

# Successful Vocational Approaches to Working with Individuals with Psychiatric Disabilities - Transcript

September 26, 2006

**Michael Kleinschmidt**  
Employment Specialist  
North Central Health Care  
1200 Lake View Dr., #100  
Wausau, WI 54403  
mkleinschmidt@norcen.org

**Ava Gray**  
Program Manager  
North Central Health Care  
1200 Lake View Dr., #100  
Wausau, WI 54403  
agray@norcen.org

**Power Point Presentation:** [www.ed.uiuc.edu/illinoisrcep/activities/teleconf.htm](http://www.ed.uiuc.edu/illinoisrcep/activities/teleconf.htm)

**Lynda Leach, Facilitator:** Welcome everyone to our monthly teleconference. I am Lynda Leach in Champaign-Urbana. Today we have Ava Gray and Michael Kleinschmidt from North Central Health Care Vocational Services in Wausau, WI. They are going to be talking about *Successful Vocational Approaches for Individuals with Psychiatric Disabilities*.

**Mike Kleinschmidt:** This is Mike Kleinschmidt and Ava Gray from Vocational Services of North Central Health Care in Wausau, WI. We are here to give you a presentation on *Successful Vocational Approaches to Working With Individuals With Psychiatric Disabilities*. I think to start out I would like to give you a little bit of history about our agency and our program. North Central Health Care is a tri-county system of comprehensive mental health, developmental disabilities, early childhood, geriatric, AODA, and vocational programs provided to the residents of three north central Wisconsin counties that include Marathon County in Wausau. Our main campus is located in the city of Wausau which has a population of about 35,000 and growing. We are located in Marathon County with two satellite offices

located in the city of Merrill with about a population of 10,000 people in Lincoln County and the city of Antigo with a population of about 8,000, located in Langlade County. Marathon County is the largest county in the state of Wisconsin. All three counties that we serve are very rural with most employment opportunities related to manufacturing, agriculture, and the service industries. Our vocational services program was founded in 1975 as part of a growing interest in community-based employment training for persons with disabilities. We are one of the first supported employment programs in the state of Wisconsin and also one of the first programs to serve individuals with chronic and persistent mental illness. We are also part of a broader more comprehensive interagency approach to supporting individuals with mental illness and by following the recovery model we find ourselves working in tandem with CSPs that include Community Support Programs and MHOs, Mental Health Outreach, and CCS which are Comprehensive Community Service Programs. This ensures that anyone interested in pursuing community work has the opportunity to participate.

Now if you are following the PowerPoint presentation with us on the Web today we are going to start with slide eight and the recovery model. The recovery model focuses on self-determination and self-efficiency by promoting health and wellness, hope and optimism, improving the dignity and quality of life of the individuals. The recovery model fosters a greater potential to develop motivation to change, a sense of dignity and self-respect, as well as hope for the future. With recovery we see ourselves helping people make good choices. Ava can expand a little bit more on the recovery model for us.

**Ava Gray:** You explained it really well Mike. Marathon County has been really focused on getting into recovery and the *Recovery Model* and the CCS program. Recovery is just very hope oriented. It gives people an opportunity to gain insight in themselves and confidence in themselves so that they can go after goals that they have in their life. Many of those goals are work. For all of us work is very important. It shapes us and is part of who we are. This holds true for our consumers. Recovery leads to work which leads to hope. It is also a responsibility-oriented kind of program.

**Michael Kleinschmidt:** We would like to talk about some of the specifics that you might consider when you are working with this population. One of the things we have looked at is the history of the individual's illness. Things like stigma issues and perception of self and community perceptions of the individual and perhaps any dual diagnosis issues that the individual may have – perhaps not only their mental illness but also maybe drug or alcohol related problems. Consider the changing nature of work which is really in transition at this time and also take into consideration the value of the information that you gather through the functional assessment. Regarding the history of the individual's illness, one of the things we like to look at is the date or the time of the onset. Was this something that occurred when they were young? Perhaps as a teenager in high school when a lot of schizophrenic type issues begin to appear? Maybe they were a little bit older and had a number of situations that may have occurred – life changing things that may have precipitated the onset of the illness? Was there employment or work experience prior to the onset of the individual's illness? Perhaps there has been a large gap in the work history between the time of the onset and the present time? Have there been hospitalization or admissions that might have disrupted the employment opportunities for the individual?

