

2025 EASA Conference

Career is Everyone's Business

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Indigenous People & Lands Acknowledgement

in the US with 574 native tribes & indigenous groups, the largest including: Indigenous Mexican Americans, Navajo, Cherokee, Sioux, Ojibwe, Choctaw, Apache, Lumbee, Pueblo, Muskogee, Haudenosaunee, Inuit, & Blackfeet (Mollenkamp, 2024).

Amazing Canadian website depicting indigenous people & lands across world:



Acknowledgements

- Thresholds, Chicago, IL; UMASS Transitions to Adulthood RTC
- Young people, families & practitioners, administrators, researchers & advocates from across the US
- NIDILRR, SAMHSA, NIMH, state MH departments & foundations
- EASA, Tamara Sale, Megan Sage & team + Janet Walker (PSU)



E-Shawn Spencer
& Marc Fagan

Disclaimer: This presentation represents the perspective of Vanessa Klodnick, not The University of Texas at Austin, nor EASA, nor funders



Dedication:

Thresholds
Youth & Young
Adult Services
(YAYAS)
Chicago, IL

[Early Intervention in Psychosis Network \(EPINET\)](#)

[SAMHSA/Westat ESMI TTAC](#)

[New York Health + Hospitals](#)

[SAMHSA/ National Council SMI TTAC](#)

[Northwestern University, Focused Forward Clinic](#)

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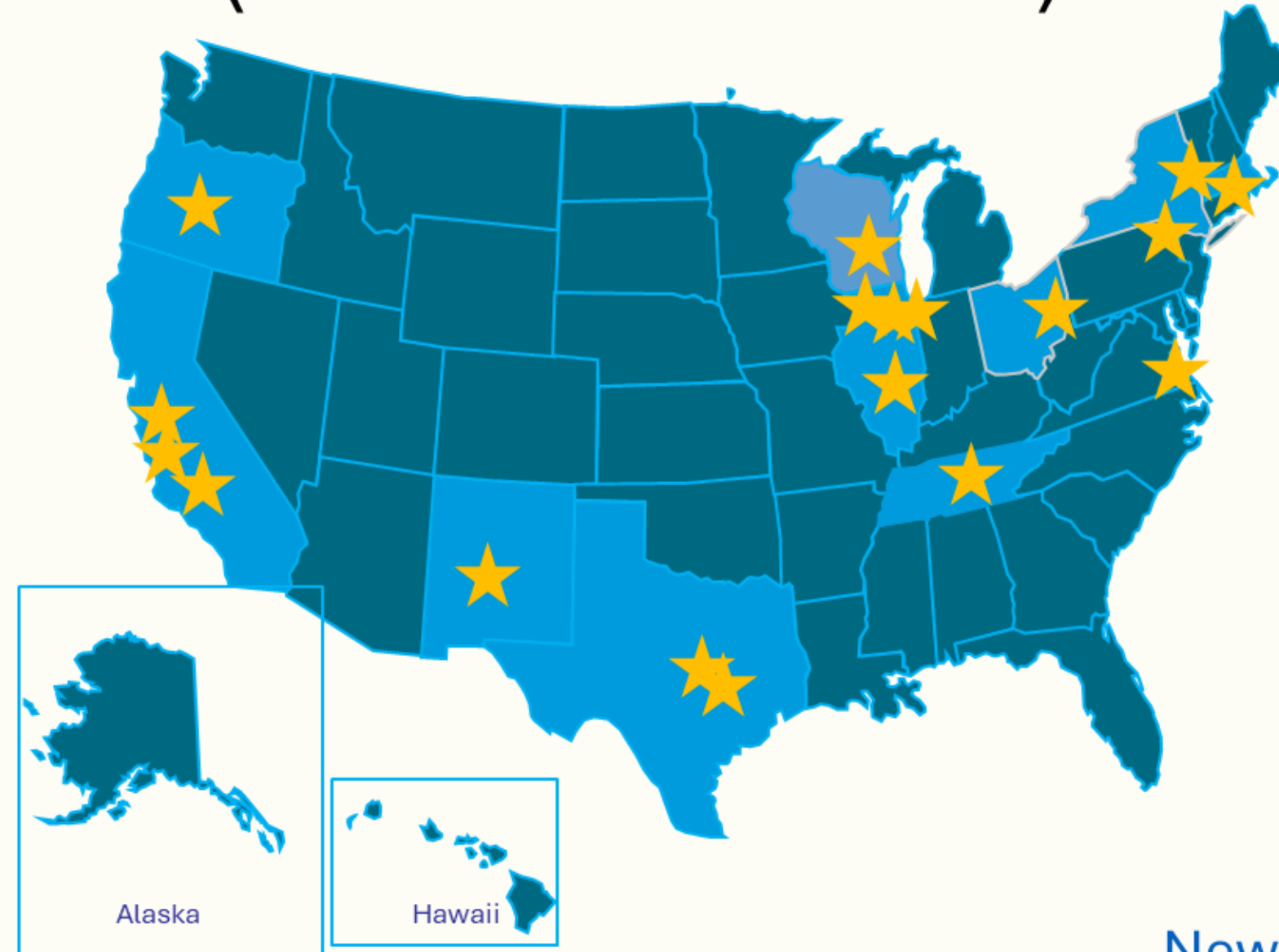
[Texas Health & Human Services](#)

[PEPPNET, Stanford University](#)

[Tennessee Dept of Mental Health & Substance Use Services](#)

[Thresholds, Chicago, IL](#)

Transition to Adulthood Collaborations & Partnerships (Current & Previous)



[Portland State University Pathways RTC](#)

[Stars Behavioral Health Long Beach, CA, TIP Model](#)

[SAMHSA South-Southwest Mental Health Technology Transfer Center](#)

[Ohio Dept. of Mental Health & Addiction Services](#)

[Jewish Board of New York, Bridging the Gap](#)

[Illinois Dept of Child & Family Services, Emerging Adult Redesign](#)

[University of Chicago, Cognition & Emotion Neuroscience Lab](#)

[New Mexico Children Youth & Families Dept.](#)

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[NASMHPD](#) [SAMHSA](#)

