



Words of Wellness



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WHY AND HOW SHOULD WE GET BACK TO WORK – WHO CAN HELP US

This article is the last in a series that has included:

- Part 1 – Benefits and Barriers (8/15)
- Part 2 – Types of Work (9/15)
- Part 3 – What a Vocational Rehabilitation (VR) professional does (10/1, including “sidebars” on vocational assessments and federal VR program changes)

In this installment, we want to address the question of “Who is out there to help us get back to work?”

We will divide the response into three areas:

- People who are part of our natural support system who can help us get to work,
- People who are part of our “treatment team,” but not VR professionals, but can play a role in our getting prepared for employment or employed, and
- People who can provide professional VR/employment-related services to us

The *people who are part of our natural support system*, including friends, family, fellow support group members, clergy, etc., can play a very important role in helping us get back to work. They can provide:

- Moral support and encouragement

- Assistance with difficult decisions
- Assistance advocating with providers
- Identifying job opportunities
- Practical support, including help with transportation and other expenses that “crop up” during a job search or when starting a position, help developing specific skills (such as computer skills), and help securing a needed education

- A listening ear. Every job has its frustrations, and a new employee may need multiple people to “blow off steam” to

Because of the importance of natural supports, it is part of the process to help someone assess what those supports are.

One special issue is that families and close friends (and sometimes practitioners) who

have seen a person have difficulty with getting or keeping work, or who fear that employment will lead to increased symptoms or immediate loss of benefits, sometimes tend to be less than supportive of employment goals. We encourage family and friends in that position to read through this series and other material, develop an understanding of the benefits of employment, and provide the person the support he/she needs. We also encourage friends and family members to work with VR professionals who are engaged in job development. By being aware that people with psychiatric disabilities generally rise above their disabilities and make capable employees, you can be in a position to advocate for



Dr. Goldberg

HOLD THE DATE FOR A SPECIAL TRAINING CONFERENCE

addressing

Improving Physical Health for People with Psychiatric Disabilities

featuring

Noted Research Psychologist Richard W. Goldberg, Ph.D.

on

Monday, December 8, 2008

at

Conference Center at Burlington County College

Sponsored by

CSPNJ Institute for Wellness & Recovery Initiatives
New Jersey Psychiatric Rehabilitation Association
New Jersey Division of Mental Health Services

Registration details will be in our next issue

steering a vacancy you have some influence over toward a person with a disability.

Families and close friends also need to realize that a person with a disability entering or re-entering the workforce is not likely to have an “easier time” than someone without a disability entering the workforce at the completion of their education. Many people with no disability will have some difficulty finding a job, need to take a position with less responsibility and compensation than they were expecting, lose jobs early in their career, or even choose to leave the career they prepared for. Expecting such outcomes, and supporting the long-term employment goal, can be a powerful influence on a friend or family member’s role in supporting a person. It is also true that many people without disabilities experiencing such an early career course rely on their families and close friends for practical and emotional support.

The *people who are part of our “treatment team,” but not VR professionals* play a varying role in helping us find, choose, and keep work. At one end of the continuum, staff in a hospital where we are present for a short stay may have no vocationally-related role other than to help us understand our rights and options with respect to medical leave from our jobs. At the other end, some agencies make every front-line and supervisory provider employee responsible for supporting vocational outcomes, and you can expect those employees to serve you like VR professionals. You can also expect that those employees are given the training, as well as the in-house VR support, that they need to serve you. The major agencies that follow that model of service in NJ are Bridgeway Rehabilitation Services and Collaborative Support Programs-NJ. In addition, anyone served by **Programs of Assertive Community Treatment** (PACT teams in NJ, sometimes known as ACT teams elsewhere) can expect the whole team to support your vocational goals. The “manualized” ACT/PACT service model calls for a full-time vocational specialist on each team to back up his/her colleagues in the vocational area.

Most mental health provider employees are somewhere in the middle, between the two extremes described. While they are not acting in the role of VR professionals, they should be in a position to:

- Assist you in identifying your interest in work, and in clarifying your readiness for work, as well as the supports you have to make the journey to employment

- Assist you in dealing with any issues that you feel may be a barrier to your finding, getting, or keeping a job

- Help you learn about the VR providers directly available to you, and make “referrals” to those services
- Help you with practical issues that can be barriers to employment, such as securing identity documents, preparing “clearance for work” correspondence, or

Remember!

