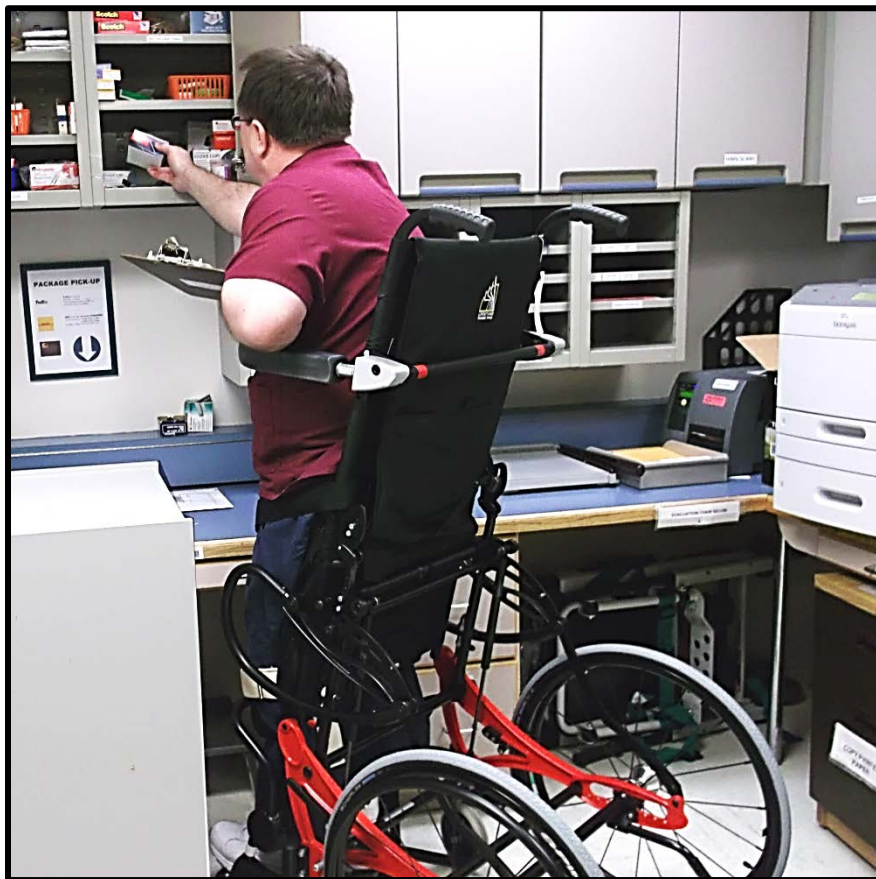


Tools for a Working Life with SCI: Individual Placement and Support (IPS) in Spinal Cord Injury (SCI) Toolkit

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Tools for a Working Life: Individual Placement and Support (IPS) in Spinal Cord Injury (SCI) Toolkit

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List of Tools

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- Tool 1 — [The IPS Employment Center at Rockville Institute](#)
- Tool 2 — [IPS Supported Employment in SCI: Implementation Guide from the Predictive Model Over Time to Employment \(PrOMOTE\) Project](#)

Module 2 ✂ The Role of Leadership

- Tool 3 — [IPS Supervisor Skills Online](#)
- Tool 4 — [Evidence-Based Practice in Supported Employment Supervisor’s Toolbox](#)
- Tool 5 — [The IPS Employment Center – IPS Leadership Training](#)

Module 3 ✂ The Vocational Rehabilitation Specialist and IPS in SCI

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Module 4 ✂ Integration of Care

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Module 5 ✂ Benefits Counseling and Accommodations

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- Tool 13 — [Paralyzed Veterans of America List of Chapters and National Service Offices \(NSOs\)](#)
- Tool 14 — [Employing and Accommodating Individuals with Spinal Cord Injury](#)
- Tool 15 — [Job Accommodation Network \(JAN\)](#)

Module 6 ✂ Program Improvement Through Fidelity Monitoring

- Tool 16 — [Supported Employment Fidelity Scale](#)

List of Abbreviations

| | |
|---------|--|
| CWIC | Community Work Incentives Coordinators |
| IDT | Interdisciplinary team |
| IPS | Individual placement and support |
| NSO | National Service Officers |
| OT | Occupational therapy |
| PrOMOTE | SCI-VIP: Predictive Outcome Model over Time for Employment |
| PVA | Paralyzed Veterans of America |
| SCI | Spinal cord injury |
| SCI-VIP | Spinal Cord Injury-Vocational Integration Program |
| SE | Supported employment |
| SMI | Serious mental illness |
| VA | Department of Veterans Affairs |
| VHA | Veterans Health Administration |
| VRS | Vocational rehabilitation specialist |

Preface

From 2005 to 2015, the Rehabilitation Research and Development Service of the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) invested in two sequential, multi-center projects to implement and evaluate the use of Individual Placement and Support (IPS) Supported Employment (SE) to help Veterans with spinal cord injury (SCI) find meaningful employment in their communities. In both studies—the Spinal Cord Injury-Integration Program (SCI-VIP) and the Predictive Model Over Time to Employment (PrOMOTE)—IPS improved employment outcomes and quality of life. A team-based approach that integrates vocational services and clinical care, IPS is more effective than conventional vocational rehabilitation, which occurs independent of medical care.