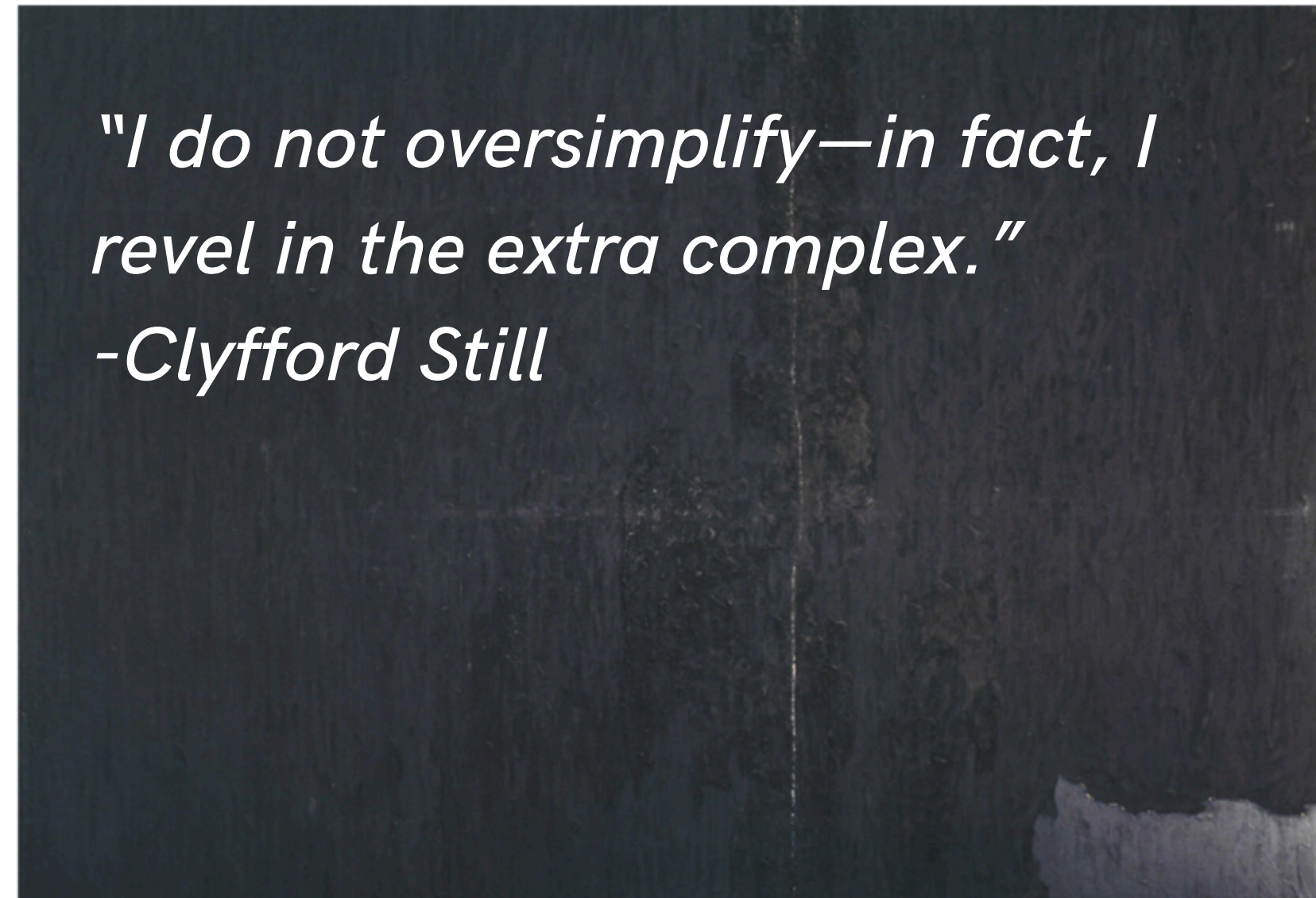
a little about me

- Enjoys running in alleys & transitions between seasons (what fun!).
- Loves a good story & connecting with people (most of the time).
- Accidentally learned Implementation Science & became an expert in Supported Employment & Education (much gratitude).

One of my fav paintings at the Art Institute
of Chicago: 1951-52 by Clyfford Still



*"I do not oversimplify—in fact, I
revel in the extra complex."
-Clyfford Still*



The path was not
planned but gave me a
unique perspective.



Today's Objectives

01

Move from valuing vocational engagement to valuing career development

02

Embrace notion of Discovery

03

Adopt new strategies for supporting discovery & career development

04

Learn about new Transitional Employment Endeavors

What's the **Secret Sauce** of CSC?

Supported Employment & Education Services



SAMHSA, 2023

Huff Post Article 2017

Why are
Supported Education &
Employment Services
the **Secret Sauce** of CSC?





Why do young people **engage** in CSC?

- Program focus on clients' **life goals**
- “**Nonclinical services**,” e.g., supported education & employment
- Other key factors:
 - **Individualized** services
 - Respectful, warm, & flexible **staff interactions**
 - Engagement of **family** members
 - Focus on **shared** decision making

2015 Study - CSC Clients' (n=32) Views on Engagement

Employment is top priority among 18+

Goals and progress		
<i>n</i> = 78	Participants with at least 1 goal in specified area	% who made progress on goal in specified area
Employment	54	83%
Social support and relationships	48	88%
Education	47	62%
Mental health symptom management	44	89%
Safe and affordable housing	35	83%
Financial management	35	71%
Medication	34	79%
Self-awareness and coping	33	82%
Physical health/overall health	30	70%
Independence/independent living	25	84%

[About Mental Illness](#) ▾[Your Journey](#) ▾[Support & Education](#) ▾[Get Involved](#) ▾[Advocacy](#) ▾[DONATE](#)[are incarcerated](#)[Medicaid Expansion](#)[Medicaid: Work Reporting Requirements](#)

Coordinated specialty care (CSC) is the **standard of care** for treatment of FEP. It is an evidence-based, recovery-focused, team-based model that promotes access to care and shared decision-making among specialists, the person experiencing psychosis, and family members. The National Institute of Mental Health (NIMH) has supported vigorous research that show effective CSC programs **include** five core components:

More recently, **many programs** have added peer support services as a core service within the CSC model. Including supported employment and education services is essential because many young adults want to either attend school or work, so their inclusion can encourage young people to stay in treatment and help produce better outcomes.

CSC is proven highly effective at **reducing hospitalizations, improving education and employment rates, improving social connections and relationships and reducing symptoms of psychosis.** Patients participating in CSC are **more likely** to stay engaged in treatment and to experience a **higher quality of life.** Some people who receive early treatment may never experience another psychotic episode. For other people, recovery means the ability to live a fulfilling and productive life while managing ongoing symptoms.

[Medications: Step Therapy](#)

quality of life. Some people who receive early treatment may never experience another psychotic episode. For other people, recovery means the ability to live a fulfilling and productive life while managing ongoing symptoms.

