



# SUPPORTED EMPLOYMENT AS AN OPTION FOR RETURN TO COMPETITIVE EMPLOYMENT

With varying degrees of success, people with brain injury often struggle for years to resume their former lives. Despite progress in rehabilitation program development, return to work remains a formidable challenge, especially for persons with severe injury. In many societies, employment is the basis of an adult's personal identity, with higher paying and more prestigious occupations affording higher levels of social recognition. Consequently, many unemployed persons with brain injury view their recovery as incomplete or insignificant.

## UNEMPLOYMENT RATES AND PROGNOSTIC FACTORS

Research in Europe has suggested that fewer than one-third of persons with severe brain injury are able to return to work within the first seven years post-injury. Similar unemployment levels were reported by American researchers who surveyed patients between seven and ten years following injury.

Using standardized tests, researchers have identified the following problems as primary contributors to unemployment: (a) problems with attention, concentration, and memory; (b) interpersonal, behaviour, and executive skill difficulties; (c) slowness and reduced productivity; and (d) limited self-awareness regarding ability and suitability for different occupations. Vocational rehabilitation professionals have developed a variety of programs to address the diversity of brain injury sequelae. Program models are often classified as "traditional" or "supported."

## TRADITIONAL EMPLOYMENT MODELS

Early on, clinicians attempted to adapt traditional vocational rehabilitation models to serve persons with brain injury. Characteristics of traditional programs include:

- a) **Emphasis on preparing people for jobs.** A vast majority of professionals' intervention efforts are expended before placement, helping develop client's abilities. Commonly used techniques include:
- simulated work experiences
  - workbook and computer activities to improve cognitive skills
  - work hardening to build strength and stamina
  - psychological counselling and social skills training
  - development of compensatory strategies

Some communities continue to offer sheltered workshops as a "stepping stone" to higher levels of employment. These workshops often serve a mixture of persons with a variety of psychiatric, intellectual, and neurological disabilities. Workers are often closely supervised. Typically, workers are paid based on productivity, pay is far less than minimum wage, and no benefits (e.g., health insurance, sick leave) are provided. Complaints regarding the sheltered workshop approach have included:

"I'm bored with this dead-end job and the work is meaningless"

"The people here are really strange; I can't stand to have them around"

- b) **Selective Screening.** Many programs will not serve people because they have commonly encountered problems including:
- substance abuse
  - depression, apathy and lack of initiative
  - ongoing medical problems including seizures
  - behavioural problems including disinhibition and aggressiveness

Elimination of poor candidates is often a primary goal of the screening process. Exclusions frequently eliminate the vast majority of people with brain injury needing employment services.

- c) **Limited Intervention or Follow-up After Placement.** Once a person is placed, the case is typically "closed." Often within two weeks after placement, vocational service providers move on to the next person in need of services.

## SUCCESS AND TRADITIONAL EMPLOYMENT

For many traditional employment programs, success is judged on the basis of the number of placements made. Unfortunately, many people who are able to find jobs are unable to maintain employment. A survey of traditional programs revealed that fewer than 5 percent of graduates deemed "ready for placement" were able to retain the same job for one year.

## SUPPORTED EMPLOYMENT

The individualized approach to supported employment was developed as a means of addressing the inadequacies of traditional employment methods. The approach was initially developed to help people with psychiatric and intellectual disabilities. We began working with Paul Wehman in the mid-1980s, adapting the approach for persons with severe brain injury.

There are many variations of supported employment. Most client interventions are provided by persons called "job coaches" or "employment specialists." In contrast to traditional programs that focus on job acquisition, emphasis is placed on helping people maintain jobs. Characteristics of the successful model include:

- a) **Community Placement and Integration:** Working in local businesses, clients are helped to find and keep jobs in their home community. They work alongside co-workers, most of whom are not disabled. In an effort to avoid segregation and promote widespread community integration, only a few clients typically work in each setting.
- b) **Competitive Hiring, Wages and Benefits:** Clients are hired through the same competitive process as other employees. Typically, they are required to complete the employer's standard application form and interview. An employment specialist may assist the client by helping complete the application, providing transportation or preparing the client for interview using role-playing techniques. In addition, workers with disabilities receive the same pay and benefits as co-workers. For our workers, the average hourly pay is above the American minimum wage, averaging between \$5.00 and \$5.25 (US funds).
- c) **Emphasis on Inclusion:** Clients are rarely excluded on the basis of mental health, behavioural, or medical problems. Instead of excluding clients because of problems, mechanisms are developed to provide interventions before and after placement. An interdisciplinary team follows the client to meet the needs for rehabilitation, medical care and mental health services.
- d) **Holistic Assessment of the Client, Home Environment and Workplace:** To understand the client's abilities, interests and limitations, a series of questionnaires are completed by the client and family members. Interviews with the client and family are conducted both in the rehabilitation center and the home. A neuropsychological evaluation is used to identify personality attributes, academic skills, and cognitive proficiencies. To understand the demands and characteristics of the workplace, the job coach visits each potential employment site and conducts a "job analysis." Interviews with employers and co-workers and observation are used for fact gathering. A special effort is made to understand the exact nature of job responsibilities, degree of interpersonal interaction with customers and co-workers, safety risks, and level of available supervision. Information from all sources is combined and considered to develop an optimal employment plan.
- e) **Emphasis on Choice and Job Matching:** Experience indicates that people ultimately fail at work they find demeaning, meaningless or boring. To avoid job failures, every effort is made to match clients' goals, interests and abilities to an ideal employment setting. Using the supported employment approach, clients are not merely assigned to a job based on the desires of program staff. Rather, emphasis is placed on allowing clients to make informed decisions. Based on job analysis, clients are fully apprised of available jobs and encouraged to choose among them. To enhance "matching" success, job coaches spend a considerable amount of time identifying clients' interests and identifying a wide variety of employment opportunities. Because family support is considered invaluable, every effort is made to include them throughout the matching process.
- f) **Emphasis on Intervention After Placement:** Relatively little emphasis is placed on pre-placement intervention. For example, our program evaluation data indicates that an average of 32 - 36 hours of intervention time is typical prior to placement. In contrast, job coach interventions time during the first six months following placement averages 240 - 260 hours. Problems with memory are common after brain injury and severely limit generalization from pre-placement training. For maximum benefit, behavioural and cognitive rehabilitation programs are implemented by employment specialists in the work place. Strategies such as self-monitoring, rehearsal, and reinforcement are used to teach and help generalize skills.
- g) **Co-Worker and Employer Education:** Education regarding the effects of brain injury and the client's positive attributes is communicated by the job coach prior to placement. Education is aimed at overcoming commonly encountered negative stereotypes and attitudes about persons with disability. After placement, the coach acts as a liaison between clients, co-workers, and employers, maintaining communication and serving as a negotiator.
- h) **Long-Term Follow Along:** Characteristically, the workplace is a dynamic environment because of changes in personnel, job responsibilities, and external stresses. Job support and intervention fluctuate as new problems are encountered and resolved. Feedback from the client, supervisor and