The IPS in SCI Toolkit synthesizes resources developed and adapted from those 10 years of VA-funded research and from a 2015 scoping review funded by the Craig H. Nielsen Foundation. This toolkit was developed to promote and facilitate adoption of IPS in SCI care in both VHA and the private sector. As such, it contains tools and strategies to successfully translate IPS for SCI from research to clinical practice. The Toolkit was designed to be authoritative, clinically relevant, user-friendly, and comprehensive but concise.

All the materials were reviewed by an advisory panel of national leaders and experts in IPS and/or in SCI who provided feedback and recommendations on both content and format of the Toolkit. The panel also represented both VA and non-VA organizations and included persons with life experience as a Veteran and/or a person living with SCI. The panel rated the Toolkit materials on 8 criteria*:

- **Acceptability:** Perception that the tool would be agreeable, palatable, or satisfactory to the pertinent user. Assessed based on knowledge of or direct experience with various dimensions of the tool such as content or complexity.
- **Fidelity:** Degree to which the tool can be implemented as intended by developers and thus would obtain the effect the tool is designed for.
- **Adoptability:** Ability of providers to employ the tool within the context as proposed.
- **Feasibility:** Extent to which the tool can be successfully used within the agency and setting.
- **Fit:** Perceived fit, relevance, or compatibility of the tool to a setting, provider, or consumer; and/or perceived fit of the tool to address a particular issue or problem.
- **Cost:** Cost of creating or obtaining the tool itself and any additional costs incurred such as staff time for administration
- **Usability:** Degree to which the tool can be integrated into a practice within the targeted setting and its subsystems.
- **Sustainability:** Long-term viability; potential of tool to be maintained or institutionalized within a setting considering its ongoing, stable operations.

* Proctor EK, Powell BJ, Baumann AA, Hamilton AM, Santens RL. Writing implementation research grant proposals: ten key ingredients. *Implement Sci.* 2012;7(1):96. doi:10.1186/1748-5908-7-96

About the Toolkit

The Toolkit includes:

- Modules that can be used to solve a specific challenge or used together to inform practice.
- Information on how to access the tools, including hyperlinks and downloadable PDFs when applicable.
- Key points to take away at the end of each chapter.

The purpose of the Toolkit is to:

- Support the use of IPS in SCI care by centralizing the most applicable resources as determined by current subject matter experts actively involved in researching, treating, and/or living with SCI.
- Describe how to integrate IPS into SCI medical rehabilitation.
- Assist in strengthening existing programs of IPS for persons with SCI.
- Provide guidance to those assisting persons with SCI who want to work.

Potential users of the Toolkit include:

- Vocational rehabilitation specialists and Certified Rehabilitation Counselors.
- Health care providers on SCI rehabilitation teams including but not limited to nurses, occupational therapists, physiatrists, physical therapists, physicians, psychologists, recreational therapists, and social workers.
- Managers of local vocational rehabilitation programs.
- Directors of SCI rehabilitation programs and of health care facilities and organizations.

Important considerations:

- The Toolkit is organized chronologically by the steps needed to start, develop, and maintain an IPS program. The process, however, is seldom linear. Effective implementation of IPS depends on active collaboration among providers, teams, and departments involved in SCI care and rehabilitation. This toolkit is intended to equip and supplement, not replace, that collaboration.
- Each module in the Toolkit may be used independently, according to the needs of individual facilities or programs. Users may discover certain modules are more applicable to their unique situation than other modules.
- This toolkit is a work in progress and will be informed by future research and by accumulating experience with IPS in the field of SCI.

Tools for a Working Life with SCI – Work Group

The IPS in SCI Toolkit was created and compiled by the following staff of the Center of Innovation on Disability and Rehabilitation Research (CINDRR) of the Health Sciences Rehabilitation & Development Service, Veterans Health Administration, Department of Veterans Affairs, at the James A. Haley Veterans' Hospital in Tampa, FL:

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Module 1 – Foundations

The Individual Placement and Support (IPS) approach to Supported Employment (SE),^{1,2} which was developed and tested in the mental health field, is a well-defined, standardized approach to help persons with disabilities find competitive employment in their communities in jobs based on consumer-driven preferences. IPS is a direct service that includes rapid job search, integration of rehabilitation services, job development, benefits counseling, and, follow along supports.³ Unlike traditional models of vocational services that emphasize pre-vocational activities or work readiness and ad hoc referrals to vocational rehabilitation agencies, the IPS model follows a “zero exclusion” principle, meaning persons are not excluded based on severity of disability and care is delivered by an integrated team of vocational and medical providers.

Foundation of IPS

Building on the success of SE for persons with developmental disabilities, Deborah Becker and Robert Drake⁴ developed the IPS model for persons with serious mental illness (SMI). Key adaptations for SMI included basing eligibility for IPS on the expressed desire to work and prioritizing a rapid job search over pre-vocational assessments and evaluations. Also, in SMI, collaboration between vocational and clinical providers is emphasized because shared decision making and cross-disciplinary understanding are critical to successful employment outcomes.^{4,5} A set of core practice principles underpins successful implementation of IPS for persons with non-developmental disabilities (Table).

Substantial evidence established IPS as a best practice for those with SMI⁶: Approximately 66% of all IPS participants achieve competitive employment, well above the 15% rate of employment typical for those in the general public with SMI.⁷

As the most clearly defined employment model, IPS is further strengthened by the use of a validated fidelity scale, to measure and monitor adherence to SE principles.⁸

While the VA research demonstrates that IPS can be effective for persons with SCI, a starting point for learning about IPS is the foundational principles as described in the mental health field. Hence, the first tool in this kit is a research and resource center for IPS in SMI.