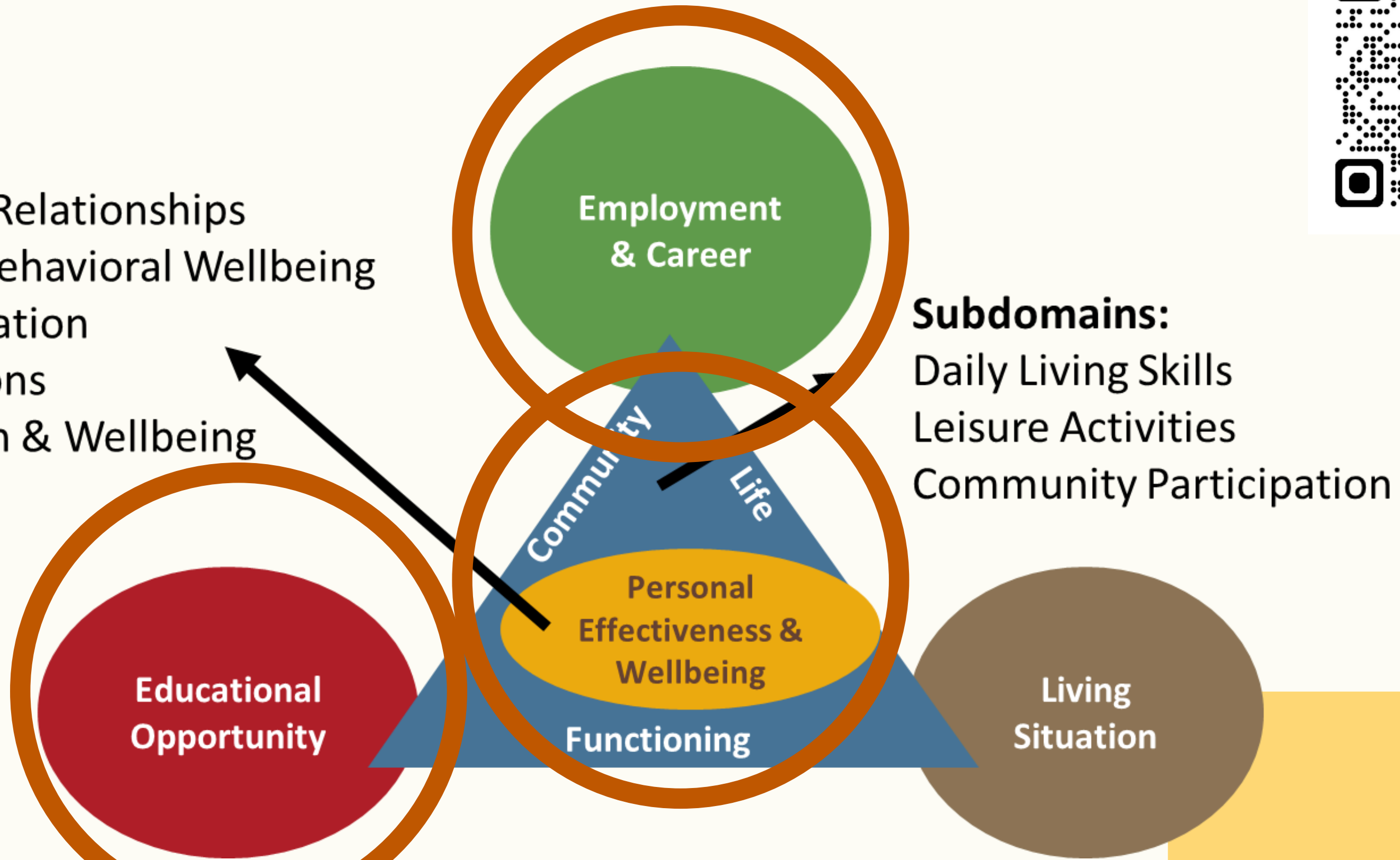
Transition to Independence Process (TIP)

Model Transition Domains



Subdomains:

Interpersonal Relationships
Emotional & Behavioral Wellbeing
Self-Determination
Communications
Physical Health & Wellbeing
Parenting



Subdomains:

Daily Living Skills
Leisure Activities
Community Participation

Self-Stigma in the aftermath of a
first-episode of psychosis is **very real**
& **deserves attention.**

“not being treated like a normal person”

“felt alone and isolated”

“didn’t know who I was anymore”

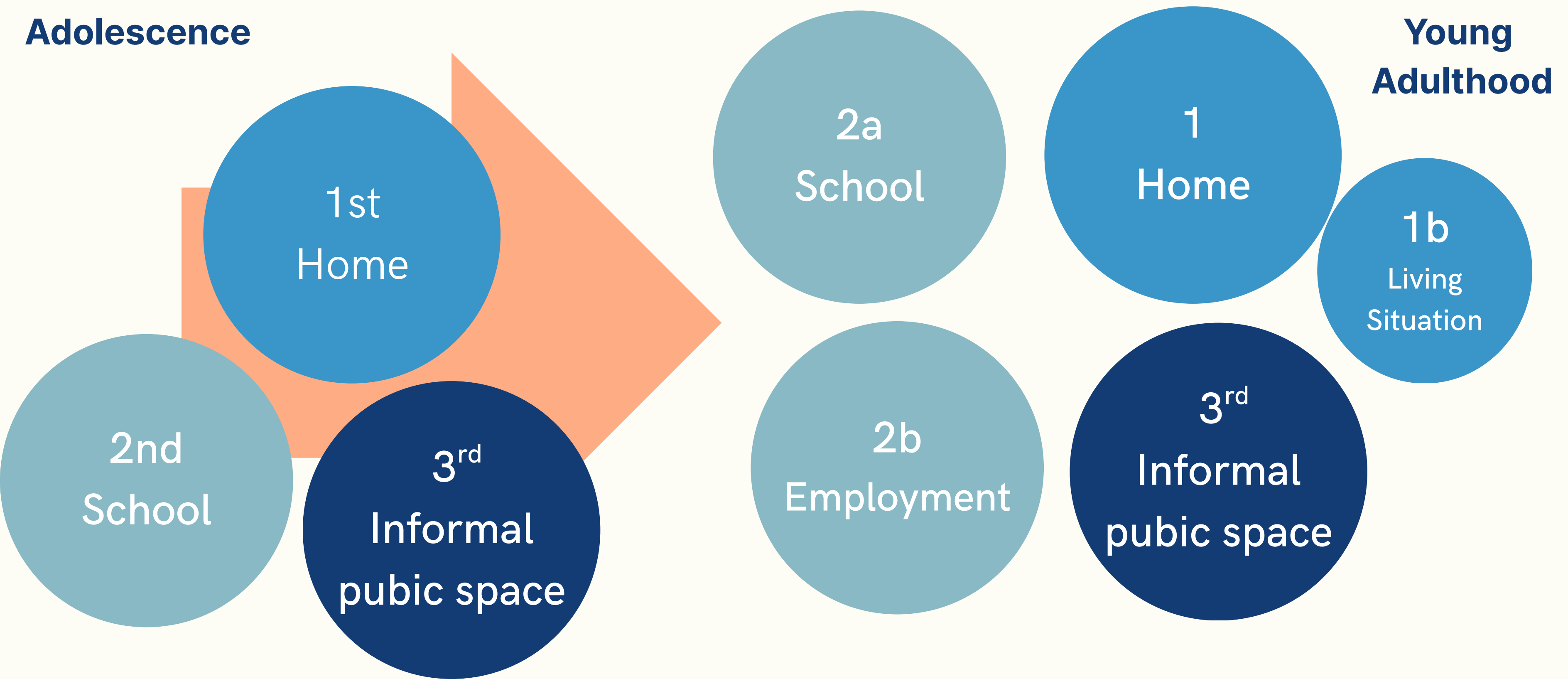
“don’t belong anymore”

“couldn’t socialize”

