

Individual Placement and Support for People with Co-occurring Substance Use Disorders

A Brief for States, Territories and Organizations

ASPIRE Issue Brief

September 2023

Authors:

Robert Drake

Gary Bond

Finn Teach

Submitted to:

U.S. Department of Labor

Office of Disability Employment Policy

200 Constitution Avenue NW

Washington, D.C. 20210

Submitted by:

Westat

An Employee-Owned Research Corporation®

1600 Research Boulevard

Rockville, Maryland 20850-3129

(301) 251-1500

Individual Placement and Support for People with Co-Occurring Substance Use Disorders

Individual Placement and Support (IPS), also referred to as IPS supported employment, is the only evidence-based employment intervention for adults with behavioral health conditions, according to numerous reviews and meta-analyses.^{1,2,3,4,5,6} Eight core principles form the foundation of the IPS model: broad eligibility, person-centered services, integrated services, targeted job development, competitive integrated employment, rapid job search, personalized benefits counseling, and time-unlimited and individual retention job support.^{7,8}

IPS supported employment was originally designed to meet the needs of people with serious mental illness, such as schizophrenia or bipolar disorder, in community mental health centers. The model has rapidly spread to new populations and new settings (e.g., post-traumatic stress disorder, substance use disorder, spinal cord injury, and anxiety/depression in the Veterans Health Administration system).^{9,10,11,12,13} As of 2022, IPS had been implemented in more than 1,000 programs in 43 U.S. states and a similar number of programs in other countries.^{14,15,16}

Research from 28 randomized controlled trials from around the world shows that IPS is effective for about 55 percent of international participants with serious mental illness.¹ Randomized controlled trials in the U.S. have found that approximately 68 percent of IPS participants achieve competitive integrated employment.¹⁷

People with serious mental illness and co-occurring substance use disorder were one of the first subgroups to receive IPS, primarily because co-occurring substance use disorder is common (affecting about half of people with serious mental illness, depending on the setting). IPS employment specialists have developed strategies to help job seekers with co-occurring substance use disorder,¹⁸ and researchers have found that those with substance use disorder do as well in employment as those without this comorbidity.^{19,20}

In this issue brief, we review the special challenges and effective strategies for helping job seekers with mental health conditions and co-occurring substance use disorders benefit from IPS service.

Eight Core Principles of IPS

Broad Eligibility

Individuals who are interested in work are eligible for IPS without exception.

Person-centered Services

The client's personal preferences, experiences, strengths, and choices drive the employment goals, job search, and follow-on supports rather than the judgment of professionals.

Integrated Services

Vocational and mental health service providers work together on the goal of competitive integrated employment.

Targeted Job Development

IPS employment specialists build an employer network based on clients' interests by developing relationships with employers through personal contacts.

Competitive Integrated Employment

IPS avoids extensive assessments, pre-employment training, and placements in sheltered or segregated work settings.

Rapid Job Search

IPS helps clients to find competitive integrated employment of their choice as soon as they feel ready.

Personalized Benefits Counseling

IPS ensures that clients understand the impacts of employment on government entitlements such as welfare, Medicaid, or Social Security benefits.

Time-unlimited and Individual Retention Job Support

After attaining a job, individuals, and their employer if desired, receive ongoing support for as long as they need it.

IPS Implementation Challenges

Integration of Substance Use Treatment

One of the fundamental, evidence-based principles of IPS is integration of health care and vocational services. When treating people with serious mental illness, **a multidisciplinary care team should combine traditional interventions with IPS services.** For example, a client may need a nurse or doctor to provide medication management, a social worker or psychologist to provide therapy, a care manager to help with housing and other basic needs, and an IPS employment specialist for supported employment.

For job seekers with co-occurring substance use disorders, **the team must combine mental health and substance abuse interventions.**²¹ This task requires adjustments of all interventions: avoiding commonly addictive medications; helping clients to develop skills for managing two or more disorders; addressing legal issues related to substance use; and providing family psychoeducation on mental health conditions and substance use disorders. In addition, the IPS employment specialist may need to address specific vulnerabilities related to use of alcohol or other drugs.

Job Interviews

Job applicants who are early in their recovery journey or are justice-system involved need to be fully informed about any requirements regarding background checks, urine drug screens, and the time needed for drugs to clear their systems. In addition, **applicants need to prepare for how or whether they will disclose past problems.** Employers may be aware that some of their workers misuse alcohol or other drugs and/or have justice-system involvement. Most employers report that they are willing, some even especially interested, to hire people with justice-system involvement.

Job Support

IPS employment specialists and participants collaborate to plan preferred job supports including **workplace and off-site supports.** When job seekers choose to have their IPS employment specialist communicate with their employers, arranging workplace supports and accommodations can be helpful. If relapses occur, the IPS employment specialist can sometimes **help the employee retain the job** during detoxification, treatment, or other recovery strategies.