Our annual Wellness and Recovery Conference will take place on Thursday, March 19 and Friday, March 20, at the Pines Manor, Edison. Watch this newsletter for further details.

understanding and using transportation resources. Staff can also help you identify and deal with educational barriers that may be preventing you from pursuing your employment goals

- Provide continued mental health services and “continuity of care” while you are finding, getting, and holding down a job
- Adjust the services you need and are getting as you become and stay employed. Examples are helping a person get evening medication management and therapy appointments, or helping with financial skills training

Examples of provider employees who may be in this category are case managers¹, housing program staff, or the treatment team at a hospital or other institutional setting where you are present for something other than a short stay.

Psychiatrists² play a specific role in helping us get back to work. For some of us, medication side-effects such as sedation or tremors may be a real (or perceived) barrier to employment, or to driving to work. It is important to work with your psychiatrist to get side effects under control. Occasionally, we encounter psychiatrists who are reluctant to make employment-related med adjustments or prepare written clearance if required by an employer. In these cases, you may need to get help advocating with the psychiatrist, or decide when to terminate your relationship with him or her.

One very specific area where we should expect some help preparing for a return to employment is a **partial hospital (PH)** or **partial care (PC)** program.³ An older

¹ Including New Jersey’s Integrated Case Management Services, or ICMS.

² Or any physician or nurse practitioner who is managing your psychiatric medications.

³ In New Jersey, PH is a service operated by a hospital, which is limited to 2 years duration, costing the taxpayers up to \$350/day for Medicaid clients. PC is a service operated by

philosophy that PH/PC was a place where people could learn work-like behaviors in work units (such as food preparation, clerical, or facility maintenance) has been mostly discredited.⁴ Such programs may be organized around work units, but staff and clients need to be clear about their expectations.

By law,⁵ every person in a PH or PC program in NJ should have an Individual Recovery Plan (IRP). The IRP should identify the person's specific current goals in a major life area (living, learning, working, or socializing). All services delivered should be focused on that plan. Pre-vocational services can include skills training (e.g., computer, financial, travel), resume preparation and interviewing, readiness assessment and enhancement, information and referral, etc. Pre-vocational services can also include helping people "to acquire general work behaviors, attitudes, and skills needed to take on the role of worker and in other life domains, such as: responding to criticism, decision making, negotiating for needs, dealing with interpersonal issues, managing psychiatric symptoms and adherence to prescribed medication directions/schedules."⁶ Each

program must have a credentialed pre-vocational specialist.⁷ Specific educational services (e.g., high school equivalency courses) are not, by law, part of PH/PC. People using PH/PC may also need to understand that:

- the program is required to work flexibly to taper days/hours of service so a person can to pursue vocational and other goals

a non-hospital nonprofit foundation or by a profit-making business. PC has lower costs and no limits as to length of service.

⁴ See, for example, Crowther, R., Marshall, M., Bond, G., & Huxley, P. (2001). Vocational rehabilitation for people with severe mental illness. *Cochrane Database of Systematic Reviews* (2):CD003080.

⁵ New Jersey Administrative Code (NJAC) Section 10:37F-2.2(c). This entire code section can be viewed online at www.state.nj.us/humanservices/dmhs/Reg_partial_care_nov_2006.pdf.

⁶ NJAC 10:37F-1.3.

⁷ NJAC 10:37F-2.10(c).

- PH/PC services are offered for two to twenty-five hours per week^{8,9}.
- In general, if they are working with the program, remain within the geographic area, are not too dangerous to remain in the program, and have not spent the two years maximum defined for PH, then they cannot be forced out of the program unless they have achieved the goals of their IRP, or can be more effectively served by another program.¹⁰

This means that people who write their IRP to include a specific vocational goal (such as "working at least one year in the same competitive job for at least fifteen hours per week") can use their PH/PC, if they wish, for a few hours a week of continued service.

