

## VI. Vocational and Educational Support for Veterans

**Marsha Langer Ellison, Ph.D.**

**Charles Drebing, Ph.D.**

**Lisa Mueller, Ph.D.**

**Jonathan Delman, JD., M.P.H.**

**Lisa Mistler, M.D., M.S.**

*Veterans with co-occurring disorders can and do want to work. Additionally, many may wish to further their education. Though barriers to these achievements can be formidable, there are several VA programs that can be accessed to promote Veteran employment, including VetSuccess and Supported Employment. Community supports include One-Stop Career Centers. The unique challenges to employment have been successfully addressed by the principles and practices of the Individual Placement and Support (IPS) model developed by the Dartmouth Psychiatric Research Center. These principles and practices, adapted from a published guide on supported employment, are listed and described in this chapter (Swanson, Becker, Drake, & Merrens, 2008). They include competitive integrated employment in the community based on Veteran preference, rapid job entry, unlimited and varying intensity of support on the job, and integration with a clinical team.*

about or cautious in providing reasonable accommodations on the job. Additionally, there are often family care issues that interfere with one's ability to be consistent at work.

Even if a job is obtained, the job tenure for Veterans with COD is low. Job quits and high turnover can be frequent; there may be difficulties interacting with co-workers or supervisors, handling relapses, or coping with symptoms on the job (e.g., poor concentration or lack of stamina).

Although these barriers are formidable, in the last thirty years great strides have been made in the knowledge of interventions that contribute to successful work outcomes. MISSION-VET Case Managers (CM) and Peer Support Specialists (PSS) can link Veterans to existing VA and community vocational supports. The MISSION-VET team can also incorporate many Supported Employment principles and skills into their ongoing relationship with Veterans to improve their chance for obtaining and retaining employment.

### ★ **A. The Importance of Work**

Work, or goal-directed productive activity, is seen as central to anyone's well being, including Veterans with co-occurring disorders (COD). A growing body of evidence indicates that most adults with psychiatric disabilities want to and consider themselves able to work (Cook, 2006). However, barriers to successful employment can be numerous. Many Veterans with COD will have had spotty or remote work histories and may have great ambivalence towards working again. Additionally, prior criminal justice involvement or other gaps in employment histories may make a Veteran less likely to be selected for a job. Unemployed Veterans readjusting to community living may have limited resources and be unprepared for competing for jobs today. They will often need resources for and training in basic skills such as looking for a job, preparing and sending out resumes, and interviewing with prospective employers.

Furthermore, there are many external and environmental barriers to obtaining employment. The possible loss of disability income or health care benefits as income increases has been shown to be a deterrent to maximizing one's potential to work. Clinicians and family members may hold more traditional views of adults with mental illness as being "unemployable" and may discourage employment. Despite advances made by the Americans with Disabilities Act, employers may be ignorant

### ★ **B. Linking Veterans to VA Employment Supports**

The VA has embraced many principles and programs to support the employment of Veterans with COD. MISSION-VET CMs and PSSs can take advantage of these VA programs on behalf of the Veterans they serve. These opportunities to provide or to link Veterans to VA employment supports are described below.

#### **Vocational Rehabilitation through the Veteran Benefits Administration (VBA; Chapter 31)**

Veterans with a service-connected disability of at least 10% who received an honorable discharge can apply for Vocational Rehabilitation and Employment (VR&E) or "VetSuccess" services. After assessment and determination of an employment handicap, a vocational rehabilitation counselor will work with the Veteran to develop a suitable employment goal and a rehabilitation plan to achieve that goal. The plan will describe the services and resources the VA will provide to assist the

Veteran to achieve his/her goals. The VR&E counselor or Case Manager will work with the Veteran to implement the plan, related to the five tracks of services described in the following table.

### Five Tracks of VBA Rehabilitation Services

1. Reemployment (with a former) employer
2. Direct job placement
3. Self-employment
4. Training or education to achieve employment goals
5. Independent living services

Veterans may be eligible for services for up to 12 years from a service-connected disability rating. Please refer to <http://www.vba.va.gov/bln/vre> for more information on the VA's VR&E Service. Additionally, MISSION-VET CMs and PSSs can help Veterans apply for benefits on-line through the Veterans ON-line APPLICATION (VONAPP) system: <http://vabenefits.vba.va.gov/vonapp/main.asp>.

