

## Episode 29 - Dr. David Biegel: Facilitators and Barriers to Supported Employment for Individuals with Co-Occurring Disorders

[00:00:08] Welcome to LIVING PROOF A podcast series of the University at Buffalo School of Social Work at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu) celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Oduor Robinson and I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcast you can now rate and write a review of each episode of living proof to rate or write a review of a podcast. Just go to our Web site at [www.socialwork.buffalo.edu/podcast](http://www.socialwork.buffalo.edu/podcast) and click on the create your own review button. We look forward to hearing from you. According to the National Survey on Drug Use and Health four million Americans have a co-occurring serious mental illness and a substance use disorder. Individuals with co-occurring disorders and many obstacles to overcome on the road to recovery. One of which is employment. Less than 20 percent of people with co-occurring disorders in the United States are employed support in employment is an evidence based practice showing effectiveness in increasing rates of employment for individuals with co-occurring disorders. So why aren't more working. David Biegel today's guest on Living Proof. Conducted a study to find out. David Biegel is the Henry L. Zucker professor of social work practice and professor of psychiatry and sociology at the Mandel School of Applied Social Sciences Case Western Reserve University.

[00:02:02] He currently serves as a co director of the school's Center on Substance Abuse and Mental Illness and as a consultant to the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence. Dr. Biegel is the co-editor of a book series on evidence based practices from Oxford University Press and the author of over 100 publications primarily focused on family caregiving with frail elderly individuals and persons with severe and persistent mental illness. Dr. Biegel most recent research has focused on families of persons with severe and persistent mental illness and families of persons with co-occurring substance abuse and mental disorders. In this episode of Living Proof Dr. Biegel discusses his latest research examining facilitators and barriers to employment for individuals with co-occurring serious mental illness and substance use disorders and implications for agency practices. Savra Frounfelker Ph.D. student at the University at UB School of Social Work spoke with Dr. Biegel by telephone Hello David we're ready to go. So can you tell me a little bit about your current research projects. Well it was a study just completed of supported employment and supported employment is an evidence based practice that assists individuals with serious mental illness and in our case serious mental illness and co-occurring substance use disorders to obtain and maintain competitive employment. And that's pretty important work because nationally if you look at studies of adults with serious mental illness less than one out of five of those are currently employed nationally. We know that a lot more consumers than that are interested in being employed for example in Ohio only 15 percent of Mental Health Consumers Report earning any income whereas over half 59 percent say they have a desire to work.

[00:04:07] So our project really took a look at what was facilitators and barriers to these individuals who were clients of mental health agencies to being referred to the supported employment program and then actually to obtain employment. Can you tell me a little bit more about how Supported Employment Works really quick. Basically has seven principles now go through those pretty quickly. The first is zero exclusion policy which basically says any consumer mental health consumer who is interested in working should be referred to employment without any any barriers to that referral. And that consumer preferences are important. So it's not a situation where let's say I'm a mental health consumer I say I'm interested in working and I go to an employment specialist and they pull out a series of cards and say these are the jobs available. It doesn't work that way.

You're really supposed to talk with the consumer. Find out the kind of work they are interested in and then the employment specialist tries to find a job that matches that. Another important principle is Rapid job search. This kind of program is called A Place and training program as compared to previous employment programs that were train and place and oftentimes spent you know a long period of time a number of months beyond a number of months even to provide some training before a person was employed. The goal of supported employment programs is to have individuals employed within 90 days. The employment is competitive meaning the jobs aren't restricted to just people with mental illness but anybody can apply for these jobs.

[00:05:44] And that at the mental health agency the employment program is integrated within the mental health services and that is particularly important because the mental health case managers who have been working with these individuals know the most about their situation. And if the employment specialist is part of the team working with them they can provide better services. The support that's provided by the employment specialists is time unlimited. So there's work before the individual gets a job helping them find a job and then providing support after that fact benefits counseling is also incorporating. And the reason this becomes important is a number of individuals are receiving federal support under the Social Security Act and which has certain limits about how much consumers can earn without losing their benefits. And this whole issue is pretty complicated and hard to understand. So the benefits counselor can really help consumers better understand what they can do and what they can't do because number of consumers mistakenly think well I'm on disability and therefore I cannot work and that really is not true. What sparked your interest in this topic. Well I've been working for the past eight years at our school center for evidence based practices which is a statewide organization funded by the Ohio Department of Mental Health and the state drug abuse agency that provides technical assistance that agencies that incorporate evidence based practices in their agencies work. And I teach at the mandos school mental health service delivery and policy and have been doing so for 20 years. When I first started teaching that course there were really very few practices where there was a lot of scientific evidence of effectiveness. And now we have a lot more practices.

