the last week and a half meeting with a variety of employers in the Milwaukee and Chicago areas and the one thing that we heard continuously from people with disabilities and people without disabilities is the need to develop effective interpersonal skills on the job at all levels, whether we're talking about a basic entry-level type position or even a management CPA/attorney position in companies. Effective interpersonal skills are at a premium. Frankly, companies are feeling like they're lacking. People are coming to the workplace not prepared in those areas.

This changing nature of work and this increased emphasis on cognitive and interpersonal demands have significant implications for people with psychiatric disabilities, not just people with anxiety disorders. Many times because of the nature of their condition and the symptoms that are associated with their particular disorder, it makes it very hard for them to meet these interpersonal and cognitive demands.

Anxiety disorders present a unique set of symptoms that impact work performance in this area, and PTSD has a very specific set of symptoms and very significant impact on these areas as well.

Okay, moving on to the next slide, "Problems with work behavior." Here are some types of problems they encounter in the work environment - they tend to have conflicts with authority, they tend to have problems with coworkers, they tend to have poor work quality for a variety of reasons; inability to modify behavior to meet the standards and productivity requirements. Again many times their symptoms are associated with their condition and impact their ability to meet the work standards and productivity requirements. The final major category is an individual's inability to create work boundaries the boundaries between the work environment and nonwork environment. Basically what that would imply is that these individuals who have these types of conditions tend at times to bring these personal issues into the workplace more than the average person to the point where it is somewhat debilitating in their ability to meet the effective work demands.

Moving on, what I'm going to introduce over here in the next three slides, is how we

conceptualize work problems to provide a framework for conceptualizing work problems. For those of you who attended our training last summer, or those of you who do this summer, this is the model that we use to conceptualize or operationalize workrelated problems. There are four major domain areas that we use to look at how specific disorders impact a person's ability to function.

Moving on to the next slide – one area is – "Occupational adjustments." A person's ability to make necessary occupational adjustments include following basic work rules; relating to others; dealing with the public; using judgment, looking at situations and determining what is needed and act appropriately; interacting with the supervisor or being able to be supervised; dealing with work stress; functioning independently and maintaining attention and concentration. So when we talk about occupational adjustments these are what we mean. We will profile these later in the presentation specifically on how PTSD impacts these areas of occupational adjustments. So again, our first domain that we look at when we look at work is occupational adjustments. We're going to look at specifically how PTSD impacts these areas. This is domain one.

Next slide, "Performance adjustments," domain two. When we talk about performance adjustments, we're talking about the ability to follow instructions on the job and to modify performance based on instructions that are provided. These instructions will range from very simple job instructions to very complex job instructions.

The third domain area is the "Personal and social adjustment," how a person is able to handle the social or contextual issues on the job. Contextual issues, meaning environmental demands, dealing with coworkers, maintaining a personal appearance, emotional stability, being able to act emotionally stable on the job, being able to differentiate problems from home into the work environment. This would be part of that emotional stability piece. Predictable behavior is part of this. Do they know how to act professionally and is their behavior predictable so they can be viewed as dependable? And then lastly, are they reliable?.

The last domain is "Work adjustment." What is their work tolerance, can they work eight hours a day, five days a week, work without excessive breaks, and maintain regular attendance?

Now, let me review. These four areas, the occupational adjustments, the performance adjustments, personal and social adjustments, and work adjustments are the four domain areas we will use to profile work behavior. We will use these domain areas to determine or talk about how a specific psychiatric condition impacts an individual's ability to work. This will be the framework for us to talk about PTSD and how it specifically impacts work. Keep that in mind as we proceed. And now we're going to move ahead and look at specifically what post-traumatic stress disorder is and how is it defined.

As I have listed here, post-traumatic stress disorder is an anxiety disorder that can affect any age and can occur with no predisposing mental health condition.

I chose to profile PTSD because we have been hearing a fair amount about it due to its prevalence with veterans returning from Iraq and Afghanistan. Certainly these veterans have

experienced and been diagnosed with PTSD and traumarelated symptoms. You'll see a lot of post-traumatic stress disorder in a veteran's administration center or in different community agencies or rehab providers.

