Vocational Illness Management and Recovery: Wellness For Work

Implementation Guide

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Introduction to the Implementation Guide

What is the Implementation Guide?

The Implementation Guide is designed as a supplement to:

1. *Vocational Illness Management and Recovery (VIMR): Wellness for Work Participant Workbook*

2. *VIMR Provider's Guide*

Who is the Implementation Guide for?

Administrators, program managers, and supervisors may find the content of this Implementation Guide useful in their work to support the vocational aspirations of people in recovery.

Why use the Implementation Guide?

The Implementation Guide includes information and tools designed to support the use of Vocational Illness Management and Recovery (VIMR) within organizations. The Implementation Guide does not supplant VIMR training, rather it supplements the efforts of administrators, program managers, and supervisors as they consider implementing ways to support individuals with vocational aspirations through the use of VIMR.

When should the Implementation Guide be used?

- **Before VIMR training:** The Implementation Guide may help organizations assess their readiness for training in VIMR. The Guide provides examples of desirable program characteristics that enhance the effectiveness of VIMR training.

- **During VIMR training:** The Implementation Guide may help guide supervisors, program managers, and administrators in how to best support their training participants as they engage in the process of developing expertise in VIMR.

- **After VIMR training:** The Implementation Guide may help administrators, program managers, and supervisors incorporate VIMR into their overall array of services.

Vocational Illness Management & Recovery (VIMR):
Wellness for Work: Concepts

Recovery

Historically, mental health professionals did not believe that recovery from a major mental illness was possible. Schizophrenia, for example, was believed to have an inevitable downward course over time, based on the work of Emil Kraepelin (1917). The 'medical model', a term attributed to the psychiatrist R. D. Laing, became the guiding framework underlying mental health treatment systems, particularly for those with major mental illnesses. As such, the primary elements of good care within the 'medical model's' frame of reference included: impairment driven assessments leading to problem solving by experts; identification of specific treatments for the identified issue; an implicit assumption that the client role is limited to that of a good reporter, providing correct information in order that the correct treatment be delivered, as well as compliance with the experts' instructions (Brown, Brown, & Sharma, 2005). While many individuals with mental illnesses had protested their treatment in the past and demanded to be dealt with in more humane ways (e.g., *Petition of the Poor and Distracted People in the Bedlam Asylum*, 1620), the advocacy movement of individuals with personal experience of mental illnesses or behavioral health conditions[1] arose during the 1970's and 80's, in part in reaction to the assumptions and practices of the medical model (e.g., Chamberlin, 1978).

Recovery emerged as a vision for mental health services based on first-person accounts of individuals recovering and the results of longitudinal studies; at first mostly for those with a diagnosis of schizophrenia, but later replicated for individuals with other diagnoses (e.g., Harding & Zahniser, 1994; Harrison, Hopper, Craig, et al., 2001; Huber, Gross, & Schüttler, 1979; Ogawa, Miya, Watarai, et al., 1987). Current meta analyses and summaries of recently conducted studies continue to document that individuals with the most serious forms of mental illnesses can and do recover from the effects of their illness (Warner, 2010); and indeed, most have the potential to achieve long-term remission and functional recovery (Zipursky, Reilly, & Murray, 2012).

Recovery has been defined in many ways, but the most often cited definition was developed by William A. Anthony, of the Center for Psychiatric Rehabilitation at Boston University: "Recovery involves the development of new meaning and purpose as one grows beyond the catastrophic effects of mental illness." (Anthony, 1993). The Substance Abuse and Mental Health Services Administration (SAMHSA) went on to create a consensus statement to define recovery: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." (SAMHSA, 2012). As these

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[1] VIMR uses 'person-first' language, in referring to individuals being served, rather than language focusing on the illness or diagnosis. We use the term 'individuals with mental health conditions' or 'people in recovery', to include individuals with serious mental illnesses or having both substance use disorders and serious mental illnesses.

definitions point out, recovery involves not only the reduction of symptoms, but also the development of meaning and purpose in life. In fact, some have suggested that the essence of the definition of recovery is 'claiming or reclaiming a meaningful life' (Farkas, 2007; Slade, 2009). In many industrialized societies, an essential avenue for the development of a meaningful life is through work.

Vocational Recovery and Wellness

Vocational recovery can be viewed as an extension of mental health recovery with an emphasis on work as a 'vocation' that increases health and job satisfaction (Hall & Chandler, 2005; Svanberg, et al., 2010), as well as social connection and a sense of contributing to the overall economic and social climate (Blustein, 2008). This description of vocational recovery is more consistent with the idea of 'rebuilding a life', 'rebuilding self and hope for a better future', which are main themes in service users' definitions of recovery (Pitt, et al., 2007). Vocational recovery is the personal process of finding purpose, meaning, and enjoyment in work. Work is an important part of the recovery experience as it provides people with a valued role and resources to live their lives as they choose. People who live with mental health conditions want to work and can work successfully in careers of their choice (Rogers & MacDonald-Wilson, 2011).