* Examples illustrate challenges faced by IPS clients and are based on the experience of multiple individuals.

IPS Success Story with Job Support

A highly valued engineer experienced three major relapses over several years, but each time his employer helped to arrange residential treatment for 30 days and welcomed him back to work afterwards. For clients who decline contact between the IPS employment specialist and employer, off-site supports include regular contact with the IPS employment specialist and continued contact with the mental health center team that includes relapse prevention plans.

One common aspect of job support is money management. Pay from a new job can enable purchase of substances. IPS employment specialists help workers to identify a personal plan for managing earnings before the first paycheck arrives and to avoid carrying unnecessary cash. A plan for money management may include direct deposit of earnings and careful budgeting.²²

A new front in the job support area involves “recovery-ready” or “recovery-friendly” workplaces.²³ The National Coalition for Recovery-Friendly Workplaces now includes at least 20 states.²⁴ Business leaders who adopt this approach pledge to provide on-site supports, accommodations, and sometimes treatment for substance use disorders. The movement initially developed for people recovering from substance use



disorders, but mental health providers serving people with co-occurring substance use disorders are exploring opportunities for recovery-friendly workplaces when they align with the job seeker’s preferences. The Department of Labor has promoted the development of recovery-friendly workplaces.²⁵

Job Transitions

As with any workers, people with co-occurring substance use disorders may find that a particular job is unsatisfactory for a variety of reasons. IPS employment specialists honor the principle of choice by **helping workers to find a better job match and to leave the current job in an appropriate manner** (preferably in that order). IPS employment specialists sometimes assist with career development by helping to arrange job training or education.

IPS Success Story with Job Transition

A restaurant worker disliked crowds and wanted to be a commercial truck driver. His IPS employment specialist helped him to arrange funding to take a required course and exam. After training, he quickly found a driving job that paid more, fit his preferences better, and kept him employed.

Educating Clinicians

As with other mental health professionals, substance abuse counselors may have biases against helping people with co-occurring substance use disorders to obtain competitive integrated employment. For example, traditional substance abuse training programs assumed that people needed extensive periods of abstinence before trying to work. Research has consistently disproved this, but practices continue to reflect prior assumptions.

Education, team support, and experience may overcome these prejudices. Substance abuse counselors often change their attitudes when they observe clients benefiting from employment. Similar biases among mental health professionals are waning

but still merit education and discussion. Mental health professionals traditionally focused on pre-employment training and sheltered work, which often involved lengthy periods of preparation and achieving stability prior to employment. People with lived experience, who can explain that work is *part* of recovery rather than something that follows it, may be more effective than researchers in persuading clinicians.

Many IPS programs arrange for successful workers to visit clinical staff and potential job seekers to explain the importance of employment in their recovery. Although work often precedes complete abstinence, people who are actively using alcohol or drugs should avoid jobs that pose safety risks (e.g., jobs that involve driving an automobile or operating heavy equipment).



Adapting IPS for Subgroups

As with other workers, individuals with co-occurring substance use disorders have skills, preferences, and other characteristics that should be reflected in individualized IPS services. However, specific subgroups known to have very high rates of substance use disorders may have special programmatic needs. For example, transition-age youth and people in early psychosis programs have high rates of cannabis use.²⁶ Role models, including peers who are in recovery as well as professionals, may discuss and demonstrate their own recoveries to transition-age youth at risk of addiction and other adverse outcomes.

People with justice-system involvement may need special legal assistance related to drivers' licenses, expungement procedures, employment restrictions, and other issues. Individuals in homeless shelters, supportive housing, rural areas, immigration enclaves, and other settings may have their own distinct challenges.

People with Primary Substance Use Disorders

People receiving care in a substance abuse or addiction treatment center have high rates of co-occurring mental health conditions, but they may receive treatment in substance abuse treatment settings rather than community mental health centers. For example, they may appear in detoxification centers, residential treatment programs, intensive outpatient programs, recovery housing settings such as Oxford Houses, and so on. These settings are typically less prepared to offer integrated treatment and rarely offer IPS supported employment. Nevertheless, IPS has recently been used with clients in primary substance abuse treatment settings, initially in the U.K.²⁷ and now in the U.S. throughout the Veterans Health Administration system and in some states. The 2022 decision by the Veterans Health Administration to offer IPS to veterans with primary substance use disorders in every Veterans Administration medical center and many outpatient clinics provides a unique opportunity to learn about integrating IPS in substance abuse treatment settings.