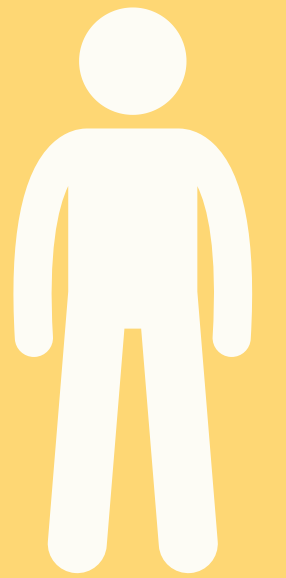
“wasn’t me”

“felt like I was lower than everybody else in a certain way”

3 spaces & their evolution during the transition to adulthood



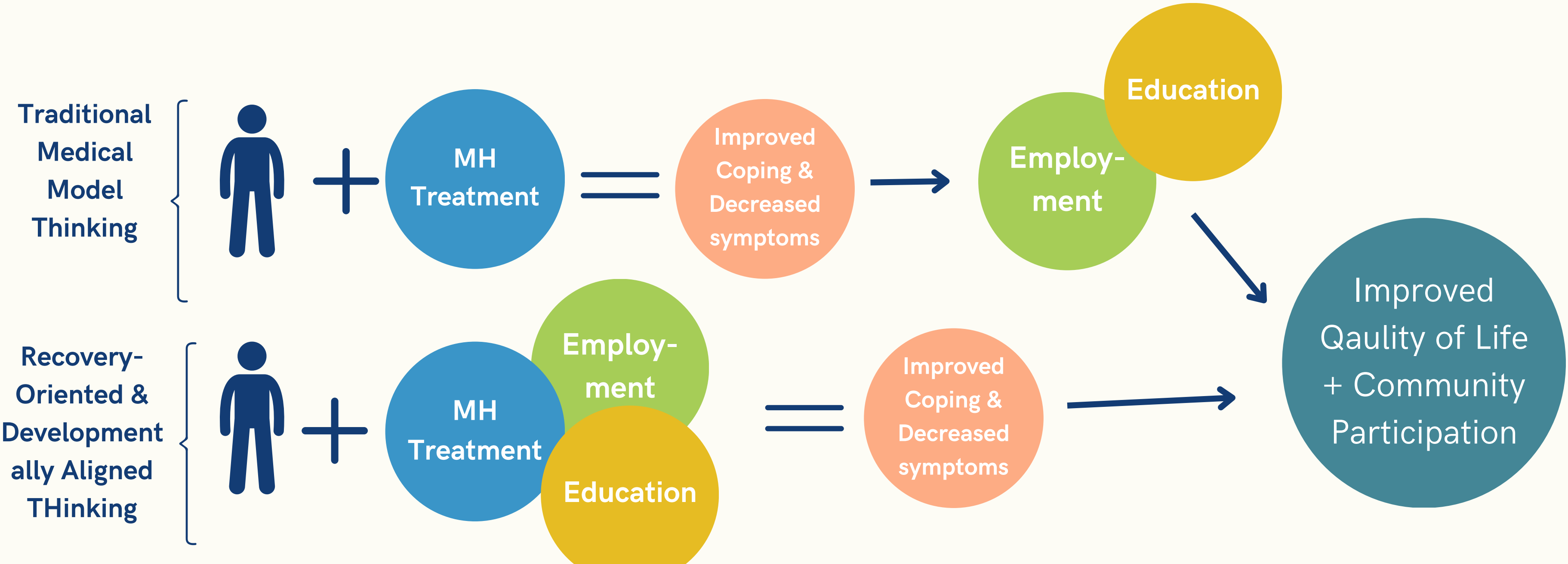
What are Supported Education & Employment Services?



Supporting
Employment &
Education
among YP with
early psychosis
is a public
health effort.



Employment is a **social determinant of health** –
& just as important for recovery & wellness as
taking medications, going to therapy, etc.



Supported Employment promotes:

- **Every person** diagnosed with a serious mental health condition can work.
- Extra job readiness training **is unnecessary**.
- **Competitive employment** is priority (i.e., at least **minimum wage**).
- Finding a strong match quickly between an individual and employment opportunity is key.
- IPS SE is a “Place & Train” model of SE



Supported Employment (SE)

- Most studied model is IPS SE Model
- SE has a set of principles & practices (see fidelity scale)

- Zero Exclusion
- Integrated Employment & Treatment
- Competitive Jobs
- Rapid Job-Search
- Systematic Job Development
- Time-Unlimited Support
- Individual Preferences
- Benefits Planning