[00:07:31] So I'm particularly interested in understanding how those practices work and what some of the facilitators and barriers might be and how they can be improved. So from the research what we know about the effectiveness of supported employment. Let me first maybe just talk a little bit about what we know nationally and then I can tell you what we seeing from our our study nationally there's been a total of 11 randomized controlled trials that have compared High Fidelity support employment programs to other vocational interventions and it's nationwide nationwide. While these studies have been in the studies themselves have been in particular areas some in one community some in multiple communities. But if you add up all the studies together it's been 11 of these randomised controlled trials. They've all looked at high fidelity supported employment programs. And by that I mean programs that are effectively implementing the model because you can have a program called the Self supportive employment that it really may not be implementing the program the way it should and therefore that would affect the findings so these were all high fidelity supported employment programs and the results were that in those programs three fifths 61 percent of the male health consumers entered competitive employment as compared to only about a quarter less than a quarter of the consumers 23 percent in traditional employment programs. And further when they did studies in which they examined traditional vocational programs that were more the train and place programs that had been converted to supported employment. They found that 40 to 60 percent of those consumers obtain competitive employment versus only about 20 percent of consumers who are not enrolled in competitive employment programs. You focus mainly on people with mental health that support employment looks at other disabilities as well correct. Right.

[00:09:28] Our our focus was on the model that was developed out of Dartmouth College that was originally called individual placement and support and since Cold supporting employment and our

particular study looked at not only individuals with mental illness who were clients of four different mental health agencies but also looked at these individuals who had a couple occurring substances that were along with their mental illness and it's felt that you know individuals with co-occurring disorders would have more serious problems even though previous research has found that substance disorder doesn't predict how well a consumer will fare in employment. Several studies have found that substance use disorders don't really impair their capacity to work beyond their significant impairments that may already be there due to mental illness. And to some people this may seem to be counterintuitive. They may think well if a person with a mental illness has difficulty working wouldn't a person with mental illness and substance abuse have more difficulty by previous language you know sounded. That's not the case. And that was supported by what we found in our study. So what were you hoping pacifically to discover or what questions were you addressing in your research. We really focused on two questions and because it had already been these 11 randomized controlled trials of supported employment we didn't feel the need to do a study to evaluate whether supported employment was effective. That's been pretty well established now and support in employment is considered an evidence based practice. Rather we were concerned on getting a better understanding of who gets referred to supported employment programs among consumers with co-occurring disorders and who doesn't get referred.

[00:11:24] And the reason that that's important is to identify potential barriers that may prevent individuals from getting referred. And once you identify those barriers then you could work with the agencies in developing strategies to overcome them. So that was their first primary question and the second primary question focused on what were the facilitators and barriers to consumers actually obtaining employment which types of variables really affected who is employed and who wasn't. And again the information that you learned from a study like that can be very valuable to agencies in terms of looking at how they might improve their practice how they might strengthen their facilitators and reduce the barriers. So that was the principal focus of this three year study that was funded by the Ohio Department of Mental Health. What were the goals of your research project. Who exactly where you're setting the consumers that were being studied. Were individuals with a co-occurring mental illness and substance use disorder to where clients of four different mental health agencies in Ohio. And to be eligible to study the agencies had to offer both integrated dual disorders treatment which is an evidence based practice for occurring mental illness and substance abuse. And they also had to have supported employment programs. So we basically started and tracked over a year period all consumers that were clients of those agencies who were receiving integrated dual disorders treatment. And then we tracked whether they were referred to supported employment or not. And so we had one group of individuals who were referred and then we had a comparison group of individuals who were receiving integrated dual disorders treatment because they had a co-occurring disorder who weren't referred.