Core Principles of Individual Placement and Support (IPS)

| Principle | Description |
|-----------------------------------|--|
| Zero Exclusion | Any person who wants to participate in IPS is eligible, regardless of status or severity of disability. |
| Integrated Care | The vocational rehabilitation specialist (VRS) is a functioning, embedded member of the person’s clinical treatment team and: <ul style="list-style-type: none"> • Engages clinical colleagues in vocationally-focused discussions. • Includes treatment recommendations and guidance in vocational plans. |
| Preferences Are Honored | At each step of vocational assistance, the preferences of the person guide the process, including preferences for type of job and duties, types of support provided, and disclosures. |
| Rapid Job Search | The job search is initiated soon after a person enrolls in IPS, without requirement for any pre-vocational testing, evaluation, or activity. |
| Systematic Job Development | The VRS systematically visits employers, who are selected according to the work preferences and interests of the people being served. The VRS seek to learn about employers’ business needs, hiring preferences, and workplace culture. The goal is an individualized employment match. |
| Competitive Employment | Jobs that are targeted are those available to any person, with or without a disability, and that pay minimum wage or above, consistent with qualifications for the position. |
| Benefits Counseling | A person who receives entitlements needs personalized planning when considering employment and as circumstances change during IPS participation, which enables confident, informed decisions about work hours and rate of pay. |
| Follow-Along Supports | Once a person is hired, supports continue on a time-unlimited basis and are individualized. Supports include working with the health care team on the interplay between the person’s health and work factors such as environment, duties, and hours. |

Tool 1 Research and Resource Center

Name of Tool

The IPS Employment Center at Rockville Institute

- What:** ✂ Home to the original developers of the IPS model and to current researchers and practitioners.
- ✂ The Center website includes a comprehensive overview of the model, information on effectiveness, and practical resources such as videos and reproducible materials, and other resources intended to educate anyone interested in helping others go to work using the IPS model.
- Where:** ✂ www.ipsworks.org
- ✂ 21 Lafayette, Centerra Business Park, Lebanon, NH 03766
- Who:** ✂ VRSs and any rehabilitation providers wishing to learn about IPS model.
- Why:** ✂ For orientation to the IPS model, updated information on model development and dissemination, and training in the foundations of IPS.

Foundation of IPS in SCI

In 2005, headed by Dr. Lisa Ottomanelli, the Veterans Health Administration of the Department of Veteran Affairs (VA) launched 10 years of research on the use of IPS in SCI.⁹⁻²⁶ This work began with The Spinal Cord Injury-Vocational Integration Program (SCI-VIP),^{9,12} which marked the first use of IPS for persons with a primary physical disability. In keeping with **Zero Exclusion**, enrollment was open to Veterans who had complete or incomplete injuries at all spinal cord levels and typically one or more comorbidities, including mental illness, substance abuse, post-traumatic stress disorder, or traumatic brain injury. Veterans who received IPS were 2.5 times more likely to obtain competitive employment than those who had standard care (referral to external vocational services).¹⁵ SCI-VIP was followed by the Predictive Outcome Model Over Time for Employment (PrOMOTE), which provided 24 months of IPS to Veterans at 7 VA SCI Centers. Again, the Veterans had all levels of injury and function and most also had one or more comorbidities. The rate of competitive employment in PrOMOTE was over 40%.

The PrOMOTE implementation guide, Tool 2, comprehensively details the work and experience of integrating IPS into VA SCI care.

Tool 2 IPS in SCI Guide

*IPS Supported Employment in SCI:
Implementation Guide
from the Predictive Model Over Time
to Employment (PrOMOTE) Project*

- What:** ✘ A practical guide to implementing IPS in VA SCI care based on 10-years of research experience.
- ✘ Details steps for successfully initiating, developing, and monitoring IPS within SCI care in VA.
 - ✘ Appendix includes reproducible materials to support implementation.
- Where:** ✘ Ottomanelli L, Keleher V, Dirk L. IPS Supported Employment in SCI: Implementation Guide from the Predictive Model Over Time to Employment (PrOMOTE) Project. 2016 October. Retrieved (INSERT DATE RETRIEVED) from https://www.cindr.research.va.gov/CINDRRRESEARCH/investigators_staff/lisa_ottomanelli.asp
- Who:** ✘ VA providers and leadership in SCI and Compensated Work Therapy.
- Why:** ✘ To learn practical steps for adapting IPS for SCI in the VA system of care.
- ✘ To support program implementation, growth, and improvement of IPS in SCI.

MODULE 1 KEY POINTS

- ✓ IPS is an evidence-based practice that emphasizes interdisciplinary collaboration in assisting persons with disabilities to find and keep competitive employment in jobs that meet their preferences.
- ✓ VA research has shown that IPS can be significantly more effective than traditional vocational services in helping persons with SCI obtain competitive employment.
- ✓ The Toolkit is designed to enable translation of research findings into clinical practice of IPS in SCI.
- ✓ Two foundational tools are included in this module to familiarize users with the basics of the IPS model and its application within SCI rehabilitation.

Module 2 – The Role of Leadership

Findings in community mental health indicate that strong leadership is critical to successful IPS implementation.^{27,28} In VA SCI care, strong leadership was also a key to success.

Critical Role of Leadership Support

Leadership needs to be present, participatory, and effective. Indeed, strong leadership was found to be so important by research in the mental health field that the SE Fidelity Scale was modified to add standards on leadership.