**Ava Gray:** I think something important to remember when you are working with people with mental health issues is that if they did become mentally ill early on they didn't have the experience of employment. Many of us go through a few jobs while we are in high school or in college with different

experiences. We also do a lot of growing up and learning during that time. If they missed employment in their younger years, it is harder for them to realize what work might involve and what it might be.

**Michael Kleinschmidt:** If you are still following the PowerPoint, we are looking at slide 11 now – issues related to stigma. One of the things that we are very concerned about is the consumers’ perception of themselves. Do they display any sense of self-awareness regarding that? Do they present behaviors that might stigmatize them in the community? Does the community demonstrate intolerance for or even recognize that persons with mental illness can be rehabilitated, integrated, and are employable and that with some reasonable accommodations these individuals are employable and can be valued employees?

**Ava Gray:** I think one of the most frustrating things that we come across is the employer. We start talking about our program or our services and we are cut off. “Oh those people can’t work here. They can’t work.” Getting over that stigma and that preconceived notion of what people with mental illness are about and able to do is the most difficult part of our job. It takes persistence and continued hard work on our behalf. Also once a person does have an opportunity we really hold them up to it and hold them responsible to do their best.

**Michael Kleinschmidt:** Looking at slide 12 – issues relating to a dual diagnosis. Is the consumer aware that there is a dual diagnosis? We have worked with a number of individuals who have significant drug and alcohol histories. The mental illness might have been at some point secondary to those issues. Do they have any kind of perception at all that they may have other underlying issues that are affecting their ability to recover and get well? If it does involve alcohol or drugs have they been sober and clean for a period of time? If it involves a cognitive or learning disability have avenues been explored that provide all the parties involved with a better understanding of the consumer’s potential limitations?

**Ava Gray:** Another population that we are dealing with more and more is the ex-offender. Sometimes they tell us about that. Sometimes we find out about it but being aware of that and how that may impact work is important. It makes it much more difficult to do job development because employers will hold that against them.

**Michael Kleinschmidt:** That is really true. We recently had an individual with whom we worked for two years trying to get him a full-time opportunity through ticket-to-work. As we worked with this individual we discovered he had a very lengthy criminal history. He had a number of issues that were really discounting him from employment including disorderly conduct and things of that nature. He recently was able to go back to his home county and get some of those past charges taken off the record. This makes for a better situation. He will not be scrutinized as much as he had been during the first couple years we worked with him.

**Ava Gray:** I think we also find that a lot of consumers will discount that criminal history. We have often used Web sites for background checks. We then help to build on the positives.

**Michael Kleinschmidt:** Looking at slide 13 – an awareness of the changing nature of work. We gathered some of this information from a recent presentation that we attended in Minnesota with Dr. David Strauser and Deidre O’Sullivan, sponsored by the University of Illinois Region V CRP-RCEP –

awareness of the changing nature of work. We are moving toward a knowledge-based economy and further away from manufacturing. So there is a real significant need now for people to have better computer skills and better interpersonal skills. We continue to experience the loss of manufacturing and production type jobs. Our understanding is that this is not going to change. We will continue to see an increase in service-based jobs which a lot of our folks are in already. Ninety to 95% of jobs in the new economy require advanced cognitive, interpersonal, and knowledge-based skills that I mentioned earlier.

**Ava Gray:** Also the workforce is becoming more stressful. Employers are expecting more from employees in the same amount of time for the same amount of pay. Also, we all have to multi-task and do different things. We are not seeing that employers are really willing to even talk about carving out positions like they did years ago. Our consumers aren't always good with change and that makes it very challenging to keep them employed.