Another population in which you might see a lot of PTSD or increased prevalence of PTSD is people who have acquired a disability through some type of traumatic onset such as an automobile accident, a fall from a height or maybe an amputation or quick onset of a health disorder. So those of you who might be working with people who have spinal cord injury, amputation, burns, people who have been injured by an accident or constructionrelated accident or car accident, you might see increased levels of PTSD.

And then finally, research shows one area here that is significant as well. Individuals with disabilities are more likely in many ways to be victims of abuse or robbery or some type of physical violence or sexual violence and this in turn puts them at an increased risk of developing post-traumatic stress disorder or increased trauma symptoms. So people with disabilities are at significant risk of developing PTSD, and my guess is, some of you have individuals with PTSD on your current caseload right now. You also might have individuals with PTSD on your caseloads or in your organization who you don't know about. But those three groups, veterans, people who have experienced acute onset of disability and, finally, individuals who might have been abused, victims of violence, victims of sexual violence may also be at increased risk for developing trauma symptoms or PTSD.

Let me also make one other clear distinction. I want to talk about the concept of categorical diagnosis versus dimensional diagnosis. Categorical diagnosis is very consistent with the medical model where an individual meets certain criteria. If they meet the criteria, they have the diagnosis. If they don't have the criteria they don't have the diagnosis. In contrast the dimensional model is when individuals don't have to meet certain criteria. The presence of symptoms in and of themselves can cause significant problems. The focus is more on behaviors and symptoms versus criteria. We'll talk about that in terms of how that impacts treatment.

I'm looking at the "Post-traumatic stress disorder, what is it?" slide. We've described it briefly and given you a little bit of an overview. I also want to talk about three key components related to post-traumatic stress disorder and we're going to talk about each one of these in a little more detail. Three things need to be present for there to be a diagnosis of PTSD. They need to have a traumatic event of sufficient intensity. There also needs to be a cluster of symptoms. We're going to talk about those now in a little more detail. There must be a traumatic event, the event must be of sufficient intensity, and there also must be a cluster of symptoms associated around that event.

Okay, moving on to our next slide entitled "Traumatic events." For an event to be considered traumatic, it has to have these three components: one is that the event must be perceived by the individual as either causing physical pain or injury or potentially death. So the situation, the event, must be perceived by the individual as either causing physical pain or injury or death; the second key component for an event to be considered traumatic is that the event must be or have a sudden onset. It can't be a gradual onset. It can't be over a course of time. There tends to

be one specific event that happens very quickly, that causes there to be or to meet the traumatic criteria. A car accident, falling off of a ladder, having something come at you real fast that is significantly threatening. Seeing somebody else who is significantly injured or possibly even being killed. Those types of things would be a very sudden onset.

And then the last part is that the event needs to be outside of the individual's control, i.e., the individual has no control about what is happening to another individual or to themselves. They don't have control over their environment. They don't have control over what is going on in the context around them.

So for an event to be considered traumatic it must be physically painful, presenting injury or death; it must have a sudden onset; and it must be out of the individual's control.

The second domain of PTSD is an event of sufficient intensity. We look at sufficient intensity along three lines. Now, let me preface this and indicate one thing. For one person what might be sufficient intensity might not be sufficient intensity for another individual. So two individuals can experience the same event and one can develop post-traumatic stress disorder and the other may not. The reason is because of this concept of sufficient intensity. What might be of sufficient intensity for one individual may not be for another individual.

The major reason or factor that would impact whether or not something is of sufficient intensity is the individual's personal and psychological resources. What are the individual's prior life experiences? What are their behavior capabilities? Those types of things are going to impact whether or not an event is of sufficient intensity. If there is good family support, the individual has good psychological resources, meaning they have good coping strategies, they have good cognitive capacity or are able to apply previously learned lessons, they feel rested and relaxed, those would be personal and in their life in general, there has not been a lot of stress. They're not currently under a lot of stress. They're not overtaxed or overfatigued. Those would be things that are personal and psychological resources that would be an immunity to the development of PTSD.