The current version of the SE Fidelity Scale includes two distinct standards on leadership:

- “Agency focus on supported employment,” that is, promotion of competitive work through means such as asking the client questions about employment during program intake, highlighting employment in public postings, encouraging participants to talk about their work experiences with others, and sharing employment outcomes throughout the organization.
- “Executive team support for SE,” which holds executive-level leadership to certain standards of knowledge, quality assurance activities, and participation in management of the SE program.⁷

The tools in this module introduce leadership and supervisors to critical information and skills for guiding providers in effective delivery of IPS in SCI. These tools may also expand understanding of how IPS is practiced in various settings.

For specific steps leadership and supervisors may take to establish a program of IPS in SCI, see Tool 2.

| Tool 3 Online Course | Name of Tool IPS Supervisor Skills Online |
|--|---|
| What: ✘ Module-based course includes active learning assignments and interaction with instructors to enhance knowledge and skills of supervising IPS practitioners. | |
| Where: ✘ Offered at the IPS Employment Center (Tool 1) website for a fee: https://ipsworks.org/index.php/training-courses/supervisors-skills-course | |
| Who: ✘ Supervisors of IPS practitioners. Most appropriate for those who will manage VRS staff and oversee day-to-day IPS program activities. | |
| Why: ✘ To develop knowledge on implementation of IPS. ✘ To develop skills in effectively supervising staff who work directly with IPS program participants | |

| Tool 4 Online Toolbox for Supervisors | Name of Tool Evidence-Based Practice in Supported Employment Supervisor's Toolbox |
|---|---|
| What: ✘ Resources appropriate for those who supervise staff working directly with IPS program participants. | |
| Where: ✘ http://mentalhealth.socwel.ku.edu/sites/mentalhealthsocwel.drupal.ku.edu/files/docs/Supported%20Employment%20Supervisors%20Toolkit.pdf | |
| Who: ✘ Supervisors of IPS practitioners. | |
| Why: ✘ Support for handling group supervision, building and enhancing staff skills, managing information, and enhancing program quality. | |

**Tool 5
Leadership Training
Course at IPS Center**

**The IPS
Employment Center
IPS Leadership Training**

- What:** ✘ An intensive and interactive training for IPS trainers, IPS fidelity reviewers, and agency leaders with oversight for IPS programs, and state, regional, and national leaders who oversee IPS implementation and quality improvement.
- ✘ Training participants examine issues related to implementation and sustainability of IPS in their areas.
- Where:** ✘ Registration through the IPS Employment Center (Tool 1): <https://ipsworks.org/index.php/training-courses/ips-leadership-training/>
- Who:** ✘ Text IPS program and agency/facility leadership.
- Why:** ✘ Provides upper level leadership with macro-level understanding of IPS implementation issues, including funding, program development, staffing and continuity of services, fidelity review considerations, and accessing the international learning community.

MODULE 2 KEY POINTS

- ✓ Strong leadership committed to IPS for people with SCI is essential to success.
- ✓ For greatest likelihood of program success, support must come from the top down.
- ✓ Tools in this module will:
 - Assist leadership/supervisors in understanding the IPS model and in guiding practitioners.
 - Further develop understanding of IPS implementation and effective supervisory skills for the work.

Module 3 – The Vocational Rehabilitation Specialist and IPS in SCI

While the entire team contributes to employment outcomes, the VRS is responsible for navigating the job market and negotiating with employers for jobs that truly match the preferences of each client. A VRS with existing clinical skills and knowledge of IPS tends to have greater success than a VRS who does not.^{27,29,30}

Identifying the Right VRS for IPS

The work of job placement and career development for persons with disabilities is hard work that requires perseverance and hopefulness. In the recruitment and hiring of an IPS VRS, interpersonal style and beliefs about disability and work should be considered as well as basic credentials, experience, and familiarity with the population served.

The ideal VRS for IPS demonstrates the following characteristics:

- **Positive Attitude/High Expectation**
 - Acknowledges, accepts, and values the role of being primarily responsible for outcomes.
 - Demonstrates confidence in his/her skills of negotiation and persuasion.
 - Is just as comfortable talking with employers and colleagues as with the person seeking employment.
 - Assumes all persons on his/her caseload are employable and expects a job match to occur.
 - Assertively pursues connecting persons to jobs, which results in a higher employment rate.
 - Views obstacles to collaborating with clinical staff as challenges, not excuses for limited outcomes.
- **Marketing Orientation** – Comfortable with “closing the deal.” This is not necessarily marketing in the Madison Avenue style of sales, but rather, when working with employers, being able to adjust rapidly to changing circumstances and, when faced with employer hesitancy or rejection, being confident rather than intimidated or discouraged.
- **Abstract Thinking and Analytical Skills** – Sees the gray between the black and white. The VRS gets to know their clients, what skills and experiences they have had, and what their expressed career goals are and then combines all that information to formulate a strategy. Applying this kind of analysis helps the client to not only get a job but also motivates the client to stay in the job. Retention and motivation are critical features of a well-designed career plan.

- ***Cultural Competency*** – Can relate to the life experiences of clients and should demonstrate cultural competency based on past experiences, both personal and professional.
- ***Community Networking*** – Is comfortable working out in the community rather than in a clinic or office setting. Demonstrates the interest, skills, and abilities needed to go into the homes and communities of persons with SCI and to advocate for and support them as they enter the workforce, for example, by mobilizing resources such as unpaid natural supports for career planning, job development, and job maintenance.