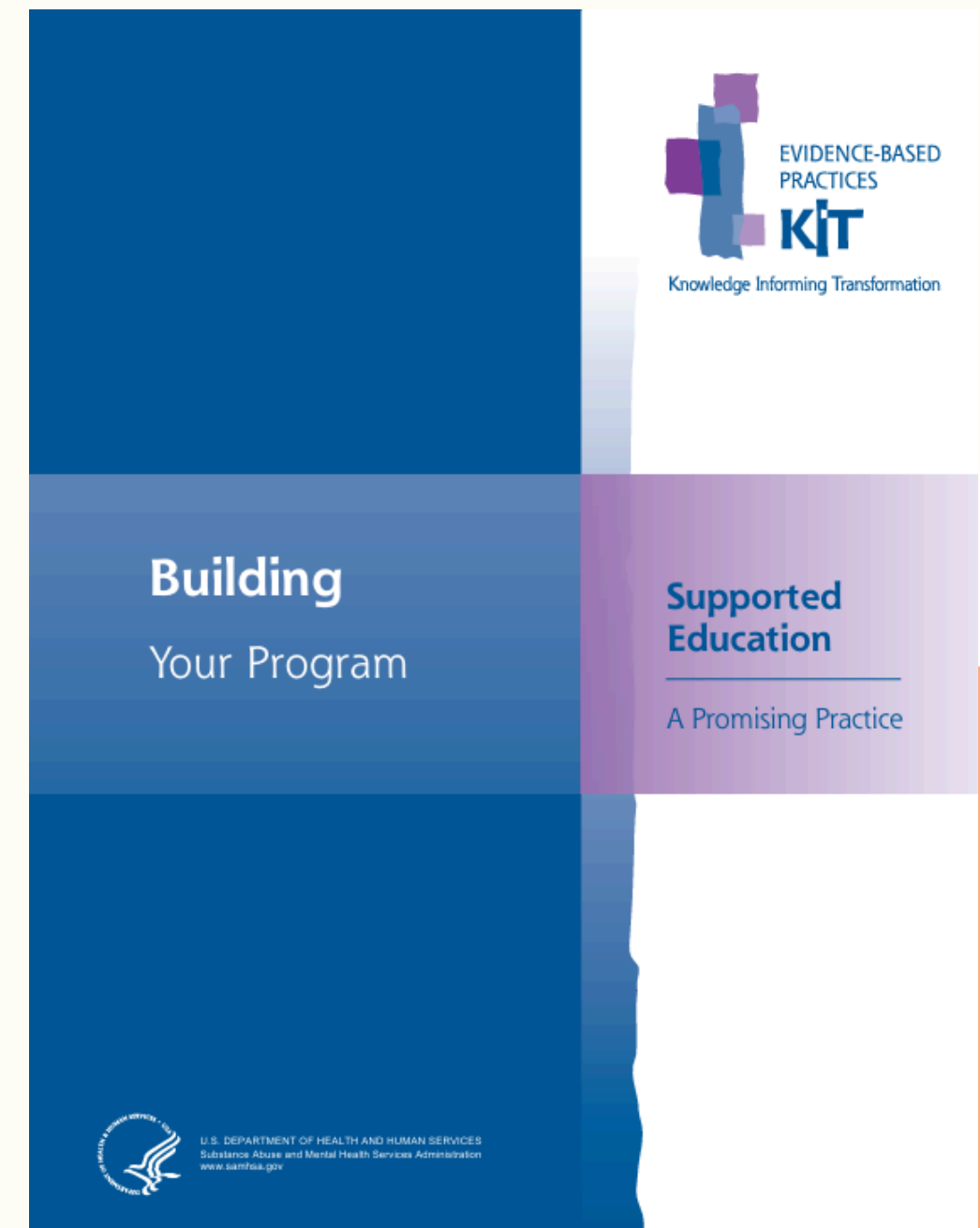


[SAMHSA SE Kit](#)

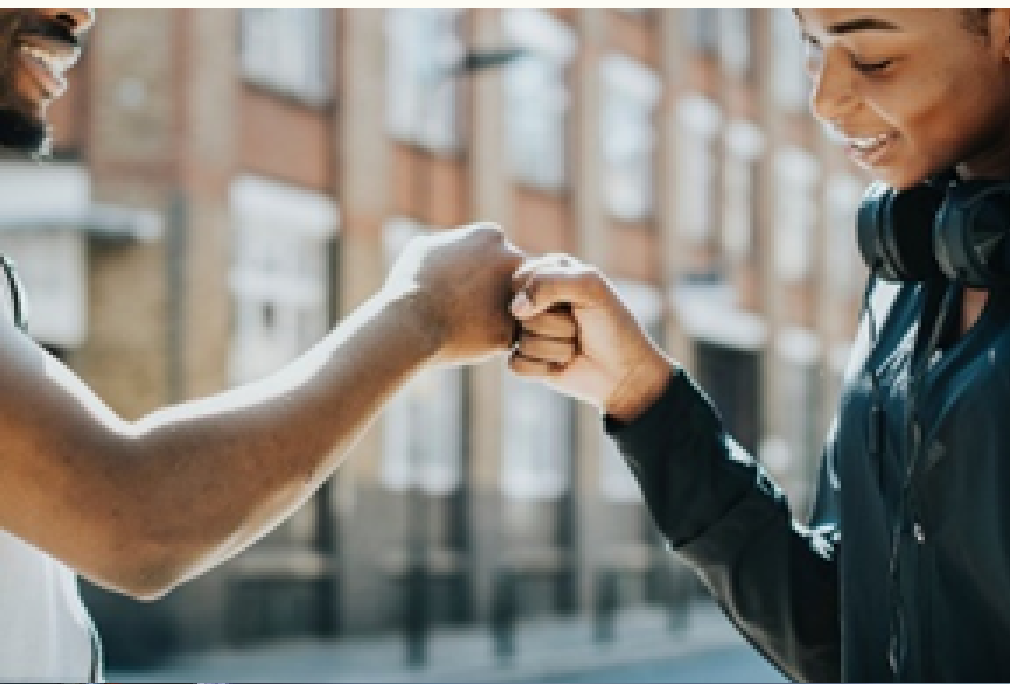


Supported Education (SEd)

- **Increase Access:** Effectively link young adults to educational programs within the training program, school, college, or university of their choice.
- **Increase Retention:** Provide services for students that support their needs so they can complete their educational program. (Do not replicate already available services.)
- **Improve Long-Term Outcomes:** Help students meet their professional & vocational goals with meaningful & productive employment opportunities.



<https://library.samhsa.gov/sites/default/files/d7/priv/sma11-4654-buildingyourprogram-sed.pdf>



IPS SE Enhancements for Adolescents & Young Adults with Serious Mental Health Diagnoses

- New Young Adult IPS Manual & Fidelity Scale
 - Supported Education Integration
 - Career Development Focus
 - Career-related internships are OK
 - Assertive Engagement
- Focusing on Discovery
- Engaging key supporters intentionally
- Use technology
- Embrace Positive Youth Development

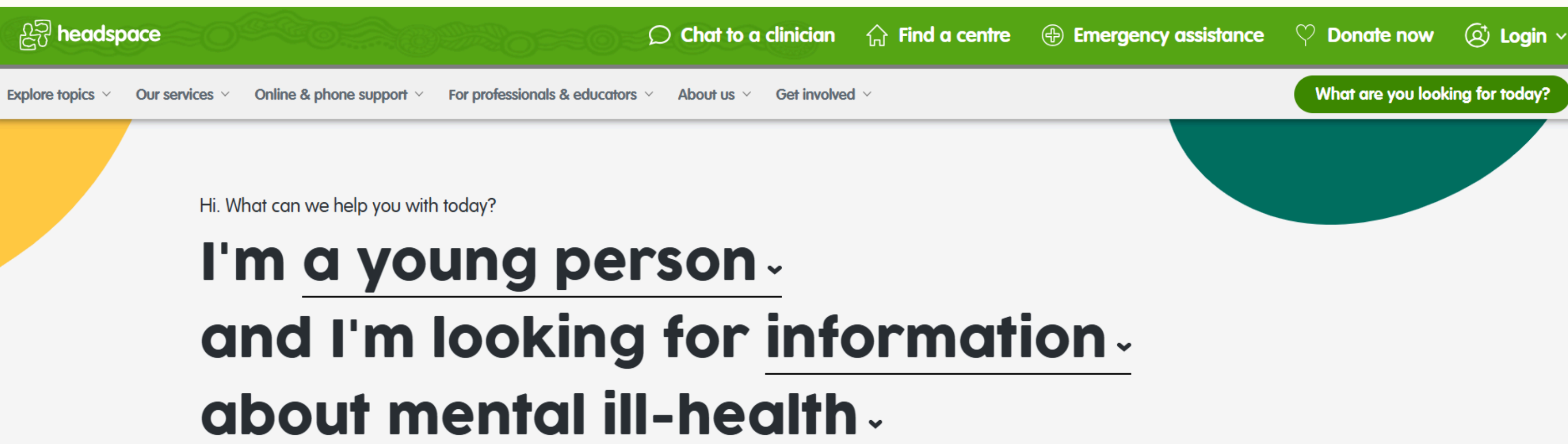
SE+SEd Outcomes are OK. Opportunities to enhance.