**Michael Kleinschmidt:** Looking at slide 14 – some of the qualifying factors that we try to consider when we are working with the population. The first one would be cognition. This refers to intelligence, memory, and academics. Quite often people have significant memory deficits. They may not have the education. As Ava mentioned earlier their education was disrupted perhaps at the high school level. Maybe they didn't finish high school or even college? They may lack an ability to use skills in a significant way. Pace – just the pace of work is faster now than it was ten years ago. The demand to perform at a competitive level is greater. Again employers are expecting more from people for less. Persistence – persistence is an issue – the ability to stay with a task until it is completed, even if one is distracted, frustrated, or worse still being able to stay on task and complete. Reliability is another factor and something that we deal with quite often – just the ability to come to work every day, staying for the entire scheduled time in spite of any personal or emotional problems.

**Ava Gray:** When working with someone who has a mental illness it is important to establish a relationship and give them the confidence to do those things. Problem solve early. Working with case managers to problem solve is also very important. We will go into that more later but it really takes getting to know the individual. We need to remember we are working with a unique individual. First and foremost everyone acts differently and reacts differently. We need to establish a relationship first so that we can begin to problem solve.

Looking at slide 15 – additional factors that we might consider – conscientiousness – both wanting and trying to do a good job and persisting until a desired result is accomplished. Motivation is a real important factor. The will to succeed is the belief that one can succeed despite the difficulties and the belief that doing one's best is important. Interpersonal functioning – the ability to accept supervision, criticism, directives, and an ability to get along with others.

Looking at slide 16 – a few other factors that we might consider would be stress tolerance. As Ava mentioned earlier – the ability to withstand the everyday pressure of job demands without significant decline in an individual's job performance or an exacerbation of their psychological or physical symptoms. A job's specific requirements are the specific skills needed to successfully perform the required tasks of the job. Does the individual have those and are we making the best match possible? Work readiness is really the bottom line. Is the consumer ready to work and invested in the process of

finding that job and going to work once the job has been secured? We often find that with our mental health population they may not be as work ready as some folks in other populations. Consequently, it makes it a little harder to be invested and have the patience to complete the task of finding the job.

Slide 17 – we are going to talk some about the value and importance of functional assessment. The tool that we use is a rather structured format with potential for individualized approaches. It includes opportunities for work experience to test the investment, cooperation, endurance, tolerance, real interest and potential employment settings for potential employees. It also utilizes community and program resources whenever available and provides a baseline and a blueprint from which we can work to support the individual as progress is made.

**Ava Gray:** I think once again assessment is a tool that helps us to know the person better. At times they may think we are asking a lot of questions or doing a lot of things but it is so that they can make a choice in the kind of job they want and the kind of job in which they will be successful. We also talk to anyone who may know them – case managers and family members are good sources for helping us know and understand the individual.

**Michael Kleinschmidt:** I think there is a real trend to get a tool that is standardized. The assessment format that we are using is standard throughout Wisconsin. We have identifying information at the outset, a clear understanding of the diagnostic impression. We look at personal, social, psychiatric, and medical histories. We try to talk with family members, doctors, case managers, anyone who has been involved with this individual in the past couple years and who can share information. We also spend a great deal of time looking at job interests for job matching and development. We focus on any job-related barriers and factors that might affect this individual. In the end we have a comprehensive review that gives us a blueprint for planning.

**Ava Gray:** I think often times it is just a matter of taking people on tours and letting them see work sites. Unfortunately, we also need to do a reality check with people. Some of our mental health consumers with whom we work tend to want that “pie in the sky” kind of job. We all do. We encourage them, but we try to keep them focused on making smaller steps. Sometimes it is a reality check that we have to do with their family members and case managers. “Wait a minute. This is the job that he wants, but this is where he is functioning so we have to do some work to get up to there.” We certainly don’t want to squash someone’s dreams, but we also need to be realistic and accountable to our employers and give them someone who is able to do the job.