Researchers have only recently begun to rigorously evaluate the effectiveness of IPS for people with the primary diagnosis of substance use disorder. An early pilot study (small randomized controlled trial) within a methadone clinic for people with opioid use disorder in Oregon showed that providing IPS dramatically increased competitive integrated employment compared to usual services (50% versus 5%).²⁸ The findings from three trials, one in the U.K.,²⁹ one in Norway,³⁰ and one in the U.S.³¹ have not yet been reported.

Conclusions

People with mental health conditions commonly experience co-occurring substance use disorders. Nevertheless, most of these individuals want to work and can benefit from IPS supported employment. IPS teams have developed specific strategies that can help these job seekers succeed, including a careful selection of jobs and job sites, preparing for job applications and interviews, and arranging appropriate supports and financial management. There appears to be significant potential for integrating effective IPS services into alcohol and drug treatment and recovery settings.

References

- ¹ Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on Individual Placement and Support. *World Psychiatry, 19*, 390-391. <https://doi.org/10.1002/wps.20784>
- ² Brinchmann, B., Widding-Havneraas, T., Modini, M., Rinaldi, M., Moe, C. F., McDaid, D., Park, A., Killackey, E., Harvey, S. B., & Mykletun, A. (2020). A meta-regression of the impact of policy on the efficacy of Individual Placement and Support. *Acta Psychiatrica Scandinavica, 141*, 206-220. <https://doi.org/10.1111/acps.13129>
- ³ de Winter, L., Couwenbergh, C., van Weeghel, J., Sanches, S., Michon, H., & Bond, G. R. (2022). Who benefits from Individual Placement and Support? A meta-analysis. *Epidemiology and Psychiatric Sciences, 31*, E50. <https://doi.org/10.1017/S2045796022000300>
- ⁴ Frederick, D. E., & VanderWeele, T. J. (2019). Supported employment: Meta-analysis and review of randomized controlled trials of Individual Placement and Support. *PLOS ONE, 14*(2), e0212208. <https://doi.org/10.1371/journal.pone.0212208>
- ⁵ Metcalfe, J. D., Drake, R. E., & Bond, G. R. (2018). Economic, labor, and regulatory moderators of the effect of Individual Placement and Support among people with severe mental illness: A systematic review and meta-analysis. *Schizophrenia Bulletin, 44*, 22-31. <https://doi.org/10.1093/schbul/sbx132>
- ⁶ Modini, M., Tan, L., Brinchmann, B., Wang, M., Killackey, E., Glozier, N., Mykletun, A., & Harvey, S. B. (2016). Supported employment for people with severe mental illness: Systematic review and meta-analysis of the international evidence. *British Journal of Psychiatry, 209*, 14-22. <https://doi.org/10.1192/bjp.bp.115.165092>
- ⁷ Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal, 27*, 345-359. <https://doi.org/10.2975/27.2004.345.359>
- ⁸ Swanson, S. J., & Becker, D. R. (2018). *IPS supported employment program implementation guide*. IPS Employment Center at the Rockville Institute. Available at: <https://ipsworks.org/wp-content/uploads/2017/08/ips-program-implementation-plan-for-agencies-1.pdf>
- ⁹ Davis LL, Kyriakides TC, Suris AM, et al. (2018). Effect of evidence-based supported employment vs transitional work on achieving steady work among veterans with posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry, 75*(4), 316–324. <https://doi.org/10.1001/jamapsychiatry.2017.4472>
- ¹⁰ Davis, L. L., Mumba, M. N., Toscano, R., Pilkinton, P., Blansett, C. M., McCall, K., MacVicar, D., & Bartolucci, A. (2022). A randomized controlled trial evaluating the effectiveness of supported employment integrated in primary care. *Psychiatric Services, 73*, 620-627. <https://doi.org/10.1176/appi.ps.202000926>
- ¹¹ LePage, J. P., Crawford, A. M., Cipher, D. J., Anderson, K., Rock, A., Johnson, J. A., Washington, E. L., & Ottomanelli, L. (2020). Blending traditional vocational services and Individualized Placement and Support for formerly incarcerated veterans. *Psychiatric Services, 71*, 816-823. <https://doi.org/10.1176/appi.ps.201900421>
- ¹² Ottomanelli, L., Barnett, S. D., & Goetz, L. L. (2014). Effectiveness of supported employment for veterans with spinal cord injury: 2-year results. *Archives of Physical Medicine and Rehabilitation, 95*, 784-790. <https://doi.org/10.1016/j.apmr.2013.11.012>
- ¹³ Resnick, S. G., & Rosenheck, R. (2007). Dissemination of supported employment in Department of Veterans Affairs. *Journal of Rehabilitation Research and Development, 6*, 867-878. <https://doi.org/10.1682/jrrd.2007.02.0043>
- ¹⁴ Drake, R. E. (2020). Special issue: International implementation of Individual Placement and Support. *Psychiatric Rehabilitation Journal, 43*(1), 1-82.
- ¹⁵ Jónasson, H., van Weeghel, J., Koatz, D., Johnston, G., Bejerholm, U., & Fioritti, A. (2022). Boosting the development of individual placement and support in Europe. *Epidemiology and Psychiatric Sciences, 31*, e29. <https://doi.org/10.1017/S2045796022000129>
- ¹⁶ Pogue, J. A., Bond, G. R., Drake, R. E., Becker, D. R., & Logsdon, S. (2022). Growth of IPS supported employment programs in the US: An update. *Psychiatric Services, 73*, 533-538. <https://doi.org/10.1176/appi.ps.202100199>
- ¹⁷ Drake, R. E., Becker, D. R., & Bond, G. R. (2019). Introducing Individual Placement and Support (IPS) supported employment in Japan. *Psychiatry and Clinical Neurosciences, 73*, 47-49. <https://doi.org/10.1111/pcn.12792>