### Compensated Work Therapy Program (CWT) through the Veterans Health Administration (VHA)

An alternative employment program is available to Veterans through the VHA. The CWT program's mission is to provide realistic and meaningful vocational opportunities to Veterans, encouraging successful reintegration into the community at the Veterans' highest functional level. CWT staff will match an individual Veteran's vocational strengths and areas of interest to employment opportunities with local businesses and industries in many occupational sectors. CWT programs develop an individual rehabilitation plan for each Veteran and provide a wide range of support services, such as vocational case management and workplace supports at CWT locations (see <http://www.cwt.va.gov/locations.asp>). Veterans are eligible for CWT if they are homeless, have mental illness, physical disability, and/or are diagnosed with substance abuse. Veterans will need to be "clinically stable" and abstinent from substance use. Participating CWT Veterans must be referred by someone privileged in a VAMC for vocational services. CWT programs are present at all 186 VA Medical Centers (VAMC), but do vary by site in terms of how large the program is and the range of services they provide. To begin a referral process, contact the CWT program in your area: <http://www.cwt.va.gov/>

A component of CWT operating in many VAMCs is Transitional Work Experience (TWE), a pre-employment

vocational assessment and experience program that operates in the VAMC and in local community businesses. Much like the transitional work programs found in the Clubhouse or "Fountain House model" for individuals with serious mental illness (SMI), TWE participants are screened and assessed by vocational rehabilitation staff and matched to a work assignment for a limited time, as deemed clinically appropriate. TWE work assignments are not jobs that the Veteran competes for with the rest of the labor force; rather, the job is typically arranged between the VAMC and the employer, and the VA will fill the job with a rotating set of workers. The goal of TWE is to provide the Veteran with a paid work activity that functions as a stepping stone in their efforts to obtain a job of their own in the community.

The emphasis in TWE is more on paid employment activity rather than a competitive job in the traditional sense, with hourly payments made to the Veteran by the VA and not by the employer. Veterans at the work assignment are supervised by worksite staff. The same job expectations are imposed on the Veteran as would be of non-CWT workers in the company. CWT provides employers a source for temporary and permanent workers or a means for completing work on a piece rate or job rate basis.

### Supported Employment Program

CWT also offers "supported employment" at every VAMC in the country. Supported Employment (SE) provides vocational services to those Veterans with psychosis, PTSD, and other SMI who need the highest level of staff support offered by this program in order to obtain competitive, meaningful employment. With SE, Veterans perceived to have significant barriers to competitive work are able to engage in full and part-time employment with appropriate supports and workplace accommodations.

In the SE model, the emphasis is on the Veteran obtaining a desired job in the community, with the support of a CWT staff member. Staff provide a wide range of supports, including assistance with finding employers and potential job matches as well as help to keep a job or transition to a different job that is a better fit. SE follow-up continues based on the Veteran's need for employment services and supports. Participation and supports may be phased out after the Veteran is able to maintain employment independently.

VA SE is modeled directly after the evidence-based approach called Individual Placement and Support (IPS), developed by the Dartmouth Psychiatric Rehabilitation Center and adopted for national roll-out in the VA in 2004. The SE model has been studied in at least 20 randomized controlled trials using a variety of alternative vocational models as comparison conditions. The results document SE's efficacy in helping disabled adults enter employment at higher rates than any of the comparison



conditions, making SE one of the most well-documented evidence-based practices in healthcare (Bond et al., 2008; Cambell et al., 2009). SE utilizes the fundamental principles of the IPS model, including integration of an employment specialist with the clinical team, rapid job development, placement based on preferences and skills of the Veteran, and no mandatory pre-vocational assessment or work experience. SE is available regardless of prior work history or clinical status. Support and follow-up is provided indefinitely and in varying intensity as needed. Supported employment is designed to be delivered by a full-time employment specialist who is part of a clinical team that embraces employment objectives. There is a very low caseload ratio for employment specialists, and specialists are expected to work closely with employers (when approved by the Veteran) on job development and problem solving, including negotiation for accommodations.

### **C. What can MISSION-VET Staff do to Support the Employment of Veterans?**

MISSION-VET CMs should gauge the interest of each Veteran on their caseload and make a referral to SE, TWE, or Chapter 31 staff when appropriate. A review of SE principles and practices can be useful to MISSION-VET CMs seeking to promote the employment of Veterans on their caseload. SE principles and practices are described in this section.