In contrast, an individual who has a very dysfunctional family life, might be going through a lot of marital stress, a lot of financial stress, is fatigued, has some other healthrelated conditions, this individual might be more at risk of developing PTSD because of those resources or lack of resources. So for sufficient intensity, the first thing is personal and psychological resources and the level thereof.

The second thing would be duration of the event. Is the event of a sufficient duration that it would cause trauma or could be viewed as trauma? Basically does the event happen long enough for there to be a significant threat and a significant absorbing of that information? For example, you might see an accident with a Med flight helicopter and somebody who is in pretty bad shape. Because you're just driving by it very quickly, you might only have a brief exposure to it versus if you were actually on that site and you were being exposed to it for an hour, 45 minutes, even half an hour, whatever it might be, because this is going to vary on you, based on individual resources. But if there has been some exposure to this event, the greater the amount

that they're exposed puts them at increased risk.

And the last thing under this sufficient intensity domain would be past experiences – your past experiences as an individual or your client's past experiences. Our past experiences are important because they help us determine our ability to succeed when we are faced with adverse events and stimuli. If you have had very good experiences with adjusting to things in the past, negative things, stressful things and you successfully resolve those and you have been able to move on, you will view that as a resource. That will be a strength. If you have poor experiences in modifying behavior or handling adverse events and handling stress, you're probably going to be more atrisk. So your past experiences have a lot to do with whether or not an event is of sufficient intensity. So our second domain would be sufficient intensity.

Now, our final component for the diagnosis of PTSD is what we call sufficient magnitude. The events are obviously traumatic and of sufficient intensity to develop PTSD. PTSD will present itself. It is of sufficient magnitude. It will now present itself in three symptom clusters. I'm referring to the slide now that says "Symptom magnitude." If the event is traumatic and is of sufficient intensity, it has the necessary magnitude to develop. Trauma and PTSD tend to be presented through these three symptom clusters.

The first symptom cluster is what we call avoidance and numbing. Avoidance and numbing tend to present itself through feelings of detachment, estrangement, a restricted range of affect, difficulty in concentrating, a sense of a shortened future and a general numbing of emotions. So when we talk about avoidance and numbing and we talk about PTSD presentation, those are how symptoms tend to present themselves under the avoidance and numbing symptom cluster.

The second symptom cluster is termed "arousal." Behaviors that fall under the arousal category are difficulty sleeping, becoming irritable, easily angered, difficulty with concentrating, hyper-vigilance, exaggeratedstartle response, and what is referred to as psychogenetic reactivity when exposed to an event that is considered traumatic. What does that mean? That means if a person was in a car accident they might develop some of those psychogenetic symptoms like shortness of breath, becoming very agitated, becoming very nervous. Those types of things. They don't want to go or be presented to that stimulus or that stimulus is making them very aroused.

The last symptom cluster is what we refer to as reexperiencing, and this is where an individual reexperiences feelings or thoughts associated with a traumatic event. This is one that people tend to think of a lot when we talk about PTSD. They show it in some of the movies and the films where people are reexperiencing the event as it happens. They're having intrusive dreams or recurrent thoughts, intense psychological remembrance of the events. Sometimes physiological distress from reexperiencing the event. People wake up in a sweat. People wake up angry or startled. They're reexperiencing those events as part of their symptom cluster. So for PTSD, three symptom clusters, and what this means is when there is enough the event is considered traumatic and it is of sufficient intensity, it tends to manifest itself through these types of symptom clusters, avoidance and numbing, arousal, and reexperiencing.

One important thing here to remember under this categorical model of diagnosis is that there are people who are exposed to events that are considered traumatic and are perceived to be traumatic and would meet the criteria that we laid out here just a couple of minutes ago. But because it is not of sufficient intensity or because they have psychological resources that allow them to manage that, they don't develop formal PTSD or they may not even develop any significant trauma symptoms.