**Michael Kleinschmidt:** Particular to our situation is our smaller community of 35,000 or 40,000 people and also we have been in business for almost 30 years. We are well known in our community. We are well established. We have a good rapport with a number of employers so they are very willing to allow us to come in and do tours with individuals, look at work sites and various jobs. They have actually been very good about allowing us to let individuals try out the job as part of our assessment.

Other important factors we look at when we do the assessment is work history. Are there gaps in that work history, medication regimen, and any side effects? I think medications that people are taking these days are much better than in the past and have fewer residual effects. We think it is really important to find out what the most functional time of day is for that individual. Not everyone is a seven to three-thirty

or a nine-to-five kind of a person. We quite often have had people who are more suited for second or even third shift jobs. When necessary we make arrangements to support that individual. We also look at the legal issues. We have more people coming to us today than ever before who have criminal backgrounds. We think it is really important to address this up front and do reality checks with the individual. Substance abuse issues are still important. We want to be sure they are sober or clean and free of the drugs. We also think it is important to give them a sense of ownership and investment in the process.

**Ava Gray:** This is also part of the recovery process. We hold our consumers accountable and responsible and encourage their involvement and input and say, “If you want this to happen you are going to work with us. We are not going to just go out and find you a job. It is a team process.”

**Michael Kleinschmidt:** Looking at slide 20 – supports are based on the person-centered-planning model. Working as a team is key when serving individuals with mental illness and again that means getting everyone on board who is involved with the individual – case managers, social workers, parents, other family members, all those people who can help make a difference and provide some good support.

**Ava Gray:** We attend case management meetings. We encourage case managers to call us if they notice any differences or they know that something is coming up in someone’s life that might cause a difference because when working with persons with mental health issues a lot of those little things become big things. We need to make sure that we are monitoring that situation and helping them work through it and maintain their job during it.

**Michael Kleinschmidt:** Again we want to remember that we are working with an individual and that effective relationships and mutual respect will provide for more success. We have had times when we have had to change staff who are working with the consumer. Also effective communication among all involved parties including the consumer is really important. Losing that stream of communication makes it much more difficult to do the job to support and advocate for consumers.

**Ava Gray:** We also work really hard with our employers to let them know that they can call us at any time if they notice any kind of difference. They should treat employees they have through vocational services the same as they treat their other employees. We have so many employers who say, “So and so is doing this. What should I do?” Our response is, “Well what would you do if it was anyone else? You need to treat them in the same manner.” Yes, maybe you need a little more empathy or a little more patience, but overall we still need to hold people accountable.

**Michael Kleinschmidt:** Looking at slide 21 – some other factors to consider would be establishing concrete and obtainable goals. Again that comes back to trying to make the best match possible for the job interests of the individual.

Looking at slide 22 – the importance of working as a team. We have done a lot of team building in the past number of years here with our staff. We have a staff of nine so it is really important for us to act not only as a big team but also a smaller team. We have found that by using the team approach we have actually had better success with our job development and working with our consumers as individuals.

Working as a team is key when you are serving this population. Again the supports are based on the person-centered planning model. Again this would include the individual, their case managers, social workers, family members, and others who are involved in the treatment and recovery of the individual. We can't say enough about that from our past experience of not having all those parties involved. I think if you get everyone on the same page with the consumer you are going to have better success overall.

**Ava Gray:** When we bring a new consumer into our program we assign him/her one staff in particular. We tell them right from the "get go" however that you are going to be required to work with all of our staff. We like for all of us to know the person. In work experiences we have a requirement that at least two staff are job coaching that work experience. This gives us opportunities for multiple perspective and for a more complete assessment.

**Michael Kleinschmidt:** I think that sums up the slides we have for our presentation. We are ready to take some questions.

**Lynda Leach, Facilitator:** Thanks Mike and Ava. I have opened up all the lines. Are there questions for our presenters?