- 2023 systematic review of IPS SE + SEd with TAY (Bond et al., 2023):
 - 58% in IPS SE vs. 32% in regular vocational services got jobs
 - Those in IPS SE had longer employment durations
 - Education outcomes in IPS SE vs. usual care not significantly different
 - Limitations: education goal specification; education outcomes difficult to operationalize & longer to achieve
- 2019 study of OnTrackNY participants (n=776) found that CSC teams are effective in supporting job starts & short-term employment but less successful for supporting long-term employment & higher education goals (Humensky et al., 2019)

https://www.tiemh.org/wp-content/uploads/2024/12/Supported-Education-Tasks-Outcomes-Tracking_Guidance-for-TAY-Teams.pdf

Recommendations from Australia's headspace IPS SE/SEd evaluation:

- Provide different types of support based on TAY vocational needs, e.g., volunteer & time-bound work experiences to increase job readiness.
- Employ strategies for supporting TAY in disclosing mental health conditions for job retainment & academic persistence.
- Integrate a Career Development Focus beyond SE "place & train" approach



The screenshot shows the headspace website header with a green navigation bar containing links for 'Chat to a clinician', 'Find a centre', 'Emergency assistance', 'Donate now', and 'Login'. Below this is a grey bar with 'Explore topics', 'Our services', 'Online & phone support', 'For professionals & educators', 'About us', and 'Get involved'. A green search bar on the right asks 'What are you looking for today?'. The main content area has a light grey background with a teal semi-circle graphic. It displays the text: 'Hi. What can we help you with today?' followed by a dropdown menu with the selected option 'I'm a young person', and another dropdown menu with the selected option 'and I'm looking for information about mental ill-health'.

headspace

Chat to a clinician Find a centre Emergency assistance Donate now Login

Explore topics Our services Online & phone support For professionals & educators About us Get involved

What are you looking for today?

Hi. What can we help you with today?

I'm a young person ▾

and I'm looking for information ▾

about mental ill-health ▾

TIEMH Transition Age Youth Resources



The University of Texas at Austin
**Texas Institute for Excellence
in Mental Health**
Steve Hicks School of Social Work

ABOUT US ▾

PROJECTS ▾

RESOURCES ▾

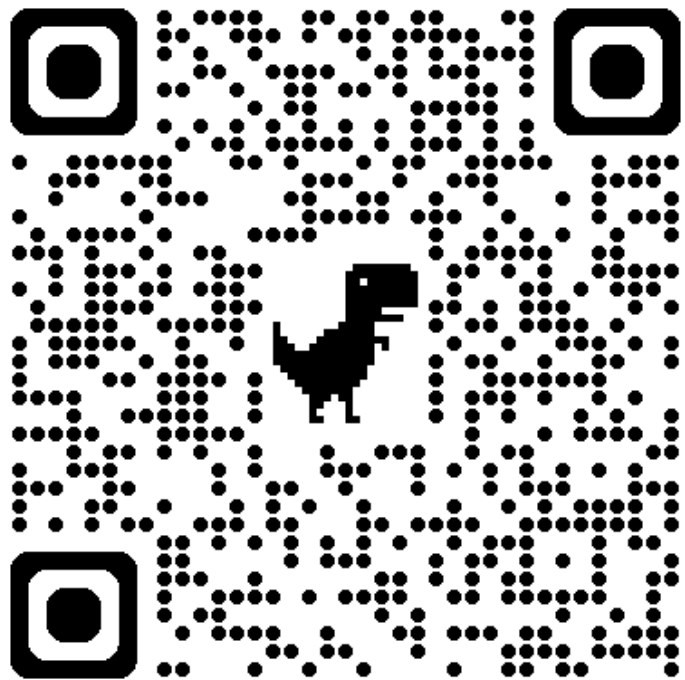
NEWS ▾

EVENTS



Home ▸ Projects

Transition Age Youth



Our Goals

To promote wellness and community participation of young people by integrating developmentally and culturally attuned services locally and nationally.

Area of Focus

- Community-based participatory action research
- Education & Employment
- Near-age peer support
- Training & consulting
- Youth voice leadership

2009-2014

- VVK conducts TAY IPS Focus Groups (Vorhies et al., 2012) to inform IPS adaptations for UMASS & Thresholds NIDILRR study proposal
- UMASS & Thresholds NIDILRR-funded adapted-IPS study (adding supported education & near-age peer mentors) for TAY with SMHC diagnoses in residential settings
- Publishes 2 papers: Ellison et al., 2015; Klodnick et al., 2015; & delivers several presentations & webinars

2015-2019

- Eshawn Spencer designs CORE (IPS transitional employment adaptation)
- VVK conducts CORE pilot study
- VVK consults on NIDILRR-funded UMASS+WESTAT study - produced IPS Young Adult Fidelity Scale
- VVK co-leads implementation of 2 CSC (& sister teams) at Thresholds
- Partner with Texas TAY SOC for adapted-IPS implementation in Texas (Cohen et al., 2020)
- Train providers across US in IPS adaptations for TAY

2020-now

- NIDILRR CORE study funded & successfully conducted. Produces journal article (Johnson et al., 2024) + practice materials.
- VVK invited to SAMHSA Policy Academy on TAY SE+SEd
- Invited to write policy paper on state of science & practice in SE in partnership with NASMHPD & SAMHSA
- Continue to train providers across country
- Starting new NIDILRR-funded study on internships for TAY with SMHCs with UMASS
- NIDILRR proposal under review to study CORE in partnership with EASA

Philosophical Shift 1 from:



Recovery

“A process of change through which individuals improve their health & wellness, live a self-directed life, and strive to reach their full potential.”

-SAMHSA

Discovery

“The act of finding or learning something for the first time: the act of discovering something.”

– Merriam Webster Dictionary



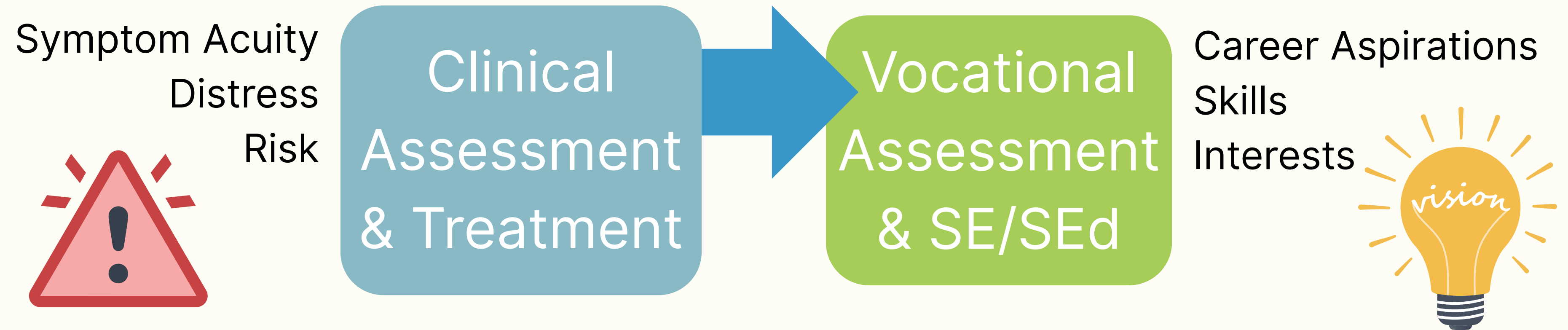
Drop any idea that symptom “insight”
&/or disorder “acceptance” matters.



