



MENTAL HEALTH BULLETIN

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SUBJECT

Distribution of PARF Position
Statement for State Hospital
Vocational Adjustment Services

BY

Deputy Secretary for Mental Health

SCOPE:

Alliance for the Mentally Ill in Pennsylvania
County MH/MR Administrators
Pennsylvania Association of Community Providers
Psychiatric Physicians of Pennsylvania
Pennsylvania Association of Rehabilitation Facilities
Pennsylvania Mental Health Consumers Association
Base Service Unit Directors
Community Residential Rehabilitation Providers
Mental Health Partial Hospitalization Programs
Mental Health Social Rehabilitation Programs
Outpatient Psychiatric Clinics
Vocational Rehabilitation Facility Directors
Private Psychiatric Inpatient Units
Private Psychiatric Hospitals
Superintendents, State Mental Hospitals
Administrator, South Mountain Restoration Center

PURPOSE:

The purpose of this bulletin is to disseminate the Position Statement developed by the Pennsylvania Association of Rehabilitation Facilities regarding State Hospital Vocational Adjustment Services and to re-emphasize the importance of vocational services within the state hospital and community system. The bulletin also includes recommendations which should be used to guide both state hospital and community programs.

BACKGROUND:

Since the 1950's, Pennsylvania's State Mental Hospitals have provided patients (consumers) with work experiences through the Vocational Adjustment Services Departments (VAS) in each hospital. As the attached paper describes, work is therapeutic and pivotal in changing a person's self perception from that of patient to a useful, contributing community member. Research in the field and the development of transitional and supported employment models, have demonstrated that even persons with severe disabilities can work, if provided the opportunity and proper vocational and treatment supports.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Your Area Office of Mental Health

The philosophical view underlying the programming of the Vocational Adjustment Services Department is that all persons can benefit from a productive and meaningful work experience. More specifically, the Department operates with the belief that properly structured work experience will have a positive effect on the psychiatric well-being of the participants. The central task of the Department is to select and establish those clinical interventions and conditions of work best calculated to have the desired therapeutic effect.

In order to reinforce the importance of work in the rehabilitation of persons with mental illness, the following recommendations and attachment should be adopted and instituted by state mental hospitals, county MH administrators, and community MH provider agencies. These recommendations are based on the principle that vocational training, counseling, and employment services are critical to the rehabilitation process and are based on the attached position paper from the Pennsylvania Association of Rehabilitation Facilities (PARF) and from the field regarding how the system can be more effective.

RECOMMENDATIONS:

1. Goals and strategies regarding work must be an essential element of the comprehensive treatment plan in state hospitals and community programs, based upon consumer interest and need.
2. Every newly admitted patient should be considered as a potential consumer of vocational services. Initial interviews should be conducted as soon after admission as possible in order to make the person aware of the vocational opportunities available to them and to determine their intent in pursuing those interests
3. As appropriate, Vocational Adjustment Services (VAS) staff in state hospitals must be included in the hospital treatment planning process from the point of referral through discharge, and afterward, providing follow-up services.
4. Vocational Adjustment Services (VAS) should advocate and provide for consumer choice and involvement in all decision making involving the consumer, and also assess the consumer's satisfaction with the services.
5. VAS programs should focus on providing therapeutic, educational, skill development, and actual job opportunities which will enable consumers to enter or re-enter the job market.
6. State Hospital VAS Departments and County MH Offices should develop working relationships/agreements regarding the continuity of vocational services, communication of consumer information, and mutual strategies to meet the vocational needs of consumers.

7. State Mental Hospital VAS Departments should develop joint working relationships/agreements with County MH Administrative Offices and District Offices of Vocational Rehabilitation as providers of vocational training, vocational evaluation, career counseling, job coaching, job development, transportation, and transitional/supported/competitive employment services which will enable individuals to successfully transition into community employment.
8. Vocational Adjustment Services should creatively utilize staff and resources to develop joint vocational efforts with advocacy groups, consumer run activities, self-help programs, service and charitable organizations, and community provider agencies to effectively bridge the gap between hospital and community employment opportunities. Some examples of these are: skill training for hospital residents at , community vocational training/employment sites; joint VAS/community provider vocational grants; working with community providers to jointly employ a marketing person to sell businesses on industry integrated employment services.
9. VAS staff should be involved and act as the liaison with community providers and employers to ensure 'vocational continuity and to assist consumers to maintain employment during periods of hospitalization.