Finally, we will discuss people **who can provide professional VR/employment-related services to us**. One introductory note is that all of the services identified below should be offered to people who need them at no charge¹¹ The primary source of VR services for all New Jersey residents with disabilities other than blindness/visual impairments is the **New Jersey Division of Vocational Rehabilitation Services**

(DVRS, <http://1wd.dol.state.nj.us/labor/dvrs/disabled/DisIndex.html>). DVRS provides (some directly, but mostly contracted) basically all of the VR services described in Part 3, including college training,¹² driver training, and access to psychotherapy or "emotional restoration." Not all services are provided to all people requesting services, and people may need significant advocacy assistance to get DVRS to cover costs such as a vehicle, transportation training, or

⁸ NJAC 10:37F-2.1(b).4.

⁹ No aspect of the regulation requires the PH/PC to provide transportation to people attending for a partial day.

¹⁰ NJAC 10:37F-2.6(g).1.

¹¹ However, a person's income can influence what share he/she may need to pay for transportation, education, or similar "purchased" services.

¹² NJ DVRS does not currently pay for "supported education" services for people with psychiatric disabilities who are attending college under DVRS sponsorship.



Double Trouble in Recovery Founder to conduct Facilitator Training in Freehold. On Wednesday, December 10, 2008, from 9:30-3:30, the New Jersey Self-Help Group Clearinghouse will host a workshop at the Radisson Hotel, Freehold, on starting and facilitating Double Trouble in Recovery (DTR) support groups. The free program will be presented by DTR founder Howie Vogel. DTR, described at www.doubletroubleinrecovery.org, is now listed on the National Registry of Evidence-based Programs and Practices (NREPP), of the US Substance Abuse and Mental Health Services Administration (SAMHSA).

For information regarding this training, or for assistance starting or running a DTR group in English or Spanish, contact the clearinghouse at 800-367-6274. www.njgroups.org.

college, or to get DVRS to cover college on a part-time (as opposed to full-time) basis. DVRS provides its services through eighteen local offices, which are listed at <http://lwd.dol.state.nj.us/labor/vrs/content/dvrdirections.html>. People coming to DVRS will need an appointment, and may need documentation of their disability, involvement with treatment services, and a physician’s assessment that they are able to go to work. DVRS has indicated that they serve all people who apply for services as soon as an intake appointment can be scheduled, and that they do not run a “waiting list.”

Contrasted with DVRS are the psychiatric **supported employment services (SES)** in each NJ county (go to www.state.nj.us/humanservices/dmhs/MHDirProgOrder.html and search for “employment”). These are services offered by mental health agencies, which only work with people with psychiatric disorders, and only work toward competitive employment. A person does not need to be a client of the agency with the SES contract to receive services, may choose to stay with his/her current provider or provider agency for non-employment services, and does not need a referral for the SES. SES will interact with a client’s mental health provider, with the client’s permission. Some of the differences between DVRS and the SES are shown in the table at right.

SES in NJ are designed to follow a research-based nationally adopted Evidence-Based Practice (documented at

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/>). An obvious advantage of SES is that their staff should be well focused on mental health, so whether they are helping someone deal with work-

place rights, accommodations, assistive technology, job modification, or real/perceived stigma, they are applying the whole of their knowledge in the mental health domain.

The One Stop Career Centers (OSCCs), listed at <http://lwd.dol.state.nj.us/labor/njpin/fndjob/onestop/services.html>) exist in every NJ county, and many counties have more than one. The OSCCs are not specifically VR providers, but provide employment-related help to anybody who comes to the facility to request services. Neither an appointment nor referral is needed to access the OSCCs, but individual sessions for counseling staff will require appointments. OSCCs provide services such as:

- job banks
- computer settings for polishing your resume or doing online applications
- some training in basic language, math, and computer skills
- help accessing educational benefits
- simple career counseling

OSCCs do not pay for external VR services, and will often refer clients with a psychiatric disability to DVRS.