**It's about insight into
self, who one is, & who
one is becoming.**



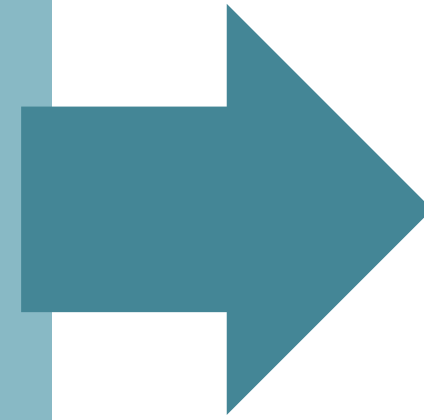
Philosophical Shift 2 from:



Not only value vocational engagement as much as clinical care engagement -
Put social & vocational **FIRST**.

Practice Shift 1:

Only deeply valuing
formal in-depth &
Clinical & Vocational
Assessment for
planning & support



Building a strong **Working
Alliance** & discuss evolving
vocational interests &
motivations while in action
all of the time.

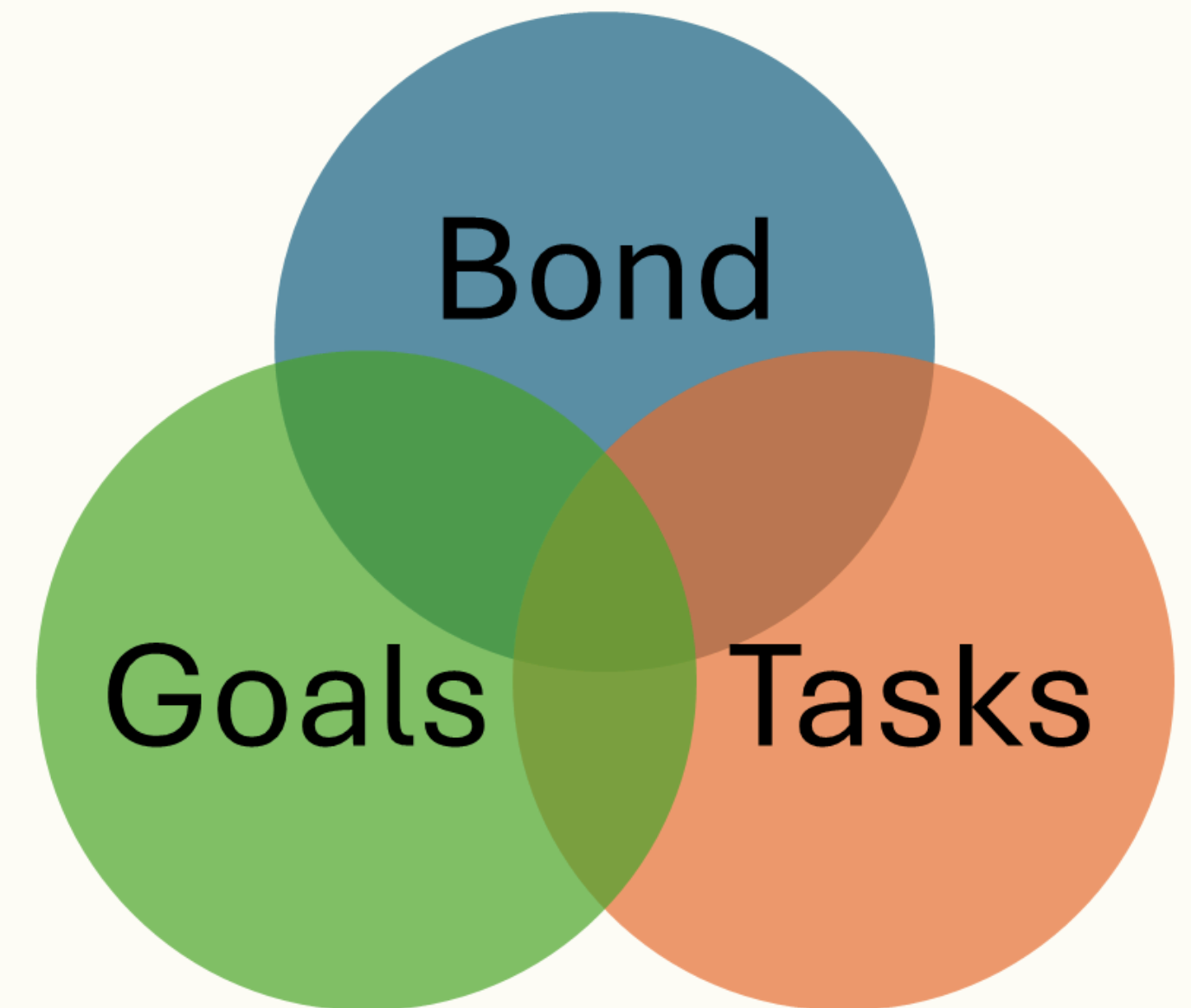


Team-based models ideal for this.



Build strong working alliances across team members & CSC clients.

- Co-develop vision for our work together
- Co-create, mutually equitable tasks
- Build & maintain strong connection rooted in mutual respect



Embrace the parallel processes!

Who is really
responsible for
supporting
young people
with work &
school?



Career is
everyone's
business.



(Re)define what it means to “tailor” & “coordinate” care

- (Re)consider who on the team is involved in IEP & 504 meetings. Determine who makes the most sense under what circumstances
- (Re)consider who is the best to partner with young person-identified supports
- (Re)consider who is the best person to support career exploration under which conditions

- This could be by any team member)
- Figure this out together as a team
- And - with your young people & their key supports


Involve Key Supports e.g., caregivers & other supportive people in shared decision-making when it makes sense related to work & school

Ask the important question(s):

Who might be helpful to you with this goal (or task)? Why? How?


Consider:

Who's helpful with instrumental needs? Who's good with emotional needs?



TIP Model Institute

Stars Training Academy serves as the purveyor of the Transition to Independence Process (TIP) Model®. The Transition to Independence Process...