Should you need assistance in implementing the above recommendations, contact your Area Office of Mental Health.

PARF POSITION PAPER

1993

Position Statement

State Hospital Vocational Adjustment Services

I. Introduction

The Vocational Adjustment Services Department (VAS) of the state-run psychiatric hospital has undergone many significant changes since its inception as a separate discipline in the 1950's. As the "Industrial Therapy Department" its major function was work placement within hospital industry. The original purpose of patient work placement was two-fold: to involve the patient in diversional or instructional work activity; and secondly, to supply the hospital work areas with a labor force that was vital to the operation of the institution. Calling patient labor "industrial therapy" did little to enhance its therapeutic value as little or no individualized treatment planning was done in connection with the work experience. However, it did serve to legitimize the value of work placement and established the ground work for the evolution of the Vocational Adjustment Services Department.

The change agents responsible for the growth and development of the VAS Department are many and varied, with the most significant being the commitment of the Office of Mental Health and hospital staff, both administrative and direct care, to the goal of improved patient services and secondly to outside forces such as federal and state legislation. The Vocational Rehabilitation Act following WWII, the MHMR Act of 1966, the Fair Labor Standards Act, as amended in 1966, the American Civil Liberties Union, the Alabama Court Case, the Souder- Brennan Case, the Days Consent decree and increased advocacy by family and consumer groups have served to focus attention on the needs of persons with mental illness. As a result, the VAS Department has been able to expand the range and quality of service to better meet the vocational needs of its clients.

The philosophical view underlying the programming of the vocational Adjustment Services Department is that all persons are entitled to a productive and meaningful work experience. More specifically, the department operates with the belief that properly structured work experience will have a positive effect on the psychological condition of the participants. The central task of the department is to select and establish those clinical interventions and conditions of work best calculated to have the desired therapeutic effect. This is done by manipulating three elements of the work experience: the task itself, the work situation (i.e. level of supervision, direction and instruction) and the work environment.

another way, the emphasis is on coping rather than succumbing."¹ The psychological parameters of work include some relatively low-powered yet therapeutically valuable processes including the ability of -wk to divert the individual from painful self-preoccupation. Conceivably, the influence of other factors could be therapeutically pivotal, as might be the case when assignment to work carries with it crucial new implications for the patient's role and self-perception, from the role implications of being a patient (dependent, non-productive, etc.) to those of being a worker (useful, socially engaged, etc.).

"Work is a critical factor in the rehabilitation of mental health patients, ranging from its immediate therapeutic value to ultimate financial independence. For some psychologically disabled clients, work enhances their self-esteem and self-concept to the point of acting as a bulwark against too easily accepting a "patient" role. Other clients find that meaningful vocational activity provides them with an opportunity to deny their illness, since through work they are fulfilling an expected adult role - that of "worker." Therefore, meaningful work must replace the "busy" work that in the past has too often been offered to MH clients. It can provide a core of valuable learning experiences and a measure of status against which the rehabilitant may assess his own values. In fact, the relationship between employment and the adjustment of the post-hospitalized patient goes beyond the specific need for earning a living. It bears directly on the ability of an individual to remain in the community, whether or not he is self-supporting, and whether or not he is able to accomplish other social roles. Thus, the capacity to work for even severely emotionally handicapped individuals is often surprising."²

To realize the therapeutic benefits of work presupposes some ability to respond, in an integrated fashion, to work's simultaneous physical, social and intra-individual demands. It is therefore not enough merely to assign the patient to an appropriate job and wait for work's healing influences to exert themselves. The program must be engineered to contain the disruptive forces (i.e. failure and frustration) in the work place at levels that are tolerable to the patient, therefore enhancing the possibilities of a therapeutic work experience. It is the responsibility of the VAS Department to both arrange for the work experience itself, as well as, manage the patient's involvement so as to better insure its therapeutic value in the patient's recovery.

II. Mission:

To provide a psychiatric treatment modality designed to return people to their highest functional level utilizing vocational assessment, training, work, and its normalizing effects on the person as the therapeutic milieu.

III. Guiding Principles:

1. All persons have the right to be restored to their highest level of vocational function.

¹ Black, Bertram J., 1988, *Work and Mental Illness*, John Hopkins University Press.

