Employment for Veterans with Behavioral Health Issues

NVTAC
NATIONAL VETERANS TECHNICAL ASSISTANCE CENTER
Asking questions during the webinar
• All participant phone lines are muted
• You’ll be unable to ask questions by phone
• Please type your question in the on screen chat box
• There will be two opportunities during the webinar to ask questions

Post webinar survey
• Michael Holzer, TA Program Assistant (NCHV), mholzer@nchv.org
**Asking Questions During the Training**

- Submit questions in the chat box on the webinar
- E-mail questions to Michael Holzer at mholzer@nchv.org
- Submit questions through the post-training survey
Mental Illness and Veterans

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MENTAL ILLNESSES
COMMONLY SEEN IN VETERANS

- Depressive Disorders
- Bipolar Disorder
- Anxiety Disorders
- Substance Use Disorders
PTSD is a Trauma Related Disorder
Posttraumatic Stress Disorder (PTSD) can occur after someone goes through a traumatic event like combat, assault, or disaster. Most people have some stress reactions after a trauma. If the reactions don't go away over time or disrupt the person’s life, he/she may have PTSD.
PTSD AND COMORBIDITY

- Individuals with PTSD are 80% more likely to have symptoms that meet diagnostic criteria for another mental disorder (e.g., depressive, bipolar, anxiety, or substance use disorders).
- Comorbid substance abuse and conduct disorders are more common among males than females.
- Among combat veterans the co-occurrence of PTSD and mild TBI is 48%.
- While there are some overlapping symptoms between PTSD and TBIs (i.e., headaches, dizziness, sensitivity to light or sound, irritability, difficulty concentrating) those with PTSD characteristically have reexperiencing and avoidance, and persons with major neurocognitive disorders or TBIs characteristically have persistent disorientation and confusion.
SYMPTOMS OF PTSD

- Feeling upset by things or situations that are reminders of traumatic event
- Having nightmares, vivid memories, or flashbacks of the event that make individual feel like it’s happening all over again
- Constant feeling of impending danger, or a sense of panic that something bad is about to happen
- Feeling anxious, jittery, irritated, or angry
- Pulling away from other people and become isolated
- Feeling emotionally cut off from others
SYMPTOMS OF PTSD

- Having a hard time relating to and getting along with spouse, family, or friends
- Becoming depressed
- Feeling numb or losing interest in things individual used to care about
- Having difficulty sleeping
- Difficulty focusing or concentrating
- Consistent drinking or use of drugs to numb feelings
- Considering harming self or others
- Working all the time to occupy his/her mind
If a person has PTSD, it doesn’t mean he/she will just have to live with it. In recent years, researchers from around the world have dramatically increased our understanding of what causes PTSD and how to treat it. Hundreds of thousands of Veterans have gotten treatment for PTSD—and treatment works.

“In therapy I learned how to respond differently to the thoughts that used to get stuck in my head.”

Two types of treatment have been shown to be effective for treating PTSD: counseling and medication.

Professional counseling can help individuals understand their thoughts and discover ways to cope with their feelings.

Medications, called selective serotonin reuptake inhibitors, are used to help individuals feel less worried or sad.
In just a few months, these treatments can produce positive and meaningful changes in symptoms and quality of life. They can help understanding and change how they think about their trauma—and change how they react to stressful memories.

Individuals may need to work with their doctor or counselor and try different types of treatment before finding the one that’s best for dealing with their PTSD symptoms.
Myths & Facts about PTSD Treatment

**Myth:** Therapists “get inside your head” to change who you are.

**Fact:** Therapists help you understand your thoughts and feelings so that you have more control over them.

**Myth:** I can get better on my own.

**Fact:** If you have had PTSD for a year or more, the chance of getting better without counseling or medication is quite small.

**Myth:** If I have to talk about trauma, I’ll “lose it.”

**Fact:** Therapy takes place in a safe, controlled environment, and you work with the therapist to go only as far as you feel safe. You learn coping skills to help you manage your anxiety.
Myths & Facts about PTSD Treatment

- **Myth:** Only a therapist who’s been through what I’ve been through understands this well enough to help me.

- **Fact:** Providers with and without their own trauma histories can effectively deliver PTSD treatments. What’s important is that the provider has good training and experience, and can help you develop the skills you need to get better.

- **Myth:** All I need to get better is the support of other people who’ve been through what I’ve been through.