DVRS	SES
Works with anybody with a disability, except those who are blind/visually impaired.	Works only with people living with a psychiatric disability.
Providers with varied backgrounds, usually strong VR, and limited mental health.	Staff have a mental health background and some have limited VR background.
The goal is competitive employment, but have been known to use extended sheltered assessments.	The goal is competitive employment. No use of sheltered assessments.
Can pay for a variety of things, like schooling or transportation.	A bit more limited in what they can pay for, but often open cases with DVRS to get them to cover things like schooling transportation, and vocational assessments.
Have no official waiting list.	These are small programs, and may have a waiting list for services.
Can provide “extended services” after placement to a small fraction of clients.	“Extended services” should be available for all who need them. Many SES also have follow-on support groups.
Will require a doctor’s assessment of “readiness” for employment.	Should provide services to anyone who requests them with or without a physician’s approval, provider referral, treatment adherence, or sobriety.
Can exclude people from services who are not receiving treatment for their disorder.	
Can exclude people from services who have an active substance problem.	
Understand the difference between primary and secondary labor markets, and should be in a position to assist clients with pursuing careers of choice, but sometimes fail in this area.	
Do not provide direct “supported education” services.	
Can and should provide benefits planning and assistance.	
Can and should work with a client’s family or other natural supporters, with permission.	

New Jersey Work Incentive Network Support

(NJWINS, <http://www.njwins.org>) is a program that provides benefits counseling to people with all kinds of disabilities who are receiving SSI,¹³ SSDI,¹⁴ and/or other publicly funded medical benefits and are considering or actually are getting back to work. NJWINS helps people understand how to maximize their cash and medical benefits during the transition, and to access other services.

- In Atlantic, Cape May, Cumberland, Gloucester, Hudson, Mercer, Middlesex, Salem, Sussex, and Warren counties, call 877-NJWINS2
- In Burlington, Camden, Hunterdon, Ocean, Monmouth, Morris, Somerset, and Union counties, call 866-WINS-4NJ
- Bergen, Essex, and Passaic counties are served by a comparable program named “Fresh Start WIPA.” 201-567-1311.

VR Services at State, County, and VA¹⁵ Hospitals vary widely. Each facility should have a rehabilitation department, where a person can access through his/her treatment team or directly. That department should be able to provide vocational assessments and counseling, readiness assessment and development, and related services. They may be able to assist a patient in accessing training via correspondence, computer networks, or other means, or in using in-house training for areas such as computer skills. They should be in a position to help cement a referral to DVRS or an SES that can initiate services on the patient’s discharge. They may offer support for high school/GED¹⁶ or college studies, or work with an education department in that area.¹⁷

EXECUTIVE PHYSICAL

We received more than 23,000 Google[®] hits for the term “executive physical.” With many variations, an executive physical (EP) is a day-long/multi-day session at a health-care facility where people can go to receive a variety of health assessment (and sometimes treatment) interventions. EPs often cost thousands of dollars, with costs paid by employers or affluent individuals themselves. The kinds of things generally bundled into EPs include:

- Comprehensive medical histories and physical exams
- Lab work (blood, urine, stool specimens)
- Recurrent cancer screenings (skin scans, pap tests, mammograms, colonoscopies)

- Exercise stress tests/cardiopulmonary assessment
- Dental exams/treatment
- Vision and hearing exams
- Psychosocial assessments
- X-rays (including chest, bone densitometry, and many others)
- Assessments/services by alternative and complementary practitioners
- Consultations with a nutritionist, dietitian, and/or exercise specialist
- Significant outbriefing/reports to the patient and to his/her regular healthcare providers

There are various reasons why people or their employers pay large sums of money for these exams. The reasons often cited are a combination of (a) the importance of maintaining these individuals’ health, (b) the difficulty of accomplishing this level of assessment in piecemeal medical visits, and (c) the value of creating a time for a focus on health/assessment.

We do not believe that many of our readers are in the kind of executive positions where their employer will pay for an EP, or have the finances to pay for one themselves. However, we do believe that maintaining good health is important to our readers, and to the people who care about them. It is also apparent that our readers are as likely (or more likely) to fall behind on recommended screenings than corporate executives.