rehabilitation team is considered in the determination of follow along intensity. In a sense, follow along is the “main job” of coaches, an essential tool for enhancing long-term retention. Early on, the employment specialist may spend the entire work day with the client to identify problems, develop methods of resolution, provide direct feedback and reduce clients’ stresses. With job mastery, the employment specialist “fades” reducing direct intervention time. After employment stabilization (e.g., 6 months following placement), follow along may only require 2 - 3 hours per month.

- i) **Job Completion Guarantee:** Every effort is made to avoid putting employers in a situation where important work is incomplete due to the client’s difficulty maintaining productivity standards. During the job search process, assurances are given that required work will be completed. To honour the commitment, the job coach may work alongside the client to make certain job goals are met. This type of intervention is typically only necessary soon after placement.
- j) **Intensive Ongoing Analysis of Program Outcome:** Ongoing data collection and analysis are important components of supported employment, helping the program evolve, and enhancing efficiency and outcomes. Program data includes typical information including injury severity, age, time elapsed since injury, employment status, and wages. In addition, the following information is collected: (i) hours and types of intervention; (ii) employers’ and clients’ performance and satisfaction ratings; (iii) reasons for job separation; (iv) factors promoting successful work outcome; and (v) level of employment stability.

## LESSONS FROM ALMOST TEN YEARS’ EXPERIENCE

After nearly ten years of experience with persons having brain injury, supported employment appears to be a promising vocational rehabilitation alternative for those with severe injuries. Twelve months following placement, a majority of clients typically remain employed. Some of our working clients were terminated or resigned, and accepted new positions shortly thereafter. The average gross salary ranges approximately \$650 - \$700 (US funds) per month. Clients work 15 - 40 hours per week, with an average week of 31 hours.

The following information is garnered from our experience and should be considered for those who wish to develop similar programs.

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### CLIENT CHARACTERISTICS AND SUCCESS:

Most successful are clients with one or more of the following characteristics: (a) older; (b) well defined job interests and abilities; (c) are assertive instead of aggressive; (d) relatively intact motor and visual skills; (e) able to work independently for extended periods; and (f) regularly use compensatory strategies in the home environment. Review of outcome data reveals that a majority of job terminations are not simply related to the adequacy of work skills. More common contributors to termination include inappropriate interpersonal behaviour, attendance shortcomings, and overwhelming psychological distress.

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### ALTERNATIVE SERVICES:

Although on-site work intervention is important, program success depends on making other services available as well. Important additional services include case management, family and individual psychotherapy, transportation, assistance with budgeting and financial management, and substance abuse services. A problem in any of these areas may undermine the most successful on-site intervention efforts.

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#### FINANCIAL DISINCENTIVES:

In many situations, external factors sorely reduce the likelihood of returning to work. These often include: (a) reduced compensation in litigation; (b) loss of health care benefits; and (c) an overall reduction in income when considering transportation, child care, clothing, and other expenses.

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#### INCREASED STRESS WITH EMPLOYMENT:

Despite prevailing beliefs, starting a new job does not immediately improve mental health. In fact, stress and anxiety often increase following placement. Fatigue, learning a new job, interacting with new people, and fears of failure are common sources of stress.

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#### NATURE OF WORK PLACEMENTS:

Supported employment has been most successful at helping people gain and maintain entry level work in custodial, clerical and food service positions. Success at professions requiring long-term training and high level skills (e.g., law, accounting, medicine, computer sciences) has proven to be elusive.

High unemployment rates are a serious problem for many persons with severe brain injury. Unfortunately, the costs of unemployment are high from a financial and psychosocial perspective. Our experience with the supported employment model of vocational rehabilitation has helped identify principles and techniques useful for enhancing employability. Adopting a holistic perspective, emphasizing on-site intervention and long-term follow along, and job selection methods based on clients' interests are critical factors contributing to program success. By increasing our emphasis on long-term job retention, instead of acquisition, we are hopeful that more people will win the struggle for a meaningful life.

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