- **Fact:** Support groups can provide social support and interpersonal connection, but there’s little evidence that they help the PTSD symptoms themselves.
Myth: My trauma happened a long time ago, so treatment won’t work.

Thirty years ago, we didn’t know how to treat PTSD. Just like other areas of medicine, we’ve come a long way. So ask yourself, do you want to spend the rest of your years living with your symptoms? What might your life look like if you were free of them? Even if you’re an older person who’s had your symptoms for a long time, the therapy still works, and there’s hope for you to have a different life.

The most important thing is just to address it. No matter how long it’s been, there’s good reason to think that you can get better.”

‘I can’t believe how much time I’ve wasted; that I’ve been living with these symptoms for 35 years. Why didn’t I do this before?’
The VA has a Self-Assessment Tool on the Web

- It is a 17 question questionnaire.
This short list of questions won’t be able to tell an individual for sure whether or not they have PTSD, but it may indicate whether it’s a good idea to see a professional for further assessment.

If individuals believe they may be living with PTSD and are ready to take the next step, find a professional near individual who may be able to help.
**Vet Centers**
If you are a combat Veteran or experienced any sexual trauma during your military service, bring your DD214 to your local Vet Center and speak with a counselor or therapist—many of whom are Veterans themselves—for free, without an appointment, and regardless of your enrollment status with VA.
http://www2.va.gov/directory/guide/vetcenter_flsh.asp

**Understanding PTSD Booklet**
This eight-page booklet explains what PTSD is, provides information and resources on support, and shares real stories from people who have dealt effectively with PTSD.
RESOURCES

- **Understanding PTSD Treatment**
  This eight-page booklet explains in detail the various proven ways to treat PTSD and debunks some myths about treatment. [http://www.ptsd.va.gov/public/understanding_TX/booklet.pdf](http://www.ptsd.va.gov/public/understanding_TX/booklet.pdf)

- **National Center for PTSD**
  Explore this comprehensive website for detailed information about PTSD, its effects and treatment, and resources for support. [www.ptsd.va.gov/public/index.asp](http://www.ptsd.va.gov/public/index.asp)
■ VA’s PTSD Program Locator
This site will allow you to search for PTSD programs located near you. If you are eligible to receive care through the Veterans Health Administration, you can enroll in one of VA’s PTSD treatment programs.
http://www2.va.gov/directory/guide/ptsd_flsh.asp
And Veteran Employment

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Learning Objectives

• TBI Barriers to Successful Vocational Placement

• Whatever it Takes

• Motivational Interviewing

• Readiness to Change/Stages of Change

• IPS Model of Supported Employment
Barriers to Success

• Lack of experienced staff and referral sources who understand how to adjust their approaches to help individuals with neurocognitive deficits

• Misinterpretation of cognitive problems by the treatment provider (e.g. labeling an individual as “noncompliant” or “resistant”), undermining the treatment relationship

• Lack of consistent and rich environment to provide stimulation, structure and support

• Discontinuation of treatment before goals are met
Identifying Communication and Learning Styles

• Ask and observe how well the person reads and writes

• Find out whether the individual is able to comprehend both written and spoken language

• Ask and observe a person’s attention span; be attuned to whether attention seems to change in busy vs. quiet environments

• Ask and observe a person’s ability to learn new ideas, information, and routine; inquire as to strengths and weaknesses or seek consultation to determine optimum approaches

• Most importantly, “ask, collaborate, be respectful”
Cognitive Issues to be Aware of

Processing

The time it takes to think through and understand new information or concepts can be affected. This does not mean they cannot understand, they just need more time.

- They may tire more easily
- They may have difficulty keeping up with conversations
- They may appear “zoned out”
- They may appear passive or unmotivated
Cognitive Issues to be Aware of

**Memory**

Persons have problems recalling or remembering information, holding several thoughts at once, or organizing several pieces of information in their mind to make a decision or take action.

- Look for inconsistency in performance of tasks or daily activities.
- Difficulty recalling previously learned material.
- Difficulty learning new information.
- They may appear inattentive.
Cognitive Issues to be Aware of

**Initiation**

Responsibilities at home or work require the completion of a sequence of tasks. Often individuals will have difficulty getting started or initiating an action. They can tell you what they need or want to do, but cannot initiate the steps to do perform the activity

- Appears passive
- Needs constant reminders or prompting
- Able to identify a goal, but can’t act to achieve it
Cognitive Issues to be Aware of

**Impulsivity**

Sometimes it’s difficult to start an activity and sometimes it’s difficult to stop one.