[00:13:22] And we did a random sample of all the individuals who were referred to that we really could look at the difference between individuals who were referred in individuals who weren't referred when it came to looking at predictors of employment and also predictors of who gets referred and who doesn't get referred. And what were your major findings in the study. Well we want to break these down really into you know separate questions in terms of who gets referred and who doesn't get referred and to start with. And if you look at who gets referred the single best predictor to consume are getting referred to supporting employment history of previous employment such that consumers with previous work experience were almost five times more likely to be referred to support employment services. So the question is you know why is that the case. Because we indicated that one of the first principle of support in employment is zero exclusion policy and a consumer who wants to work even if they haven't worked you know she'll be able to be referred. Well it's possible you know that consumers who haven't worked might be afraid of working you know how am I really going to do this. Am I going to be successful or not. How might that affect you know my illnesses they might just be sort of thinking about work and not quite ready

to work because a number of these agencies use a stage of change model the way you try to work with consumers where they are. And the first one of the first stages is a contemplation stage when consumers might be thinking about making a change but not quite ready.

[00:15:02] And it could also be that agency staffs might have concerns about a consumer's employability. They might think oh agencies aren't going to hire an individual like this and therefore you know we shouldn't refer them. And that really shouldn't happen under that model. But you know that was I an *expo facto* hypothesis that we made for the study the second finding was that consumers who self identify themselves as disabled were only half as likely to be referred to supported employment. And here it was interesting because if we looked at consumers who said they were disabled or compared to consumers who didn't say that we didn't find any differences in those consumers the levels of functioning there's substance abuse status their mental health status their quality of life but they view themselves as less capable of working which again is a barrier and a barrier that you know agencies can address if they know about it. A third finding and a really important one is that consumers with the most serious substance abuse problems those that were classified as substance dependent were 60 percent less likely to be referred to supported employment. And again there is nothing in the model that suggests that consumers who were even actively using substances should not be referred to supported employment. So let me separate from the alcohol issue. Well the substance dependence could include just alcohol only or it could include alcohol or other drugs. It was a measure of all substances. So when we looked at that information it really seemed to us that you know the agency staff really weren't embracing the zero exclusion policy. Maybe they felt that employers were less likely to hire them as consumers.

[00:17:00] And it certainly is true that for some employers especially those that do drug testing you wouldn't refer a consumer to that employer if they were using drugs. But there are lots of other jobs where that's not necessarily a problem. And we know that once consumers start working that supported employment programs can help them in a number of ways including reductions in substance abuse as well as better control of psychiatric symptoms. So based on all of those findings we had a number of service delivery recommendations that we met with the agencies about we've also have some articles that will be published about this study. But one of our recommendations was that there really were educational sessions for consumers and agencies staff that we really needed to talk about potential concerns and fears about employment and in terms of agency staff to really monitor their staffs commitment to this supported employment model and also the kinds of programs that agencies could implement that could increase the South African consumers and maybe change their definition of feeling that they are disabled and again the finding on disability would be different if we found out that consumers who self-identified as disability had more functional problems than consumers did. But we didn't find that. So therefore it was more of a perception on the part of those consumers and if there was that perception could be changed by increasing consumer self advocacy then they would be more likely to welcome a referral to supporting an employee. Now most of the people who work with those referred to support employment are they social workers will be social workers who are going to step in and help in this area. There is a combination of staff.

[00:18:54] Each of the clients of those mental health agencies have a mental health case manager more often than not as a social worker. But the support in employment programs are staffed by employment specialists whose background isn't in mental illness but it's in employment. And that's why it's so important that you have employment specialist as part of the mental health team and not have the employment program outside the mental health agency because the employment specialists know that jobs but they don't know mental illness and the mental health of the mental health case managers know about mental illness. They know that the consumers but they're not experts in employment. So if you really believe that interdisciplinary team of mental health case managers and support employment specialists can be most effective. So what's next for you. What are you going

to do from this information. The study has just been completed at the end of this study we're very committed to giving information back to the agencies. So during the whole course of this study we've provided some preliminary findings to agencies. And then at the end of this study we had four separate forms and each of the agencies where we presented the study findings talk with them about the implications of it. In addition this study was sponsored through our center for evidence based practices at case which includes consultation and training to the agencies we studied as well as other agencies. The group is working with about 70 agencies all over Ohio and also providing consultation on evidence based practices and supported employment and integrated dual disorders treatment to a number of states as well.