² Ibid

2. All persons who choose to participate in vocational services have the right to services that are most appropriate to meet their individual interests and needs.
3. All work opportunities should be realistic and provide an atmosphere that helps develop individual potential.
4. All services are designed to ameliorate the distress of mental illness and accommodate, overcome and promote recovery in concert with a comprehensive multidisciplinary treatment process.
5. Work has value to the individual as a promoter of self-esteem, which is reinforced by the social interaction of work.
6. All persons who work will receive remuneration in accordance with all Federal and State laws, including the FLSA.
7. Work employment experiences provide opportunities for achievement, self-control, future options, and independence.
8. The ultimate goal and most desirable vocational outcome of many clients will be community integrated employment.

IV. Methods and Services

The following is an overview of various vocational treatment modalities and support functions which may be offered by a VAS Department as a program for therapeutic work experiences.

A. Referral and Treatment Planning

Outreach and referral services are offered to all treatment teams by the VAS Department for prospective participants. A vocational specialist either serves as a member of the treatment team or a liaison arrangement exists to ensure VAS representation in treatment planning activities.

Once the treatment team decides that vocational involvement will be beneficial to a patient's recovery, they will issue a referral, typically with a "physician's order for vocational services. The referral contains information that is essential to developing a vocational plan for that individual. The team will identify the goals and objectives from the comprehensive treatment plan that are to be addressed by vocational services. From these goals and objectives the vocational specialist will develop a method of treatment and facilitate the patient's involvement in

vocational services. It is the responsibility of the vocational specialist to insure that the entire referral process is properly documented on the patient's chart.

B. Vocational Assessment

The vocational assessment is critical to the individual patient's course of treatment and eventual training and/or employment opportunities. Using an individualized approach, a vocational assessment can include: an employment history, current work skills, educational history, abilities, aptitudes and interests, physical abilities or limitations, work habits, personal care and activities of daily living capabilities, and the individuals' personal, social and financial work expectations.

Assessment recommendations and resulting vocational goals become part of the comprehensive treatment plan. The VAS Department is responsible for provision of vocational counseling based on the interests and needs of the individual patient and based on the outcomes of the vocational assessment. Treatment objectives and specific vocational interventions should address the problems which precipitated hospitalization and the current needs as identified during the vocational assessment to assist in the patient's successful return to his/her community. The VAS Department has the responsibility for provision of vocational education, training and counseling based on those identified needs.

C. Vocational Counseling

The Vocational Adjustment Services Department provides on-going counseling from the moment of referral, through the work experience to discharge planning and placement. A goal of this program is to assist the patient to identify those strengths and weaknesses he/she is experiencing in the work setting and to aid in developing realistic plans to improve and expand upon one's identified strengths and to cope with, negate or overcome one's vocational weakness. To achieve this end the counseling program may draw upon other hospital and community discipline's knowledge, expertise and support to enable the patient to meet his/her vocational plan.

D. In-House (Hospital) Work Experiences

Work experiences within the VAS program are tailored to the individual patient's need. Utilizing various systematic instructional techniques such as modeling, chaining, shaping, fading, prompting, etc., the vocational program attempts to increase positive productive work behavior and decrease negative non-productive work behaviors. Changing levels and methods of supervision, altering the work environment, minimizing task irrelevant stimuli, and utilizing reward systems can also assist the patient in producing behaviors consistent with the role of a successful worker. In identifying with the worker role, the patient has an opportunity to build skills and competence, experience an increase in self-esteem,

decrease in level of dependence, an increase in control of his/her life, and is better able to participate in reality-based decision making regarding his/her treatment and vocational goals.

Based on the patient needs and interests as identified by the patient's assessment and treatment plan, work opportunities and other vocational support programs are developed. Numerous programs can be developed within the hospital environment to assist the patient with his vocational objectives. All employment experiences are remunerative, with patients paid for work per applicable state and federal law. Funding for these employment programs can come from payment from private industry for work completed, the Patient Worker Program budgets, Office of Vocational Rehabilitation (OVR), canteen funds and other resources identified by the VAS Department and their respective facilities.