Finding a VRS for IPS in SCI

TAPPING EXISTING RESOURCES OR HIRING

The first, and perhaps most expedient, option for finding a VRS may be vocational staff currently working for your organization or a local vocational program. A current VRS in your organization may be able to accept referrals from SCI and provide IPS as part of his/her regular duties. Bear in mind, however, the level of knowledge, understanding, and/or experience with IPS that existing vocational providers have.

The decision to hire a VRS full-time or part-time will likely depend on funding. In that case, SCI leadership may be instrumental in communicating the need for this position to facility leadership. Further, the size of your SCI rehabilitation program and the demand for services will dictate if the VRS needs to be part time or full time.

If you decide to hire a VRS, you may want to review the sample job description, sample interview questions, and related documents used during the PrOMOTE study that are available in the Appendices of Tool 2. In PrOMOTE, the interview questions were developed specifically to:

- Screen for IPS model-related knowledge and experience.
- Assess candidates' personal characteristics as they pertain to providing employment services and working with persons with disabilities.
- Use a performance-based interviewing approach.

Training the VRS

Adequate training of a VRS to provide quality IPS services in SCI first requires establishing or confirming foundational knowledge of both IPS and SCI, followed by ongoing monitoring, support, and clinical guidance. It will likely take 6-12 months for a VRS new to IPS and/or SCI to become knowledgeable about SCI, comfortable with issues related to level of function, and proficient in implementing IPS with good fidelity.

Training of a VRS should be in keeping with the usual clinical practices followed in both vocational rehabilitation and SCI care at your organization. Tools 6-8 are specific to training a

VRS on the principles, standards, skills, and strategies related to living with SCI and to implementing IPS.

Tool 6 Book on SCI

Yes, You Can! A Guide to Self-Care for Persons with Spinal Cord Injury

What: ✂ A consumer guide that describes in plain language the physical effects of SCI, the functional effects, the process of rehabilitation, and other pertinent information.

Where: ✂ Burns SP, Hammond MC, editors. *Yes, You Can! A Guide to Self-Care for Persons with Spinal Cord Injury*, 4th ed. Washington, DC: Paralyzed Veterans of America (PVA); 2009.

✂ Download from: http://www.sh-sci.org/index.php?option=com_docman&task=cat_view&gid=43&Itemid=31

✂ An app is available for i-Phone or Android; search “PVA ePubs.”

Who: ✂ Providers new to the field of SCI.

Why: ✂ To provide a broad and basic introduction to SCI.

Tool 7 Online Course

IPS Practitioner Skills Online

- What:** ✘ This module-based course incorporates written and video learning exercises in skills practice and a moderated discussion board.
- ✘ An excellent interactive introduction to the IPS model and its practice.
- Where:** ✘ Registration through the IPS Employment Center (Tool 1): <https://ipsworks.org/index.php/training-courses/practitioner-skills-course/>
- Who:** ✘ All vocational providers.
- Why:** ✘ To equip vocational providers with the basic knowledge and skills about tasks needed to successfully implement IPS.

Tool 8 Online Videos

IPS Job Development Videos

- What:** ✘ Created by the developers of the IPS model, these videos feature actual practitioners working with job seekers and employers in the process of investigating and negotiating employment opportunities.
- Where:** ✘ <https://ipsworks.org/index.php/video-library/>
- Who:** ✘ All vocational providers.
- Why:** ✘ To supplement training on job development with demonstration of experts interacting with actual employers.

MODULE 3 KEY POINTS

- ✓ Identifying the most appropriate VRS to work with the team is critical to success of IPS in SCI care.
- ✓ The ideal formula for the right VRS is a combination of knowledge, skills, and personal characteristics.
- ✓ Three tools are included in this module to assist in providing:
 - › Comprehensive VRS training.
 - › Critical training about SCI.
 - › An overview of the IPS model and its practice.
 - › A way for VRSs to observe skills during actual community work with clients and employers.

Module 4 – Integration of Care

One of the key principles of the IPS model is *Integration of Vocational and Clinical Services*.³¹ This represents a paradigm shift in both vocational and medical rehabilitation. Integration, therefore, also represents a challenge that requires ongoing effort.

Vocational and Clinical Integration

In SCI rehabilitation programs based on a medical model, acute physical issues receive priority and vocational services may not be included as part of standard rehabilitation care. Rather, towards the end of the acute SCI rehabilitation period or later, the patient is referred to an outside vocational provider, who normally does not communicate with medical or rehabilitation providers about their patient. Additionally, SCI clinical providers may believe that employment is not a reasonable goal during early rehabilitation or that an SCI may be too complex or medically unstable for a patient to seek employment. This may be partially due to viewing work as a 40-hour-a-week commitment, which a person with SCI may not be able to meet.

Given the attitudes and circumstances of the typical SCI care environment, introducing IPS into your core SCI services will require education, creativity, flexibility, and patience because it will also require practitioners to adopt a new way of thinking about SCI rehabilitation and the path to independence. Providers of SCI medical and rehabilitative care may need to set aside long-held beliefs about his or her role in helping a person with SCI return to work, about the abilities of persons with SCI, and about what is safe in terms of health and functioning. It is important to identify certain beliefs as part of an older paradigm. Education about IPS and the recovery model on which it is based will likely be needed for SCI providers to adopt new beliefs such as:

- Medical care, rehabilitation, and employment are interconnected and mutually reinforcing and should be addressed simultaneously.
- Work does not have to be full time. Especially in the beginning, part-time work can enhance medical rehabilitation by motivating the patient to accept and embrace new demands for self-care and, thus, making the patient more informed and better able to communicate with providers about any issues that arise.