Some research shows that about 25% of the population experiences events that are considered to be traumatic. That is higher than the people who actually develop PTSD and this reinforces the fact that everybody who is exposed to a traumatic event does not necessarily develop PTSD.

Moving on to the next slide – "The dimensional model." What I have just presented to you in the previous slides using the term "traumatic event" and "sufficient intensity and sufficient magnitude" are couched in and stemmed from the concept of a categorical or medical diagnostic scheme, i.e., a person either has the diagnosis or they do not. So they are either termed to have PTSD or they don't have PTSD. In contrast we have the dimensional model and people have said, there are people who don't meet the full schema for PTSD or the full criteria for PTSD, but they have trauma symptoms. They might have some reexperiencing and they might have some arousal and might have some of these avoidance and numbing type activities but they don't meet the full criteria for PTSD. Even though they don't meet the full criteria for PTSD, there are still some disabling aspects or some problematic aspects that are impacting their ability to function at work or function in life or function in the social relationship as a parent, a father, a mother, a spouse, etc. There could be people who are not formally diagnosed with PTSD who still have problems. With this dimensional model the emphasis is on symptom presentation, the type of symptoms an individual is presenting regardless of whether or not enough of those symptoms are present to meet the diagnostic criteria.

As a result there are major implications for treatment. You might have consumers or clients who are on your caseload or getting services through your agency who may have symptoms of trauma but do not meet the full criteria for PTSD.

Under the dimensional model people don't need to meet the full criteria of PTSD to receive services or to be negatively impacted by trauma symptoms. Instead of the focus being on the diagnosis, as it is under the categorical model, where if you have PTSD, the focus is more on the symptoms that are present. It is a symptom-based treatment schema versus a diagnostic categorical treatment basis and that is very significant. So again just for quick review under the categorical model, you establish what the diagnosis is and the diagnostic title determines what treatment a person gets. That is the categorical model. In contrast under the dimensional model, it is not about whether or not a person has a specific diagnosis. It is what symptoms are present. The dimensional model is very consistent with the rehabilitation philosophy and very consistent with how most of you probably organize your services and provide services to individuals.

Okay, next slide is "PTSD and disability". You can see some of the incidence rate. One thing I

would point out is the last comment on this page. Oftentimes negative reactions go untreated. Recent research shows people who have PTSD symptoms or trauma symptoms would benefit from treatment. Those symptom clusters are negatively impacting career and vocational behavior.

Some colleagues and I have found that there is a negative relationship as trauma symptoms increase, dysfunctional career behavior also increases. It does not have to meet the diagnostic criteria.

People with disabilities might be at more risk for experiencing PTSD or trauma symptoms. You can look at that in relation to acute onset of disability, being at more risk for assault and violence, two primary areas that impact PTSD and PTSD development.

Alright, what is PTSD like? Let's look at PTSD when we talk about somebody who has PTSD. When they come into your office or you're working with them, what would they be like? They might be reexperiencing that trauma, they have some avoidance stimuli where basically they're trying to avoid certain situations and they might have persistent symptom problems, meaning there is the combination of reexperiencing the event, being aroused, where there is hyper-vigilance or difficulty with concentrating or anger. They have these estranged feelings, numbing, foreshortened sense of future and these are all symptoms that people might be presenting to you in your office.

Next slide, "PTSD's affect on work". Four major ways that PTSD impacts work – an inconsistent pattern of work performance. People who have PTSD or significant trauma symptoms have a hard time demonstrating consistent work patterns. They might have a hard time being effective on the job, meeting the demands of the work environment, dealing with meeting production patterns, things like that. The second area that is impacted is the reduced stress tolerance.

Again, one thing I did not mention, and I usually do, on the changing nature of work is that stress in the work environment is increasing significantly. It is increasing to the point where a lot of workers are reporting feeling stressed, feeling pressure on the job. People with PTSD are not going to handle that stress well. They are not going to handle feeling stressed, feeling like things are under the gun, meeting production timelines, etc.