- May do or say things without thinking
- May have trouble knowing when to stop an activity
- Appears to do things quickly w/o regard to safety
- May not follow directions
- May dominate conversations or interrupt
Cognitive Issues to be Aware of
Planning and Organization

Many have difficulty planning and organizing daily activities or need assistance with a method of planning and organizing

• They are often late for appointment

• Difficulty remember thins to be done in the future

• Often miss deadlines

• Give up easily

• Appear to jump from one activity to another w/o completing any
Cognitive Issues to be Aware of

Mental Flexibility

Everyday life requires us to switch gears and think on our feet. Many have difficulty adjusting to changing situations and unfamiliar circumstances

- Have difficulty thinking on their feet
- Gets stuck on an idea or one way of thinking
- Has difficulty adjusting to new or unexpected tasks/activities
- May be argumentative and not able to see the perspective of the other person
Cognitive Issues to be Aware of
Self-Awareness

Many are unaware of how they are perceived or how they are coming across. They may not be aware of how they are being perceived by others.

- May underestimate problems or be aware they exist
- Often set unrealistic goals
- Often unable to identify or alter inappropriate behavior
- May use inappropriate language or say things others wouldn’t
- May dominate interactions
“Whatever it Takes”

This is the philosophy of the Ohio State University Traumatic Brain Injury Network, and was created by the Executive Director, Dr. John D. Corrigan. The Network came into being 20 plus years ago as a result of his research on TBI and the incidence of alcohol/alcohol as a causative factor in many TBIs and the lack of services in the community.

This motto is so relevant, because the outcomes of every brain injury are different and require individualized treatment. Treatment providers need to be trained to assess and provide appropriate services and to advocate and provide education to the community.
What Works
Motivational Interviewing

- Engaging: Involve the client and establish a positive relationship

- Focusing: Narrow the conversation to habits and patterns the client wants to change

- Evoking: Used to elicit motivation for change. It increases the person’s a sense of importance of change, their confidence and readiness

- Planning: Used to develop practical steps the clients want to use to implement changes they want to make
What Works
Stages of Change/Readiness to Change (Prochaska/DeClemente)

The readiness to change is not a trait of the person, but a fluctuating result of interpersonal interaction. The therapeutic relationship resembles a partnership.

- Pre-contemplation: No thanks!
- Contemplation: OK, maybe I will.
- Preparation: How am I going to do it?
- Action: Yay, I’m doing it!
- Maintenance: Still doing it!

It is helpful to understand the stages and be able to stage appropriately. This will assist in how to proceed with the person.
Individual Placement and Support (IPS) Model of Supported Placement (Becker/Drake)

What Happens in IPS

IPS services are coordinated and delivered by teams of specialists. The Employment Specialist (ES) works with the person to learn about his/her goals and preferences. The vocational plan is centered around these goals and preferences.

The ES is trained to provide support, coaching, resume development, interview training, and on the job support. The ES is also trained to do job development; a process in which the ES build relationships with employers that have jobs that are consistent with the client preferences.
Individual Placement and Support Model of Supported Employment

What Happens in IPS (con’t)

The person’s preferences are central and he/she decides if the employer or potential employer knows about the person’s disability, and whether or not the ES talks to the employer on his/her behalf.

The client also decides how much the person wants to work which is often influenced by a desire to transition to a working life while minimizing the risk of being both out of work and without disability benefits. It is also a part of the ES responsibility to connect persons with a benefits counselor so that they can make an informed decision.
Individual Placement and Support Model of Supported Employment

What happens in IPS (con’t)

People who try IPS often get a number of jobs before finding the one that is a good fit. In IPS there is an orientation towards moving between jobs as part of a normal process. This process aims at convergence towards stable employment and toward the person’s personal recovery goals. A lost job is never viewed as a failure, but an opportunity to learn.
IPS Principles

1. Every person who wants to work is eligible for IPS supported employment.

2. Employment services are integrated with other services the person is getting, creating a team.

3. Competitive employment is the goal.

4. Personalized benefits counseling is provided.

5. The job search starts soon after a person expresses interest in working.
IPS Guidelines

6. Employment specialists systematically develop relationships with employers based upon their client’s preferences.

7. Job supports are continuous.

8. Client preferences are honored.

The implementation of these principles can be assessed by using a fidelity scale and an accompanying manual that have been develop specifically for IPS.
### US DOL-VETS Region

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