Integrated care means IPS is itself an SCI treatment. Discussion about return to work occurs with the patient and among providers as early and as often as discussion about medication issues, bowel and bladder management strategies, wheelchair cushions, or family dynamics. Medical providers understand that a VRS can help advance rehabilitation just as a physical therapist, psychologist, or other non-medical team member can. Employment is considered similar to recreational therapy or to assistive technology– an intervention intended to improve health. Thus, the medical team also learns to see the patient as a person developing greater independence and better function. Likewise, the VRS recognizes that it is critical to understand the implications of physical health for employment, such as when a pressure wound is exacerbated by sitting in a chair for long periods or when fatigue results from using a manual wheelchair to travel long

distances. This cross-disciplinary understanding is key to integrated care and shared decision-making, where staff and client plan together what will happen next. All opinions are considered in the process of developing action plans and goals. When a goal at first seems unattainable, the question becomes: “What can be done differently to help this person get closer to the goal?”

Tools 9 and 10 provide an overview of SCI-related medical issues that impact the employment experience. These tools will benefit the VRS who is new to SCI and, for experienced SCI clinicians, will provide a new perspective on maximizing medical management in the context of workforce participation. Users of these tools will gain working knowledge and practical strategies on collaboration between vocational and clinical staff and will learn discipline-specific interventions for helping persons with SCI reach their employment goals.

Tool 9 Chapter 01n SCI and Employment

Issues and Interventions for Workforce Participation after Spinal Cord Injury

- What:** ✘ Discusses expected physical, neurological, psychological, and functional outcomes of SCI in the context of rehabilitation that includes vocational services.
- Where:** ✘ Ottomanelli L, Goetz LG. Issues and Interventions for Workforce Participation after Spinal Cord Injury. In Handbook of Return to Work: From Research to Practice. Edited by Schultz IZ, Gatchel RJ. NY: Springer Science + Business Media, 2016, pp 519-544.
- ✘ Chapter available for purchase in print or electronic format through publisher at <http://www.springer.com/us/book/9781489976260>.
- Who:** ✘ Vocational providers new to SCI care and management.
✘ Experienced SCI providers interested in managing SCI care in the context of return to work.
- Why:** ✘ To obtain a thorough understanding of the outcomes of SCI and how different clinical providers contribute to the employment goals of a person with SCI.

Tool 10 Journal Article

Optimizing Medical Care to Facilitate and Sustain Employment after Spinal Cord Injury

- What:** ✘ Succinct information about the typical health effects of SCI and related adaptations and accommodations that enable persons with SCI to safely work.
- ✘ A table provides a complete overview of SCI conditions and related work issues.
- Where:** ✘ Thomas FP, Goetz LL, Dixon T, Ho C, Holmes SA, Sandford P, Smith S, Ottomanelli L. Optimizing Medical Care to Facilitate and Sustain Employment after Spinal Cord Injury. *Journal of Rehabilitation Research & Development* 2015; 51(6): xi-xxi.
- ✘ Publicly available at the journal website:
<https://www.rehab.research.va.gov/jour/2014/516/pdf/jrrd-2014-05-0119.pdf>
- Who:** ✘ Vocational providers new to SCI care and management.
- ✘ Experienced SCI providers wanting a perspective on managing SCI care in the context of return to work.
- Why:** ✘ To increase awareness of outcomes of SCI and strategies for each outcome that merit consideration as employment is pursued, obtained, and maintained.

Advancing Integrated Care

On a practical level, engendering the spirit and practice of integrated care in the SCI interdisciplinary treatment team (IDT) requires strategic effort. The following are suggestions for helping programs grow and mature in vocational and clinical collaboration:

- ***Provide regularly scheduled interactive educational opportunities.*** Share the material contained in this toolkit about IPS in general and about integration in particular, and focus on generating discussion and plan hands-on experience for staff.

- ***Determine the most appropriate IDT for the VRS to join.*** The IPS model calls for the VRS to be attached to at least one treatment team and to meet each week. Most SCI rehabilitation centers have several IDTs that meet throughout each week, such as Outpatient Rehabilitation, Home Care, Short-Term Rehabilitation, and Inpatient Rehabilitation. Consider how each of these teams operates, the time frames and structures of their meetings, and who attends. What clinical discussion occurs at each meeting? Most importantly, which team has or will have primary clinical responsibility for clients enrolled in IPS, and where do consults or referrals typically originate? Answers to these questions will help inform initial efforts to embed the VRS with providers who know the clients well and who are frequently involved in their medical care.
- ***Encourage clients to be actively involved as members of their teams and in their own treatment.*** The IPS model emphasizes the role of the client in directing his or her plan. Providers should routinely invite IPS clients to participate in IDT meetings and in vocational plan development to ensure the clients' voices are heard and their goals understood by all team members. When employment creates challenges to care, call ad-hoc meetings with providers and clients to resolve issues together. Treatment that is a cooperative effort prioritizing clients' preferences is more likely to lead to meaningful job matches.
- ***Identify and work to remove potential barriers to integrated care practices.*** Barriers that interfere with critical employment-related services may take unexpected forms, such as when a worksite assessment by an occupational therapist (OT) is needed, but the OT is not authorized to make a community worksite visit. Many existing policies consistent with medical rehabilitation might not take into account rehabilitative needs that extend beyond the walls of a treatment facility or a person's home, for example:
 - An OT may visit a patient's house to determine if home modifications are needed, but there may not be a mechanism to allow an OT evaluation of a workplace.
 - There may be a system in place for purchasing needed technology or equipment when deemed medically necessary, but this may not encompass items deemed necessary for work.
 - Facility or local transportation services for people with SCI may be accessible for medical appointments, but not for vocational services.These kinds of barriers require administrative attention, creative problem-solving, and sometimes the use of outside resources. Thus, it is advisable to evaluate existing policies and practices early on to develop justifications for exceptions to or changes in pertinent policies.
- ***Create an IDT culture of engaging and nurturing relationships with clients.*** Many clients will have lived with an SCI and received related health care for many years, while others will be newly injured. Some may access services infrequently. Thus, it can be difficult for a VRS to engage some clients, even when they desire to work. In these cases, a healthcare provider can help the VRS to connect with clients who wish to work and help them build a relationship with the VRS. Often, healthcare providers, such as psychologists, physical therapists, or primary care doctors, are needed to help the VRS establish rapport with their clients, to ease clients' anxiety about working, or to mediate clients' complaints about services, the job search, or a job. Other times, a VRS may have difficulty reaching a client, and intervention by a clinical provider can be invaluable in re-establishing rapport.