**Caller:** My name is Brad. I am the program director for our assertive community treatment program. We just got a grant from Johnson and Johnson for supported employment. We are getting ready to implement a zero exclusion policy or perspective. I wonder if you have that and could you speak to the utility of that or lack there of?

**Ava Gray:** What exactly do you mean by zero exclusion?

**Caller:** We are supposed to try to competitively employ anyone who seeks employment.

**Michael Kleinschmidt:** Yes, we have been at that point for quite awhile. In fact, when I started with this program ten years ago we had quite a few individuals who were still on a sub minimum working out in the community. Today we might have two people who are on a sub minimum and they are developmentally disabled individuals. Our goal is to get everyone competitive community employment.

**Caller:** I have a question. My name is Gary VanRoy with the Center for Sight and Hearing. What type of service do you provide for individuals who are deaf or hearing impaired who may also have a mental illness?

**Ava Gray:** We haven't really worked with that many deaf or hearing impaired individuals because we have a technical college in town that seems to have taken on those individuals. They have gone to the tech supported employment program.

**Caller:** Okay, so they provide service for people who have mental illness but are deaf also?

**Ava Gray:** You know I am not really sure what they provide but I think so.

**Lynda Leach, Facilitator:** Are there any other questions? These are all good questions and we have the experts on the line today.

**Caller:** I have a question. My name is Brenda from Community Industries. You have been in business for thirty years. Are there companies in Wausau or the three counties that you serve that are unwilling to accept your consumers and if so could you give an idea of the approach you use when you get a new employer?

**Ava Gray:** Oh yes, there are companies that we haven't been able to get into. You know basically we try a few approaches to try to get our foot in the door but if we can't our reaction is, "Well, then you don't deserve our worker." We have also gone in the back door asking for tours, asking a little bit about the company, then I think it is just a process of persistence. We try a wide variety of job development approaches from cold calls, going in as a result of ads in the paper, anything we can think of and hoping that eventually will work.

**Michael Kleinschmidt:** We have used the idea of an employer breakfast for a couple of years now and invited community businesses at large to join us. This gives us an opportunity to explain supported employment and vocational services and try to diminish a stigma that people may have when with working with individuals with mental illness.

**Ava Gray:** We try and use our track record to get into places. We have some job development marketing materials that help us and we use quotes from other employers and may even say, "We have so and so at this business. You could call this manager if you would like more information or if you need a reference." Typically I think just our doing a work experience, getting our foot in the door, and proving ourselves as job coaches and as people who want this to be a successful outcome and our employees proving themselves as good workers.

**Michael Kleinschmidt:** We have used the work experience approach pretty much with every individual. It has actually given us the opportunity to get into businesses I think we wouldn't have been able to get into otherwise. It is a no-risk situation for the employer. All employees need to do is work for a few hours to demonstrate they can do the job. As a result we have had a number of people who have been hired from the work experience and have become gainfully employed.

**Ava Gray:** We are also very fortunate to have a really good relationship with our local Goodwill store. They allow us to do some enclave business. We have put some very difficult people into that site and have seen them grow and flourish. Some of them have been offered jobs there and some of them move on to other jobs. I think people with mental illness often times just have no sense of self competence or self worth. Often times it is just building that up so that they can have an opportunity to prove themselves. The case manager may be the first person in their life to believe in them and to encourage them to reach those goals. That is a wonderful opportunity for us to help someone reach their vocational goal.

**Lynda Leach, Facilitator:** Are there any more questions for our presenters?

**Caller:** We are community support services in Brookfield, IL and I had a question regarding the application process for individuals with special needs, both developmental disabilities and those that are dually diagnosed. In supporting individuals and going through the application process itself what does the law say in terms of the application process?

**Michael Kleinschmidt:** I don't know if the law is very clear. We had someone from Great Lakes ADA come up last year to an employer breakfast and discuss this with us. Online applications, kiosks in the retail business, and the lack of paper applications present difficulties. Our feeling in general is that it is a disservice to any of the disabled population. Anyone who has had experience standing at a kiosk or doing an online application with one of their consumers knows that it is a very frustrating. Things are much better with paper applications I believe. In answer to your question regarding the law I think at this point it is actually pretty unclear. We are always concerned that it is not a reasonable accommodation.