The following principles are adapted from *Supported Employment, A Practical Guide for Practitioners and Supervisors* (Swanson, Becker, Drake, & Merrens, 2008), published by the Dartmouth Psychiatric Research Center. Additional and more detailed information on Supported Employment can be found in the recently released Toolkit by the Substance Abuse and Mental Health Services Administration (SAMHSA) on *Supported Employment: Training Frontline Staff*: [http://download.ncadi.samhsa.gov/ken/pdf/toolkits/employment/SE\\_Training\\_Frontline\\_Staff.pdf](http://download.ncadi.samhsa.gov/ken/pdf/toolkits/employment/SE_Training_Frontline_Staff.pdf)

#### **Seven Supported Employment Principles:**

- 1. Zero exclusion:** Research has not been able to reliably distinguish those who will or will not succeed in employment. Anyone who has a stated wish to work deserves help to achieve this goal, irrespective of their current clinical status or past work history.
- 2. Integration of vocational and treatment services.** Frequent communication is needed between employment specialists and the health care treatment team in order to apply a consistent, hopeful message about work and to troubleshoot clinical issues that may relate to work success, such as timing of appointments, control of psychiatric symptoms, or dealing with side effects of medication when on the job.

- 3. Competitive employment.** Jobs should be obtained in the competitive economy (not sheltered work or segregated placements for people with disabilities) and pay at least minimum wage.
- 4. Benefits planning.** Veterans and their helpers must think through and obtain reliable information on the potential impact of income on any disability benefits. Many people with SMI will restrict their work for fear of losing health insurance or having benefits reduced.
- 5. Rapid job search.** Job search based on Veteran preferences should begin shortly after or within a few weeks of determining that the Veteran has a goal to work. Veterans can seek jobs without pre-employment training, formal assessment, or job readiness skill development. The job search should be tied to a simple vocational profile that specifies the Veteran's preferred industry sectors, the type of job skills s/he has, and the number of hours per week desired. An Individual Placement and Support (IPS) framework for developing an employment plan is supplied in Appendix J.
- 6. Follow-along supports.** Veterans with mental health or substance abuse problems may need support of varying intensity for a period of time in order to succeed. In SE, "cases" can remain open indefinitely.
- 7. Veteran preferences.** Key tenets of SE are recovery, choice, and self-determination. Veteran preferences are always taken into consideration and given primary value when making decisions about what jobs are sought, how many hours are worked, how SE services are provided, and whether or not to disclose one's disability on the job.

#### **Practitioner Skills for Supported Employment**

Putting the seven supported employment principles into practice will require special skills. Some of these will be novel to traditional Case Managers and may require additional training, though others are also central to standard CM practice. Given training, MISSION-VET PSSs also may be able to put these skills into practice. Some essential skills for SE are listed below.

**Skills for Interviewing Veterans.** Interviews with Veterans should be focused and goal oriented, but the first goal is to develop a trusting relationship. Skills that will foster an open relationship with the Veteran are use of open-ended questions, active listening, and paraphrasing techniques. Always convey respect, hope and a positive attitude, while being careful to not give advice, convey judgment or paternalism, or argue with the Veteran. Motivational interviewing (MI) techniques (See Appendix J) have been shown to be highly successful in creating behavioral changes in other domains. There is some initial evidence that using these techniques can help address ambivalence about work and help Veterans to consider



exploring potential employment opportunities. MISSION-VET CMs are encouraged to seek more information on MI: <http://www.motivationalinterview.org>

**Helping Veterans Find Work.** A supported employment specialist spends over half of his or her time in the community developing job leads and working closely with employers. (A sample “letter to employers” is included in Appendix J). Although this is not feasible for MISSION-VET CMs because of time constraints, some aspects of conducting a job search can be incorporated into CM activities.

The first of these is helping the Veteran to develop an employment goal that is in line with their life situation. CMs can help Veterans figure out what their preferences and aptitudes are for a job, in what kind of setting, and for how many hours per week. For example, an outdoor job may be better suited to a Veteran who is unprepared to work in a formal business setting. Efforts to create a better “job match” with the Veteran will pay off in terms of longer job tenure. A sample “job profile” is included in Appendix J.