To help leadership, clinicians, and VRSs develop an understanding of what successfully integrated care looks like, users of the Toolkit are referred to Chapter 4 of Tool 2. There you will find three cases from the PrOMOTE study, each including italicized statements highlighting specific collaborative actions taken by integrated teams to advance the employment goals of a person with SCI. Additional understanding of the interdisciplinary process may be gained through the use of Tool 11, which demonstrates various aspects of implementing IPS in SCI care.

Tool 11 Online Videos

IPS in a VA SCI Center

- What:** ✘ Series of 7 video modules of IPS being practiced by a VA SCI IDT.
- ✘ Each video demonstrates key practices of IPS in VA SCI care.
 - ✘ Modules include (1) vocational profile work with a Veteran with SCI, (2) a meeting with an employer, and (3) an IDT meeting using IPS.
- Where:** ✘ Available only on the VHA *intranet* through the Spinal Cord Injury/Disorders (SCI/D) Service, Veterans Health Administration website at <http://vaww.sci.va.gov/Training.asp>; links to the videos are found at bottom of page under the heading “Vocational Rehabilitation Videos.”
- Who:** ✘ VA SCI and vocational providers.
- Why:** ✘ To observe role play demonstrations of IPS in SCI.

MODULE 4 KEY POINTS

- ✓ Integration of vocational and clinical services requires everyone with primary responsibility for the care of a person with SCI to be engaged and involved in ensuring employment is considered as a part of overall rehabilitation.
- ✓ The tools in this module were included to bolster interdisciplinary provider understanding of the principle of integration and to share practical ways to build effective collaboration.

Module 5 – Benefits Counseling and Accommodations

Benefits counseling is critical for people with SCI who wish to work. Many people are unsure how earned income might affect government benefits such as Social Security payment, VA benefits or pensions, housing assistance, or personal care assistance. Fear of losing benefits due to a change in earned income is a common reason persons with SCI do not pursue work. Most people report less apprehension and a greater willingness to go to work after obtaining accurate and complete information about how earned income affects benefits.^{32,33}

Another critical piece of the puzzle for those with SCI who go to work is job accommodations. This is a highly individualized process, because each accommodation situation is unique and complex and depends on a balance of work and health factors. Therefore, successful collaboration of all members of the IDT is required, in particular providing support to the VRS, occupational therapist, and assistive technology and equipment professionals.

Benefits Counseling

A person receiving IPS needs to meet with a qualified, trained benefit expert both before going to work and whenever changes occur that affect employment income. Tools 12 and 13 will help staff locate appropriate benefits counselors.

Tool 12 Online Benefits Counselor Locator

Social Security Administration Ticket to Work “Find Help” Tool to Locate Local Community Work Incentives Coordinators (CWICs)

- What:** ✂ CWICs help beneficiaries understand how earned income may affect their Social Security cash benefits, how to report earnings, and how to anticipate potential benefits evaluations.
- Where:** ✂ <https://www.chooseworkttw.net/findhelp/>
- Who:** ✂ VRSs.
- Why:** ✂ Fast and efficient way to locate local benefits counselors and up-to-date contact information.

Tool 13 – Online Veterans Benefits Counselor Locator

PVA List of Chapters and National Service Offices (NSOs)

- What:** ✂ PVA NSOs can assist Veterans with SCI in understanding how earned income may affect their VA benefits, how to report earnings, and how to remain aware of potential benefits evaluations.
- Where:** ✂ <http://www.pva.org/find-a-national-service-office-or-chapter>
- Who:** ✂ VRSs.
- Why:** ✂ To locate benefits counselors in local Veterans Affairs Medical Centers.

Job Accommodation

~~The VRS will need a working knowledge of the Americans with Disabilities Act, related laws,~~ and effective solutions to common challenges faced by people with SCI who go to work. Given the expertise of SCI rehabilitation teams, it is not uncommon for significant partnerships to develop between them and employers in the process of accommodating the needs of the employee with SCI. For example, an experienced team or employer will know when employees with SCI may qualify for programs providing assistive equipment that can be used at work, which may eliminate or mitigate the cost to the employer. Thus, teams become increasingly skilled at working with employers to provide accommodations. Tools 14 and 15 will bolster team effectiveness in job accommodations services:

Tool 14 Brochure

Employing and Accommodating Individuals with Spinal Cord Injury

What: ✂ Part of a series of publications developed by the Program on Employment and Disability at Cornell University, this brochure covers topics such as “Accommodating Individuals with SCI,” “Considerations in the Hiring Process,” and “Solving Common Work Issues.” A resource list is also included for more information.