**Caller:** We also assist people in filling out online applications so that it is less stressful. Otherwise we will go and help with that process.

**Lynda Leach, Facilitator:** Are there any other questions for Mike and Ava?

**Caller:** This is Jeannie from Chrysalis in Madison. I appreciate the presentation today. I have a question in incorporating the person-centered planning model – how do you facilitate and set up the meeting? My question is related to person-centered-planning which I really value and am trying to incorporate it more in my work with individuals. Do you have a model for a particular procedure that works well for you or if that is what you do initially or if you could just explain it a little more where you set up the meeting and get everything coordinated.

**Michael Kleinschmidt:** Initially what we do is we meet with the individual and make some introductions and gather some basic information. Then within the second or third appointment we try to gather as many parties as we can at the table and get ideas from everyone. Now, quite often we are not able to organize all those parties during the first part of the assessment process. It might not be until DVR reviews the information that we have from the assessment and move on to putting the job development plan together that we get more parties together.

**Ava Gray:** We are also fortunate that we have a good working relationship with our DVR. We ask for certain information with a referral from them. Most of the people who are referred to us work with someone else within North Central Health Care which means that they probably have a case. There is someone else that we can draw on for information and make sure we are heading in the right direction. Does that answer your question?

**Caller:** Yes, that is great.

**Lynda Leach, Facilitator:** Ava, I have a question. I think it was you who mentioned a Web site. I think you said "C Cap?" I am not sure what that is.

**Michael Kleinschmidt:** I don't know what the acronym is but it is a Web site that is available through the State of Wisconsin. I do know that it is a State of Wisconsin Web site with basic information about individuals – not details about the charges but it might list what the particular charges are.

**Lynda Leach, Facilitator:** Okay, I was just curious about the application for other states. Are there any other questions?

**Caller:** Do you have a program for work experience?

**Ava Gray:** Yes.

**Caller:** Is that paid experience or no?

**Michael Kleinschmidt:** Yes it is more often than not paid experience, sponsored by our county DVR that has encouraged us to use that method. I think it is a great incentive for quite a few of the people.

**Ava Gray:** We tend to use shorter work experiences, six to twenty hours in a week, depending on the person's endurance. We will have them do the job for say twelve hours in one week three days a week and then we may have them do a couple of different things. If they have a few interests and never tried anything it gives them an opportunity to try the job. The nice thing about work experiences is it gives the employer an opportunity to eyeball a prospective employee and often times it has led into a job offer for our consumers.

**Caller:** And the state vocational rehabilitation pays for that?

**Ava Gray:** They pay for the wages for the individual.

**Caller:** Is that just typical minimum wage?

**Ava Gray:** Well, whatever the wage is. We have to ask the employer. They will pay the prevailing wage.

**Lynda Leach, Facilitator:** Great, are there any other questions? If there are no other questions Ava and Mike would you mind giving your contact information one more time so that if they have questions at a later time they can contact you.

**Ava Gray:** Okay, we are at North Central Health Care in Wausau, WI. Our phone number is 715-848-4585. We both have e-mails. Mine is [agray@norcen.org](mailto:agray@norcen.org). Mike's is [mkleinschmidt@norcen.org](mailto:mkleinschmidt@norcen.org).

**Lynda Leach, Facilitator:** Great, I am sure you will be hearing from people. Well, thank you everyone for being on today. Our next teleconference is scheduled for October 31, Tuesday. Tony Plotner and Kathleen Oertle from Region V RSA CRP-RCEP will be presenting on program evaluation. They did an evaluation of an Illinois supported employment program and will be sharing their findings with you. We hope you can join us. Ava and Mike thanks again for a great presentation and encouraging discussion and good questions. Thanks everyone for being on and have a good day.