They also are going to have low energy. They're going to feel fatigued at work. They're going to have a hard time gearing up to go to work. They're going to have a hard time being alert and awake at work and bringing the necessary energy to the work environment.

Poor endurance is another one, and that is a little different than energy. Poor endurance, working a typical work week is going to be very hard for them because of their inability to differentiate stresses at home versus what is going on at work.

And finally, one of the things that you might see from a person who has PTSD is a high error

rate, more mistakes on the job, increases in the amount of mistakes on the job due to inability to concentrate, pay attention to detail, and things along those lines. So general effects on work are inconsistent patterns of work performance, reduced stress tolerance, low energy, and poor endurance, and a higher error rate.

Now, we're going to take those areas and turn them into this matrix or this schema that I indicated to you at the beginning of the program where we looked at making occupational adjustments, performance adjustments, personal and social adjustments and work adjustments. So our first area here is what we call making occupational adjustments and what I have given you here in this chart is the specific activities that make up work adjustment or occupational adjustment and how PTSD tends to affect these areas. When we look across this table there are four areas or four columns that relate to how a person responds – "very good," "good," "fair," and "poor."

Now as we move through these next four slides, this is on average how PTSD impacts people. Your specific client and your specific individual may be different. So this is for you to use as a guide on how PTSD impacts your work with somebody or the person's ability to work. It does not mean that everybody who has PTSD falls into this line and that is a very, very key point to remember. We like to tell clients and counselors that we're working with that this is a starting point for your work with people. Let's take a look at these areas quickly.

Follow work rules. A person on average has a good ability to follow work rules. They're able to understand what is going on and be able to follow basic work rules and use judgment. They're able to apply basic judgment strategies in the workplace. They know that they shouldn't do certain things and what appropriate behavior is and not to make a complete fool out of themselves on the job or act inappropriately.

However, what you do see here under making occupational adjustments is dealing with the public, dealing with other coworkers. In this area, it is not that they become belligerent or hard to deal with, they just become more reserved and they don't engage and don't do those necessarily social things that are needed to function on the job. So they don't relate well to coworkers and tend to avoid coworkers and don't deal effectively with the public and don't really want to be in charge or talk with the public and be exposed to the public. They don't like interaction with a supervisor because that creates a lot of stress. They can't handle regular work stresses. It is very hard for them to function independently. It is very, very hard for them to maintain attention and concentration on the job. You can see when you look back in the symptom clusters of avoidance and numbing, arousal and reexperiencing, you can match up which one of those symptom clusters is impacting a person's ability to work in this area.

For example, when we look at avoidance and numbing and we look at difficulty and concentration, that obviously relates to maintaining attention and concentration.

When we look at things like feelings of detachment or estrangement, that is going to be directly related to dealing with the public or interacting with a supervisor. So you don't need to make those connections as much. But as your knowledge increases about the disorder and as you get

more experience working with people, you might start to see those things. But for right now I think what I really want you to focus on here is how in general PTSD impacts occupational adjustments.

The second area that we look at is making performance adjustments and this has to do a lot with a person's ability to follow directions and to follow basic work tasks. You can see that understanding and remembering simple instructions tend to be unlimited, good with no major problems. In general, under making performance adjustments, what you should gather from this is people with PTSD do not necessarily have problems in this area. They're still able to function fairly well in this area.

We're going to jump ahead to work adjustment. You can start to see here we had problems related to PTSD. The good column where the person is limited but has some problems, but still can function very well and they tend to work without excessive breaks. When they're at work they tend to be okay as far as not needing excessive breaks. However, in the other domain areas as far as being able to work eight hours a day, five days a week, maintain regular attendance, they have problems.

Now, how does excessive breaks reconcile with working eight hours a day? A lot of times what happens is a person is able to, for one or two days a week, keep the regular work routine, keep that eight-hour shift going, maybe they're even going to day three or so with that. But then what happens is they just become fatigued and due to fatigue and lack of endurance, they start to have problems. They start to go home early and they never come back. It is not the excessive break. They just don't ever really come back.