VIMR is sub-titled 'Wellness for Work', because it includes a strong emphasis in its approach to support the hope and rights of people with mental health conditions to thrive with wellness in meaningful work. Wellness is critical for all people to achieve their life goals and encompasses more than the state of 'not being ill'. 'Wellness at work' is especially important because it supports people to thrive and succeed at work. Wellness also is a very personal and self-defined state of being that encompasses eight dimensions: physical, mental, social, emotional, financial, spiritual, community, and environmental (Hutchinson, & Swarbrick, 2014).

The Core Values of Vocational Illness Management and Recovery

The core values of VIMR are those upon which recovery-oriented services are ideally based (Farkas, 2007; Farkas, Gagne, Anthony, et al., 2005).

- **Hope:** First and foremost, the process of leading a person through VIMR involves inspiring hope that work and wellness is not only a possibility, but that they can be everyday realities for people with mental health conditions. This message is critical for empowering people to direct and determine their own lives. It is vital that providers using this curriculum, teach and support people by having confidence that they will work, and that they will work with wellness. Providers are most successful when they also feel hopeful that the person will achieve their goals, even if the person is pessimistic or lacking in hope.

- **Person Orientation:** VIMR is based on respect for individuals in recovery, including the notion that, like all people, people in recovery have strengths, talents, and interests—not just limitations and illness-related characteristics. Recovery-oriented providers are interested in people's strengths, looking for ways to engage them in their interests, and use their talents for recovery. It is important for individuals with mental health conditions to know that they have strengths, interests, and talents, as they often have been the recipients of mental health services that are predominantly focused on their deficits. Empowering individuals in vocational recovery involves reinforcing and using their strengths to help them choose, get, and keep meaningful work. Assuming that individuals with mental health conditions have the capacity to learn new information, involving them in determining their work interests, soliciting their ideas about the strategies they are interested in learning and using, and helping people to reflect on things they did well in their previous experience are some ways in which the VIMR curriculum focuses on a person orientation.

- **Self-Determination:** It is essential for providers to support the self-determination of the person they are assisting, to achieve wellness at work. Providers recognize that persons with mental health conditions have a right to choose what goals in work and wellness are important to them and how they want to proceed in achieving these goals. Providers assist and support people in VIMR to make informed choices about the content that is relevant to their goals and to their experiences. A constant theme in VIMR is providing information, options, and strategies to expand people's awareness of options they can choose to use to achieve wellness at work.

- **Partnership:** The spirit of the relationship underlying delivery of VIMR is that of partnership. The provider and the person work side-by-side in an equal relationship that reflects respect for one another. The provider's role is to facilitate and support the person's use of the information and strategies in his or her life and at work. The person feels respected by the provider for his or her expertise, experiences, and perspectives, as well as feeling supported in his or her decision-making. The provider also is respectful and aware of cultural values, practices, and attitudes that the person lives by and is inclusive of the person's cultural worldview.

The VIMR Intervention and Provider Training

What is the purpose of VIMR?

The focus of the VIMR curriculum is providing people with inspiration, information, and the strategies that they want, to support their goal of successful employment.

Broadly, the goals of VIMR are to inspire hope that meaningful work is possible; to work in partnership with a person to achieve wellness for work; and to provide people with information and teach them strategies that they can choose to use to support their wellness for work, whether they are considering work or are in the process of choosing, getting, or keeping work.

While final results are not yet known, preliminary analysis of the perceived benefits of VIMR from the clients' perspective include: developing a positive outlook and motivation to work; developing self-awareness and identifying areas for personal growth; improving anger and impulsivity management; learning stress management and managing personal interactions at work, as well as the perception of an improved capacity to keep a job (Gidugu, Russinova, Hutchinson, & Farkas, 2015).

The importance of empowering people to work towards their personal goals of work and wellness is the heart of VIMR. Each module guides the provider to support personal goal setting that is specific, measurable, and achievable. This constant provider encouragement helps the person to move forward with success towards wellness at work.

Who is VIMR for?

The IMR program upon which VIMR is based, was developed from a review of empirically-validated approaches to teaching illness management to people with schizophrenia, schizoaffective disorder, bipolar disorder, and major depression (Gingrich & Mueser, 2010; Mueser, et al., 2002). Since the original studies, IMR has been tested with a broader group of participants, inpatients, outpatients, and those living independently in the community, including individuals of all races and a wide range of cultures (Gingrich & Mueser, 2010). VIMR was developed for and tested with a wide range of participants working with employment specialists, including individuals with mood disorders, psychotic disorders, post-traumatic stress disorder (PTSD), and others.