We encourage our readers to think about what “EPs” they may need. You may want to plan for needed tests at your next primary care visit. You can ask your doctor what screening exams make sense for you, at your current age, state of health, and other parameters. If the list is long, then the conversation may want to continue to the topic of “setting priorities” for what tests/screenings are needed more urgently than others, or when the tests/screenings are advised. A starting place for recommended screening frequencies is at www.4woman.gov/screeningcharts/general/. This site is maintained by the US Women’s Health Information Center. The site also covers men’s screening guidelines, and has a tab for information on Medicare coverage of screening exams.

After deciding what screenings and interventions you may need, the next step is planning how to go about accomplishing them. Some people may want to “blitz” through multiple appointments in a week, in a form of EP, many others may find it more reasonable to space out appointments. If you do not have sufficient health coverage for the testing you need, you will probably want to take advantage of community health centers

¹³ Supplemental Security Income.

¹⁴ Social Security Disability Insurance.

¹⁵ Veterans’ Affairs.

¹⁶ General Educational Development.

¹⁷ However, they may not offer such support to adults at all. The lack of education services for adults in NJ state hospitals has been the subject of debate in the state for some time.

and public screening events. Go to www.state.nj.us/humanservices/cbvi/Fixed%20Site%20Spreadsheets%20.xls/ for a list of monthly eye screenings in most NJ counties. Go to <http://www.state.nj.us/health/cancer/njceed/> for information about the New Jersey Cancer Education and Early Detection (NJCEED) Program, which provides comprehensive outreach, education, and screening services for breast, cervical, colorectal, and prostate cancers for NJ residents who are uninsured or under-insured and living on very limited incomes. A wide variety of screenings, from dental to mental health, are often listed in local newspapers. County senior services offices and health departments can be a valuable source of information about health screenings.

Once you have your screening or intervention it is important to have the results sent to your primary care provider. He or she can review them with you at your next appointment, update your medical records, and help you to identify areas where you may need further testing or treatment.

UPCOMING TRAININGS FROM OUR INSTITUTE

The following trainings are presented by our institute free of charge to the mental health recovery community. Trainings do fill up, and advance registration is requested¹⁸. When you register, you will receive a confirmation which will include directions to the training location.

- Wellness Skills for Returning to School October 24, 1-3:30pm, Eatontown
- October 31, 1-3:30pm, Sewell

Creating a Wellness Plan: Wellness and Recovery Action Plan (WRAP)

- November 6, 1-3:30pm, Clifton
- November 20, 1-3:30pm, Eatontown
- November 21, 1-3:30pm, Sewell

How Alternative and Complimentary Practices Can Enhance Wellness

- December 11, 1-3:30pm, Clifton
- December 18, 1-3:30pm, Eatontown

What We Don't Know CAN Hurt Us: Increasing Our Life Span by Avoiding HIV Infection

- December 12, 10am-2pm, Eatontown

OTHER UPCOMING TRAININGS AND EVENTS

Please see our October 1 or October 27 issues for details of the trainings from our institute, as well as other programs, such as:

- ***CSPNJ's Financial***

Fitness Self-Help Center

- The ***Educational Assistance Resource Network (EARN)***
- The ***Northern New Jersey Stand Down for Homeless Veterans***
- The ***American Foundation for Suicide Prevention*** Community Walk.
- ***Bridgeway Rehabilitation Services*** Annual Walkathon ***Care Plus New Jersey's "Ride for Wellness"***
- The ***New Jersey Rehabilitation Association*** training conference.
- The ***Middlesex County Employment Consortiums*** "Exploring Educational & Employment Opportunities: A World of Possibilities."
- The ***National Caregiver Conference***
- The ***Statewide Clinical Consultation and Training Service (SCCAT)*** annual conference
- The ***Mental Health Association in Monmouth County*** presentation of "Taking Action to Exercise Your Self- Esteem"
- The ***New Jersey Psychiatric Rehabilitation Association*** annual conference
- The ***Supportive Housing Association in New Jersey*** annual conference
- The ***New Jersey Self-Help Group Clearinghouse*** free monthly trainings
- The ***New Jersey Coalition of Mental Health Consumer Organizations (COMHCO)*** annual conference
- The ***Integrated Employment Institute of Central and Southern New Jersey*** trainings
- ***Community Connections Employment Resource Institute*** has trainings

¹⁸ Send an e-mail to jgarafano@cspnj.org