And then the last one that I want to cover here is making personal and social adjustments. You can see here again there are some real problems. They can maintain their personal appearance fairly well, but as far as behaving in an emotionally stable manner, being predictable in social situations and demonstrating reliability, they tend to have a fair amount of difficulty where they're very seriously limited in those areas.

Let me just give you one more slide on some strategies here that you can use to work with people who have PTSD or trauma symptoms on your caseload. These are some very general guidelines for you. One that you want to focus on is their specific skills and abilities to meet the specific work requirements. This is focusing on what skills do they have, what skill sets do they have, how do they relate to the specific job?

Two, you want to seek out predictable and stable work environments. You don't want high stress, high volatility, ambiguous job environments. Those tend not to work well for these people. They tend to have problems with that. So you want to seek out stability and predictability. The days tend to be the same and there tends to be a consistency in how tasks are performed. Those are things you want to seek out in jobs. You don't want to put this person in where the job is changing every day.

One other thing you might want to consider is can a person work fairly independently? Does

the job require team work or collaboration or consistently interacting with other people? That might not be a good fit. Conversely, a job that requires a person to work on their own, under their own time limits, work independently of others, this would be a job that would work very well for this person.

You might want to look for flexibility and scheduling where a person might not be having to start at a certain time and end at a certain time. For example, a lot of corporations are going to what they call coreworkhours where there is a group of hours from 10:00 to 2:00 during the day in which they expect everybody to be there, but you can come in early and end earlier. If you tend to be more of a night owl you can come in later in the morning and work later at night. That type of flexibility tends to work pretty well for PTSD because some mornings they might not be able to get up and get moving. Other mornings they can. Flexibility in completing their work requirements would be in the best interest for them.

Flexibility and work pace, again, production jobs that have set regimented production requirements tend to not do very well for that person with PTSD. They need to have social support, support on the job, maybe support from your agency. One recommendation that we made last summer was a job club or a job maintenance club. You know, job clubs are typically used to help people find jobs but I think job clubs can also provide the benefit of helping people maintain employment once they're on the job.

Then lastly, really help the person understand what their condition involves, the symptoms associated with their condition, how they can affectively manage them, and know how to identify what triggers the symptoms..

Caller: Are you mainly talking about people with untreated PTSD?

David Strauser: Not necessarily. I'm talking about people who actually the opposite. People who have PTSD who might be getting treatment for PTSD, might be in some type of psychotherapy for it or sometimes on a medication regime for it. These strategies tend to be what is effective for them.

Caller: Okay. I would like to comment that as with any disability you have to pick and choose and that all of these strategies are not going to work with all of the people.

David Strauser: Absolutely. These are general guidelines. You need to work with each individual, and what I talked about today are not individual specific. Your job is to work with that individual at the individual's level and determine what is going to work for that individual. These are merely guidelines for you to use, not intended to be a blanket approach for all individuals with PTSD. I think it is an excellent point.

Lynda Leach, Facilitator: Is there another question to David? We have a little time so feel free. Would you give them your email address, please?

David Strauser: My Email address is strauser@uiuc.edu. Are there any other questions

before we wrap it up?

Caller: How do I get the survey?

Lynda Leach, Facilitator: If you would contact me at my email address, I would be glad to send it to you. That is leachlyn@uiuc.edu. Before we go, I just would like to quickly overview all the workshops David will be doing this summer in each state. June 7th and June 8th, David will be in Indianapolis; June 21st and the 22nd, he will be in Matteson, Illinois; July 9th and July 10th, David will be in Bloomington, Minnesota; July 26 and 27, Columbus, Ohio; and, August 2nd and August 3rd, Dearborn, Michigan; August 13th and 14th in Madison, Wisconsin. So we know what you're doing this summer, David.

Before we go I would like to invite you to join us for our next teleconference series. We're doing a job development series this summer with Rick McCallister. The first one is on June 26, "Communicating with the Employer." So please mark your calendar and join us for that. David, thank you so much for your time. Thank you everyone for being on today. We were glad you were here, and I want to wish everyone a happy May Day. We'll talk to you again next month.