Participants in VIMR can be anyone with a mental health condition who may be interested in working. Participants do not have to accept their diagnoses to be able to use VIMR. VIMR providers use whatever language is used by the participant himself or herself to describe the experience. As is true for IMR, participants do not need to be clean and sober as a prerequisite for their participation in the VIMR program. Participants may or may not be currently in a vocational rehabilitation program, such as supported employment. Simply being interested in working is sufficient for engagement in VIMR. Those who also are working with an employment specialist may be better able to use what they learn from VIMR to pursue their goals.

People who have experienced mental health conditions often have been told to discard their dreams because the illness will prevent them from accomplishing what they hope for in their

lives. Determining one's own meaningful goals, and then accomplishing them, is an essential part of recovery.

VIMR also can involve significant others in the intervention, when permitted to do so by the individual in recovery. A support group can be developed for family, friends, and the person in recovery to share concerns and review progress towards recovery goals. Family members, friends, partners/spouses, case managers, employment specialists, religious organization members, or anyone else whom the individual in recovery identifies as significant to his or her recovery can be included as a 'significant other'. Involvement in VIMR may be helpful in improving communication between significant others and the individual as both learn more about the illness, its management, and as the person develops specific recovery goals.

The Curriculum

Vocational Illness Management and Recovery is an educational curriculum. The value of an educational approach when helping people achieve their recovery goals is that the process immediately provides a valued role for the person. An educational approach invites the person to be a student rather than a 'patient', 'consumer', or 'client'. This approach values the fact that learning is a lifelong process that helps people achieve their goals. Learning reflects the hope and expectation that people will work with wellness.

The curriculum is divided into nine modules. The order of the modules is flexible and is presented according to what is most relevant for the individual being served. It is recommended that each person start with Module 1, as it provides an overview of recovery in general as well as vocational recovery, and that it sets the stage for the other modules.

VIMR can be delivered individually or in a group format. A VIMR group involves no more than four to six participants at a time. Although presenting VIMR in a group format allows for the intervention to be delivered more economically, it loses some of its intended flexibility with respect to being able to match the modules presented with the individual's interests and needs.

Each module follows the same format beginning with 'Things to Know' that introduces the topic, Examples of experiences of individuals with mental health conditions with the topic, Tips and Strategies, Self-Assessments, and a Summary Worksheet. Some modules include a Personal Plan.

The Modules include:

Module 1: Recovery and Vocational Recovery: Facilitates the person setting goals towards recovery and work and identifying personal wellness strategies.

Module 2: Practical Facts about Mental Health Conditions and Work: Teaches information about mental health conditions, symptoms, and wellness strategies that individuals can use personally to succeed at work.

Module 3: The Stress Vulnerability Model and Vocational Recovery: Teaches about the stress vulnerability model and how stress impacts their health and success at work.

Module 4: Using Medication Effectively and Avoiding Drugs and Alcohol for Vocational Success: Teaches information about medications and how they may impact work performance, and includes exercises to help people to identify strategies to minimize substance use or choose a sober lifestyle.

Module 5: Coping With Challenges and Symptoms at Work: Facilitates the identification of potential problems at work that may interfere with success and happiness as well as develop a plan for coping with persistent symptoms.

Module 6: Coping with Stress at Work: Helps to build effective strategies for dealing with stress at work, including stress hardiness as a wellness tool for success at work.

Module 7: Building Social Relationships at Work: Helps to identify supportive relationships and how to strengthen relationships at work to be successful and satisfied, including creating a support plan for work.

Module 8: Preventing Relapses: Facilitates individuals to identify personal situations that may prompt illness and relapse, including personal warning signs and wellness strategies in a relapse prevention plan for work.

Module 9: Performing Your Best at Work: Teaches information and strategies for creating optimal conditions at work to achieve wellness and employment success.

Structure of the Intervention

Frequency and Length

The amount of time needed to complete the nine modules varies based on the frequency of sessions, the learning pace of the participants, and whether the intervention is delivered in a group or individual format. The number of sessions also may vary when the intervention is tailored to an individual, depending on factors, such as the participant's level of need for/and interest in a particular content. For example, a person who already has worked frequently in the recent past, may know a lot about typical job accommodations and issues of disclosure. This individual will need fewer sessions to move through Module 9 than someone who has not had that experience. Sessions tend to last between 30-60 minutes at a time. Typically, VIMR takes approximately three to five sessions to complete each module.

Group sessions may take 60-90 minutes each, depending on how many participants are in the group. In settings, such as day treatment programs, clubhouses, or specific employment programs, participants tend to meet two or three times per week. Frequent group sessions help participants to consolidate their learning.

Participant Follow-Up Practice

Each session includes education within the session as well as follow up practices or tasks to consolidate or process what was learned. There are two types of home practice in the VIMR program: review or practice of material taught in the module and steps towards personal goals. If the participant is willing, significant others can help support participants in their attempts to follow through on home practice. Additionally, significant others can be helpful in implementing or supporting a step in the participant's plan to achieve his or her goal.