The following describe some of the programs offered by the VAS Departments within the hospital environment:

1. Sheltered Work Program

The Sheltered Work Program's primary focus is vocational adjustment and skill development. Through production oriented activities, patients are afforded the opportunity to attain acceptable personal, social and/or vocational skills. The Sheltered Work Program is operated under the rules and regulations established by the federal government at 29 CFR Parts 524, 525, and 529 of the Federal Department of Labor, Wage and Hour Division. This program creates vocational training opportunities for its clients in the areas of prime manufacturing, packaging and assembly services for private industry, service-oriented opportunities and occupational skill training, where available.

2. Patient Worker Program

Through the auspices of the Patient Worker Program (PWP), hospitalized individuals are provided with a particularly valuable environment for therapeutic work experiences. PWP activities provide opportunities which approximate the competitive work environment, and are usually performed within the secure surroundings of the hospital. This program is operated under the rules and regulations established by the Federal government at 29 CFR Parts 524, 525, and 529. Based on the individual's skills and interests an appropriate PWP placement can be developed. The VAS Staff will provide consultation and monitoring while the patient is in the PWP, as well as all necessary linkage. The VAS Department has responsibility for the supervision of the patient throughout his/her involvement in the PWP. The Patient Worker Program can be designed to address each patient's need for achievement by cueing the work environment with job design and job enrichment techniques. Enriching a patient's work

experience by providing gram amounts of variety, autonomy, challenge and responsibility can do much to promote one's self-confidence and self-esteem. The Patient Worker Program is replete with therapeutic possibilities capable of meeting individual patient need through the use of reinforcement contingencies, role modeling, and incorporating cognitive approaches to motivation. A patient's success in the Patient Worker Program can lead to a community-based work experience. The program essentially serves as a traditional therapeutic work experience which is the precursor to a patient's community-based work experience

3. Vocational Education Program

Vocational education programs meet the need for evaluation and development of job seeking skills, the need for high school equivalency preparation (GED) and adult basic education. These services can be provided as part of the patient's vocational programming. Areas of instruction include. remedial education in areas such as math and english; occupational awareness; setting vocational objectives; time cards; wage statements; money management; banking; grooming and working appearance; resume writing; job search skills; job application completion; interviewing; job retention skills; and public transportation.

E. Community Work Experiences

Based on the needs, interests and abilities of individual patients, work experiences outside of the hospital can be structured by the VAS Department. These opportunities can provide invaluable linkages for the future success of individuals after discharge. While at the hospital, such "community integrated work experiences" allow the patients to integrate into competitive employment while maintaining the hospital's support as he/she regains the skills needed to function independently. Such opportunities also encourage continuity of care with greater promise of individual consumer success in their community environment after discharge. The ideal vocational model for community-based experiences should include the widest array of opportunities possible to meet individual patient needs.

Community placement opportunities include a variety of support options, ranging from one to one job coaching to small supervised groups at the employer's site. The positions can be managed directly by the VAS Department or in conjunction with other community agencies. OMH Bulletin #OMH-92-12 provides a comprehensive description of the various models of community-integrated work programs. Volunteer positions might also be an option for community integrated work experience.

F. Inter-Agency Programs

Consistent with the state hospital/community integrated work program concept, the VAS Department could avail themselves to patients subsequent to their discharge from the state hospital to act as a support medium while he/she is adjusting to a community living experience. For example, the individual could be a resident in the community and return to the hospital for continuance of their vocational programming until the community services can be planned and implemented. This continuity in hospital-based services and programming could do much to sustain the individual's stabilization and enhance the success of their return to the community, both residentially and in their work placement.

Relationships between community-based vocational service providers, the Office of Vocational Rehabilitation (OVR) and State Hospitals can do much to facilitate the success of the patient's return to their community. VAS staff can assist patients' access to OVR services, alternative community vocational services and/or linkage with other critical community supports.

V. Conclusion

Work plays an important role in the rehabilitation of people with mental illness. Its benefits range from therapeutic value to financial independence. Services provided by the state hospital VAS Departments provide experiences that enable the patient to enhance their self-esteem, self-control and ultimately maximize their self-reliance and independence. The integration of work as an essential element of the comprehensive treatment plan reinforces other treatment disciplines, enhancing the patient's recovery while in the state hospital. Work experience and eventual employment is the culmination of substantial part of the rehabilitation process for persons with mental illness which enables them to return and successfully remain in their communities.

1993 Position Statement

ADOPTED BY DIVISION/COMMITTEE:

Adopted by State Hospital Vocational Services Committee 3/18/93.

ADOPTED BY BOARD:

Adopted by the Board 6/18/93.