[00:20:46] So we've shared all of the findings with the staff at the center and in their consultation with agencies. They really can work with them around some of the barriers that we identified through our research. Are they finding information you're giving them helpful. Yes we've gotten very good feedback from the agencies. We found that it was very beneficial to present preliminary findings to the agencies and then asked them about their interpretations of what their findings meant. We shared some of our interpretations but we also asked them their interpretation since you know they know the client's well and that led in some cases to coming up with some interpretations that we hadn't thought about. For example the finding that those with the most serious substance abuse were less likely to be referred to supported employment programs at one of the agencies they suggested that those consumers were the ones who were most likely to miss appointments with the middle managers and therefore that could affect their likelihood of being referred. So there were underlying issues we might not have considered. So that was something that the agencies knew from their own experience you know that that added to what we knew and were able to share with them. So it's really very much the whole study was very much a very collaborative process in which the data was actually gathered by the agencies we made use of existing data the agencies that already collected as well as collected some additional data but rather than what's done in some studies we're seeing investigators basically make all the decisions about the data process since the agency's staff are going to be so involved in this.

[00:22:33] We had a series of meetings with them to discuss research procedures their research instruments and got feedback from them on the instruments and data collection procedures. And that really worked very very well because the agency's staff were doing this on top of their normal responsibilities. Each agency got a small amount of money for participation project but that really didn't go very far in terms of covering their costs so they really wound up donating their time. So as much as possible we wanted to include them as as partners in the project. And I think that made them much more receptive to hearing their results other study because they felt that it wasn't just a case of outside researchers coming in and maybe telling them what was wrong with their programs but basically doing it in a shared way. So they were part of the assessment right. OK. And the fact that our center on evidence based practices had worked with each of these four agencies for at least two to four years before the study began. Also helped because they knew who we were and that added to a level of trust. And I think that greatly aided us our ability to collect all the data that we did because otherwise the agency you know partly through the process might have said you know this was more work than we thought and we think it's a good project but we really can't do this. We are able to wind up you know collecting well over 90 percent of the data that we originally planned to collect. So for your next project will you continue this line with supported employment.

[00:24:15] Well right now we're exploring the possibility of other projects including looking maybe specifically ad supported employment for individuals with mental illness who are involved in the criminal justice system ways in which the supporting employment model perhaps needs to be adapted to better serve that population. There really hasn't been too much work in that area. That sounds like it would be very useful line of research very challenging as well. Yes. OK. Well is there anything that we haven't covered that you'd like to add on just a couple of things for you about

employment perhaps because we didn't talk about the success rate in employment and we found that almost half the consumers. Forty seven percent who were referred for supported employment or were competitively employed some time 12 months during that 12 month period post referral. That's not quite as good as the national clinical trials had found 61 percent. However those trials were programs that were implemented supported employment with high fidelity and in our case the agencies were implementing them with low to moderate fidelity. So given that we thought that that was a very good finding and consumers worked. I mean over four months and we did find those other studies found that substance dependence was not a predictor of employment. And that's good because that reinforces the research. We also found as we said earlier that individuals with substance dependence were less likely to be referred but when they were referred their substance dependence didn't affect where they became employed. So that was really very valuable information that we are able to give back to the agencies and saying you know you really need to look seriously at barriers to referral because once these individuals are referred they are getting job substance dependence.

[00:26:16] That was not a barrier to employment and it's one thing I think to meet with agency staff and talk with them about what other studies have found. Nationally they have a lot more ammunition when you say these four agencies. We also found this. So it's not just something you could say oh well he studies when other communities or communities are different. So that really aided I think to the credibility of the study and why it's important in terms of working with agencies to gather local data as well as it results from national studies create that partnership. Right. Right. OK. Well thank you very much for your time. I appreciate all the information that you've given us. OK. Thanks very much. You've been listening to Professor David Biegel discuss barriers and facilitators to support and employment for individuals with co-occurring serious mental illness and substance use disorders and the implications it is in seeing practices. Tune in again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smith professor and dean at the University at Buffalo school of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community. More information about who we are our through our programs and what we do. We invite you to visit our website at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). Here at UB we are living proof that social work makes the difference in people's lives.