Where: ✂ Somerville N, Wilson DJ. Employing and Accommodating Individuals with Spinal Cord Injury. Bruyère SM, editor. Ithaca, NY: Program on Employment and Disability, Cornell University; 2000 Aug.

✂ Free download available at:
<http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1013&context=edicollect>

Who: ✂ VRSs.

Why: ✂ To increase knowledge of work-related accommodations for persons with SCI.

Tool 15 Online Resource

Job Accommodation Network (JAN)

- What:** ✘ Answers questions not only about workplace accommodations but also about the Americans with Disabilities Act and related legislation.
- ✘ Information is tailored to employers, employees, job seekers, entrepreneurs, rehabilitation professionals, and legal professionals.
- ✘ Training and materials available for scheduling or ordering (fees apply).
- Where:** ✘ <https://askjan.org>
- Who:** ✘ VRSs.
- Why:** ✘ To equip vocational providers with information about legal rights and creative options for accommodations and with facts about disability and work that can support education and negotiations on obtaining and maintaining jobs.

MODULE 5 KEY POINTS

- ✓ Benefits counseling services are critical to ensure IPS participants are given accurate, thorough, and timely information about how earned income may affect any monetary benefits they receive.
- ✓ Job accommodation services are critical to ensuring those with SCI have equal access to jobs for which they are qualified.
- ✓ Job accommodation services require providers to be knowledgeable and informed about laws related to disability and employment and about options for both employers and workers.
- ✓ Four tools in this module support will help VRSs assure persons with SCI receive benefits counseling and job accommodation services.

Module 6 – Program Improvement Through Fidelity Monitoring

Essential to IPS success is closely adhering to the model principles. Drift, however, inevitably occurs without some method of monitoring IPS services. The Supported Employment Fidelity Scale was developed to assess the level and quality of model implementation. The most recent version, also known as the IPS-25, measures program adherence to IPS principles. The IPS fidelity scales are widely used in both research and clinical practice in the mental health field^{7,34-36} and more recently in SCI.^{15,18,19} Higher fidelity scores have been proven to lead to a higher employment rate³⁸⁻⁴¹; therefore, the scale is a valuable and reliable tool that helps with quality improvement.

The Fidelity Scale

The IPS-25 is a 25-item instrument that measures the quality of IPS implementation in terms of the following three domains:

- **Staffing:** Consists of 3 items such as caseload size and primary responsibility of the VRS to provide comprehensive and exclusive vocational services.
- **Organization:** Consists of 8 items pertaining to vocational and clinical integration, vocational staffing, and agency support.
- **Services:** Consists of 14 items that account for all IPS services provided by the program, from vocational assessment to diversity of jobs held by clients and follow-along supports.

Each item is rated on a scale of 1 to 5, each rating is clearly defined by anchors and higher numbers indicate better adherence to IPS. For example, for caseload size, the ratings range from 1 for a “ratio of 41 or more clients” to 5 for a “ratio of 20 or fewer clients.” The total score indicates the level of IPS implementation in a program from “exemplary” to “not supported employment.”

Ideally, fidelity monitoring consists of site visits by external, independent fidelity monitors who are experienced vocational professionals with expertise in the IPS model and in using the fidelity scale. The fidelity monitors review clients’ charts and conduct interviews with staff, clients, and employers. These visits conclude with feedback, such as a report to leadership on implementation quality, recommendations to staff for program improvement, and technical assistance for VRSs on application of the IPS model.

To develop partnerships to support fidelity reviews, new IPS programs may consider looking for community-based IPS supported employment programs in their locale and tapping into known

resources. Many states have IPS programs that are members of an international learning community initiated and facilitated by The IPS Employment Center.

Intended to be a learning experience for all involved, the review-and-feedback mechanism of fidelity review is a quality improvement process to help identify program strengths and challenges and to develop steps for improving IPS services. This process helps vocational and clinical staff providing direct services and helps leadership responsible for program development and sustainability.

Tool 16 Quality Monitoring Tool

Supported Employment Fidelity Scale

- What:** ✘ A 25-item, validated scale of specific standards for each of three domains.
- ✘ Considered the gold standard for evaluating IPS programs.
- Where:** ✘ Bond GR, Peterson AE, Becker DR, Drake RE. Validation of the revised Individual Placement and Support Fidelity Scale (IPS-25). *Psychiatric Services*. 2012 Aug; 63:758-63.
- ✘ Copy of scale online at: <https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf>
- Who:** ✘ VRSs, supervisors, and IPS program leadership.
- Why:** ✘ To monitor IPS quality and identifying areas for program improvements.

MODULE 6 KEY POINTS

- ✓ A validated fidelity scale is used to measure adherence of an IPS program to IPS model standards and principles.
- ✓ The fidelity review yields scores in three domains—staffing, organization, and services—and an overall score, which are accompanied by feedback and recommendations for improvements.
- ✓ Without fidelity review, programs may experience drift in implementation, which decreases effectiveness.
- ✓ With regularly scheduled fidelity reviews IPS quality can be monitored and program implementation improved.
- ✓ One tool is presented in this module to evaluate IPS programs that can be applied to IPS in SCI as well.

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