SAMHSA indicates that job finding is “where the rubber hits road” (SAMHSA, 2009, “Supported Employment: Training Frontline Staff,” p.4). In order to maintain a Veteran’s motivation to work, the job search should begin as soon as possible. MISSION-VET CMs can use community resources to help Veterans identify a job lead, such as the local state department of labor career centers, the state agency for vocational rehabilitation, and community groups such as the local chamber of commerce. These groups may offer free assistance with resume development and interviewing skills. Job leads can also be found among personal and family contacts, previous employers, and other standard job search mechanisms such as the Internet and local advertisements.

CMs will also need to find out to what degree the Veteran is comfortable with someone else searching for a job on his/her behalf. CMs can either work with the employer directly around a job lead (which is often appreciated by the employer), or may work behind the scenes, providing the Veteran guidance and support as they go forward with the job application and interview phase.

**Providing Individualized Job Supports.** There is a tremendous accomplishment in getting a job; however, the next stage of supported employment is of equal or greater importance - keeping the job. Employment specialists need to be able to provide a wide variety of follow-along job supports that are highly individualized, flexible, and creative. Because impaired cognition can be a co-morbid feature of serious mental illnesses, cognitive training programs, such as computer based trainings, can be important job supports (McGurk, et al., 2009). Some job support examples are developing a successful transportation strategy, assisting with negotiating for reasonable accommodations with the employer, figuring out how to handle disclosure of the disability, advising the

Veteran on how to handle symptom exacerbations on the job, offering assistance with organizing workload and keeping track of assignments, hands-on job coaching at the job site (when possible), handling disagreements or problematic interactions with co-workers or supervisors, providing morning phone calls to help encourage the Veteran to get ready for work, communicating with the clinical team about possible treatment changes, handling paychecks and budgets, and problem solving with employers. There are many resources available for MISSION-VET CMs and PSSs to utilize when these problems arise, many of which are found on the following Websites.

### Helpful Job Support Websites

- Job Accommodation Network: <http://askjan.org>
- Boston University Center for Psychiatric Rehabilitation: <http://www.bu.edu/cpr>
- Supported Employment at the Dartmouth Psychiatric Rehabilitation Center: <http://www.dartmouth.edu/~ips/>
- Benefits counseling: <http://www.ssa.gov/work/WIPA.html>
- Substance and Mental Health Services Administration on Work: <http://www.promoteacceptance.samhsa.gov/topic/employment/>
- Overview of employment supports and vocational rehabilitation for people with disabilities: [http://www.disability.gov/employment/jobs & career planning/vocational\\_rehabilitation](http://www.disability.gov/employment/jobs_&_career_planning/vocational_rehabilitation)
- General employment supports and state departments of labor  
<http://www.careeronestop.org/>

## D. Helping Veterans with COD

The principles of supported employment apply equally to Veterans with COD. However, some special considerations may be needed for these Veterans, as is the case with the population of Veterans eligible for MISSION-VET services. First, the vocational profile used to guide the job search should include information about their substance use. Information to be recorded includes what substances are used and how often, recovery status and stability, presence or absence of recovery supports, and relapse triggers. It will be important to choose jobs that support recovery; e.g., jobs in drug stores or restaurants may provide greater temptation to use.

Communication with the treatment team is essential to arranging for sufficient support and interventions to prevent relapses. Ongoing supports may require special attention to prevent and attend to relapse issues. As always, when treating



---

anyone with a mental illness, it is helpful to take setbacks in stride while continuing to take note of any accomplishments or gains. Share your belief and hope that the Veteran can get more out of life.

## **E. Supported Education**

Many Veterans, especially young adults from the OIF/OEF conflicts, will have an interest in using their GI Bill benefits to further their education. The recent “Post-9/11 GI Bill” provides increased educational tuition benefits, housing stipends, and payments for books and computers for Veterans who served after 2001. However, for homeless Veterans with COD, obstacles may seem insurmountable. These can include difficulty accessing GI Bill benefits or unawareness of these benefits, lack of knowledge or uncertainty about which college or program to apply to, trouble with negotiating the admission and enrollment processes, feeling isolated or stigmatized on campus by virtue of being a Veteran with a disability, difficulties keeping up with course demands due to symptoms, or lack of needed study skills.

Supported education is a service that is similar to supported employment and has been dubbed an “emerging” evidence-based practice for people with serious mental illness by the Substance Abuse and Mental Health Services Administration (SAMHSA). The seven principles of supported employment described above can be applied similarly by MISSION-VET CMs and PSSs when Veterans indicate having an interest or goal to further their education. For example, integration of education support services with clinical treatment will be important; Veteran preferences in education should always be solicited and followed; and any Veteran’s interest in education should be respected without requiring extensive educational assessments or testing.