¹⁸ Becker, D. R., Drake, R.E, & Naughton, W. J. (2005). Supported employment for people with co-occurring disorders. *Psychiatric Rehabilitation Journal*, 28, 332-338. <https://doi.org/10.2975/28.2005.332.338>

¹⁹ Harrison, J., Krieger, M. J., & Johnson, H. A. (2020). Review of Individual Placement and Support employment intervention for persons with substance use disorder. *Substance Use and Misuse*, 55, 636-643. <https://doi.org/10.1080/10826084.2019.1692035>

²⁰ Mueser, K. T., Campbell, K., & Drake, R. E. (2011). The effectiveness of supported employment in people with dual disorders. *Journal of Dual Diagnosis*, 7, 90-102. <https://doi.org/10.1080/15504263.2011.568360>

²¹ Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated treatment for dual disorders: A guide to effective practice*. Guilford Publications.

²² Rosen, M. I., Rounsaville, B. J., Ablondi, K., Black, A. C., & Rosenheck, R. A. (2010). Advisor-Teller Money Manager (ATM) therapy for substance use disorders. *Psychiatric Services*, 61, 707-713. <https://doi.org/10.1176/ps.2010.61.7.707>

²³ Executive Office of the President Office of National Drug Control Policy. (2021). The Biden-Harris Administration’s Statement of Drug Policy Priorities for Year One. Washington, DC 20503.

²⁴ Gaumond, P. (2022, May 4). *Overview of the national drug control strategy and the role of IPS*, International IPS Learning Community Annual Meeting, Detroit, MI.

²⁵ U.S. Department of Labor. (2023). Recovery-Ready Workplace Toolkit. Available at: <https://www.dol.gov/agencies/eta/RRW-hub/Toolkit>

²⁶ Gariépy, G., Danna, S. M., Hawke, L., Henderson, J., & Iyer, S. N. (2022). The mental health of young people who are not

in education, employment, or training: A systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*, 57, 1107–1121. <https://doi.org/10.1007/s00127-021-02212-8>

²⁷ IPS Into Work. (2022). Individual Placement and Support impact report 2019-2021. Available at: <https://wla.london/wp-content/uploads/2022/01/220125-WDP-IPS-Impact-Report-2019-2021.pdf>

²⁸ Lones, C. E., Bond, G. R., McGovern, M. P., Carr, K., Leckron-Myers, T., Hartnett, T., & Becker, D. R. (2017). Individual Placement and Support (IPS) for methadone maintenance therapy patients: a pilot randomized controlled trial. *Administration and Policy in Mental Health and Mental Health Services Research*, 44, 359-364. <https://doi.org/10.1007/s10488-017-0793-2>

²⁹ Marsden, J., Anders, P., Clark, H., Colocassis, K., Eastwood, B., Knight, J., Melaugh, A., Quinn, D., Wright, V., & Stannard, J. (2020). Protocol for a multi-centre, definitive randomised controlled trial of the effectiveness of Individual Placement and Support for employment support among people with alcohol and drug dependence. *Trials*, 21, 167 <https://doi.org/10.1186/s13063-020-4099-4>

³⁰ Rognli, E. B., Aas, E. M., Drake, R. E., Marsden, J., Anders, P., Bond, G. R., Lystad, J. U., Reme, S. E., & Arnevik, E. A. (2021). The effect evaluation of Individual Placement and Support (IPS) for patients with substance use disorders: study protocol for a randomized controlled trial of IPS versus enhanced self-help. *Trials*, 22, 705 <https://doi.org/10.1186/s13063-021-05673-z>

³¹ mdrc. (January 2023). Building Evidence on Employment Strategies (BEES) newsletter.