The skills described above for supported employment are also highly relevant to a supported education service, though some adaptation to the specific setting will be needed. Research has shown that education benefits counseling is equally important and that an emphasis should be placed on the Veteran developing an understanding of these potential benefits. Additionally, MISSION-VET staff should facilitate and encourage application for and acquisition of these benefits. Also, the rapid job search needs to be adapted to the semester schedule of higher education, and greater care may be needed in planning educational/career goals, as enrolling in an academic program and arranging payment for classes can be a larger commitment than trying out an entry level job. Some of the unique adaptations of supported employment to better serve Veterans seeking to further their education are described:

## **Interacting with the Campus System**

Similar to working with an employer, providing supported education can include making contact with the school that the Veteran has chosen. Most supported education specialists will need to contact and get information or assistance from staff members of administrative departments such as admissions, financial aid, or the registrar. Other supports on campus can be obtained through the school student disability services office, which should be knowledgeable about acquiring educational accommodations. Educational accommodations can include a note-taker in class, being allowed to record classes, being provided both written and verbal instructions, extended time for test taking, access to quiet spaces, or small groups for test-taking and for classes.

It may become necessary to make contact with specific instructors or professors to negotiate accommodations or to problem solve if the Veteran is having trouble in a particular class. It is also valuable to attempt to identify an advocate or support person on campus. Many schools will have a Veteran coordinator; some will have student Veteran centers. Establishing a link for the Veteran to a person who can provide support and advocacy onsite will be important and helpful.

## **Choosing Educational Goals**

Some Veterans may know exactly what they want to get out of continuing their education; others have never been asked or have clearly thought about their career goals and the educational planning required to achieve them. The Boston University model of “choosing” an education goal or setting refers to an “exploration of past experiences in school and work, identification of vocational interests, examination of skill and support needs in making the change, brainstorming options, research into potential occupations, and environment and decision making” (Yim, Nicolellis & Fahey, 2002, p.76). Many colleges will have pre-enrollment entry assessments that can let the Veteran know whether and which college readiness classes may be needed. A significant part of educational goal-setting will be to determine the number of classes in which the Veteran should enroll, or whether to enroll as a part-time or full-time student. Many Veterans going back to school will do best by trying a small credit load at first.

**Access GI Bill benefits.** Although the GI Bill provides many benefits, Veterans may need assistance in deciding whether to use the GI Bill or other VA supports. They may also need help with applying for and receiving benefits. Often, information on the GI Bill can be confusing and hard to access; moreover, legislative changes to qualifications and benefits further complicate understanding of these benefits.

**Ongoing education monitoring and support.** Like supported employment, ongoing support is recommended to help the



---

Veteran stay in school and succeed. Regular and periodic “check-ins” are useful to find out how the Veteran is doing and to be proactive about identifying emerging problems.

The need for support and advocacy will vary in intensity and may diminish over time. Prior programs have shown that supported education services tend to be used most intensively in the first year and finish by the end of the second year of enrollment.

---

## References

- Bond G.R., Drake, R.E., Becker, D.R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31, 280–290.
- Campbell, K., Bond, G.R., & Drake, R.E. (2009). Who benefits from supported employment: A meta-analytic study. *Schizophrenia Bulletin*, DOI: 10.1093/schbul/sbp066/
- Cook, J. (2006). Employment barriers for persons with psychiatric disabilities: Update of a report for the President’s Commission. *Psychiatric Services*, 57(10), 1391-1405.
- McGurk, S.R., Mueser, K.T., DeRosa, T.J., Wolfe, R. (2009). Work, recovery, and comorbidity in schizophrenia. *Schizophrenia Bulletin*, 35(2), 319-335.
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2009) Supported employment: Training frontline staff. Module 3, United States Department of Health and Human Services [USDHHS], p4.
- Swanson, Becker, Drake and Merrens, (2008) *Supported employment: A practical guide for practitioners and supervisors*. Lebanon, NH: Dartmouth Psychiatric Research Center.
- Yim, Nicolellis and Fahey (2002), “Massachusetts mobile support programs”. In Mowbray, C., Brown, K., Furlong-Norman, K., & Soydan, A. (Eds.) *Supported Education and Psychiatric Rehabilitation: Models and Methods*. MD: Int’l Assoc. of Psychosocial Rehabilitation Services, p.76.