 Stars Training Academy



Social Work in Mental Health >
Volume 21, 2023 - [Issue 2](#)

[Submit an article](#) [Journal homepage](#)

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218 Views

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Research Article

Integrating positive youth development into coordinated specialty care for a recent onset of psychosis

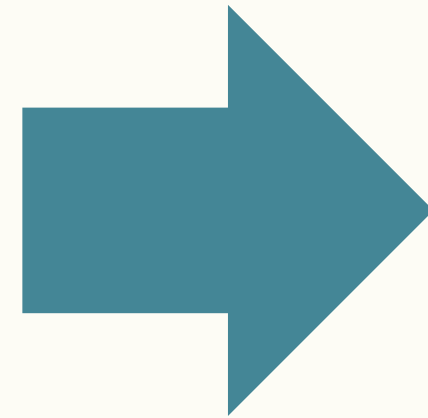
Vanessa V. Klodnick , PhD, LCSW, Rebecca P. Johnson, MA, LCPC, Deborah A. Cohen, PhD, MSW, Marc A. Fagan, PsyD, Patrice Patti Fetzer, LISW-S & Hewitt B. Rusty Clark, PhD

Pages 180-202 | Published online: 04 Sep 2022

 Cite this article  <https://doi.org/10.1080/15332985.2022.2118007> 

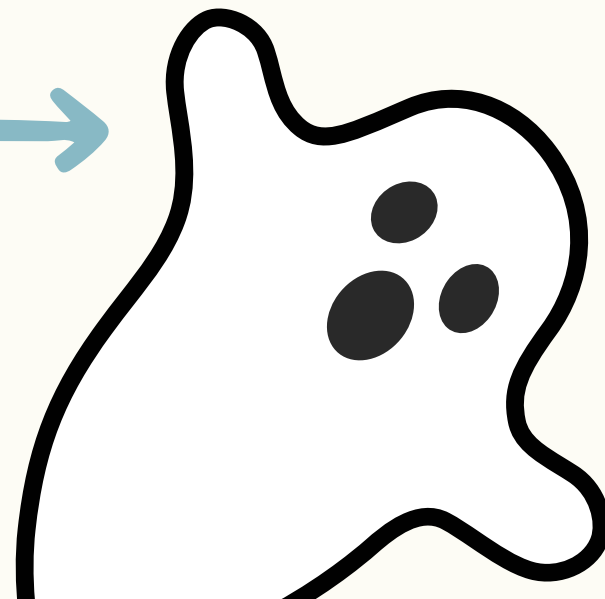
Practice Shift 2:

Focus on Planning & Defining Goals – then sticking to plan

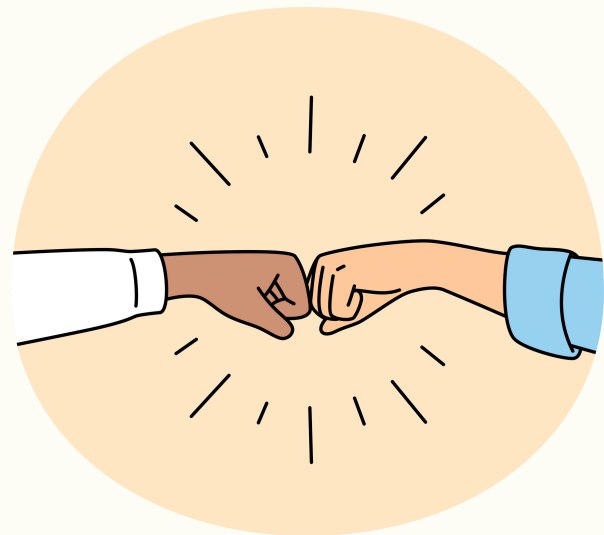


Going, Doing, Learning, Reflecting & embracing Change in focus & motivation

- Staff frustrated when TAY plans change
- TAY feel like providers are telling you what to do - *"We decided on this."*
- TAY not engaging



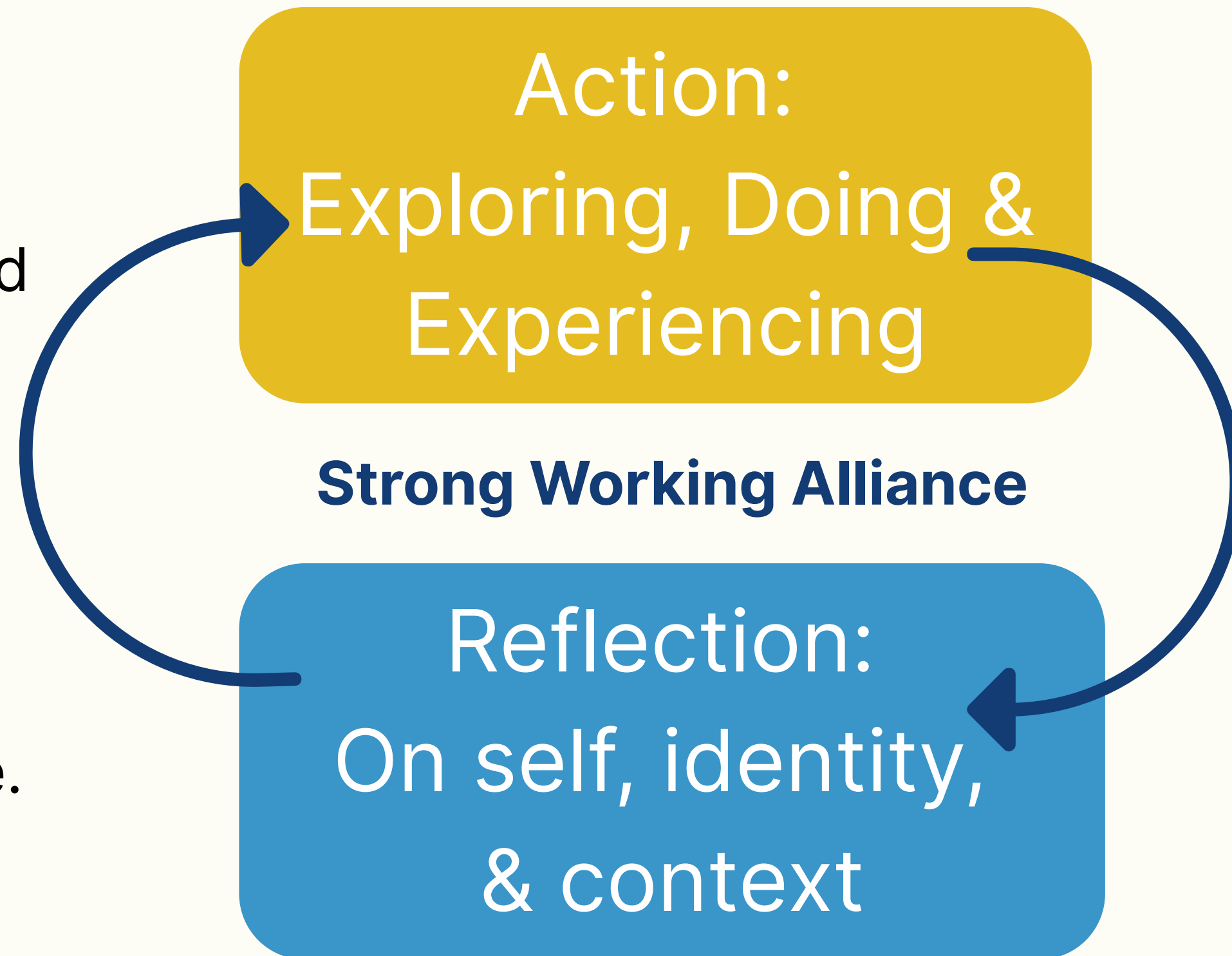
- Being creative & flexible
- Discovering & fostering motivation
- Celebrating
- Mutual sharing & bonding



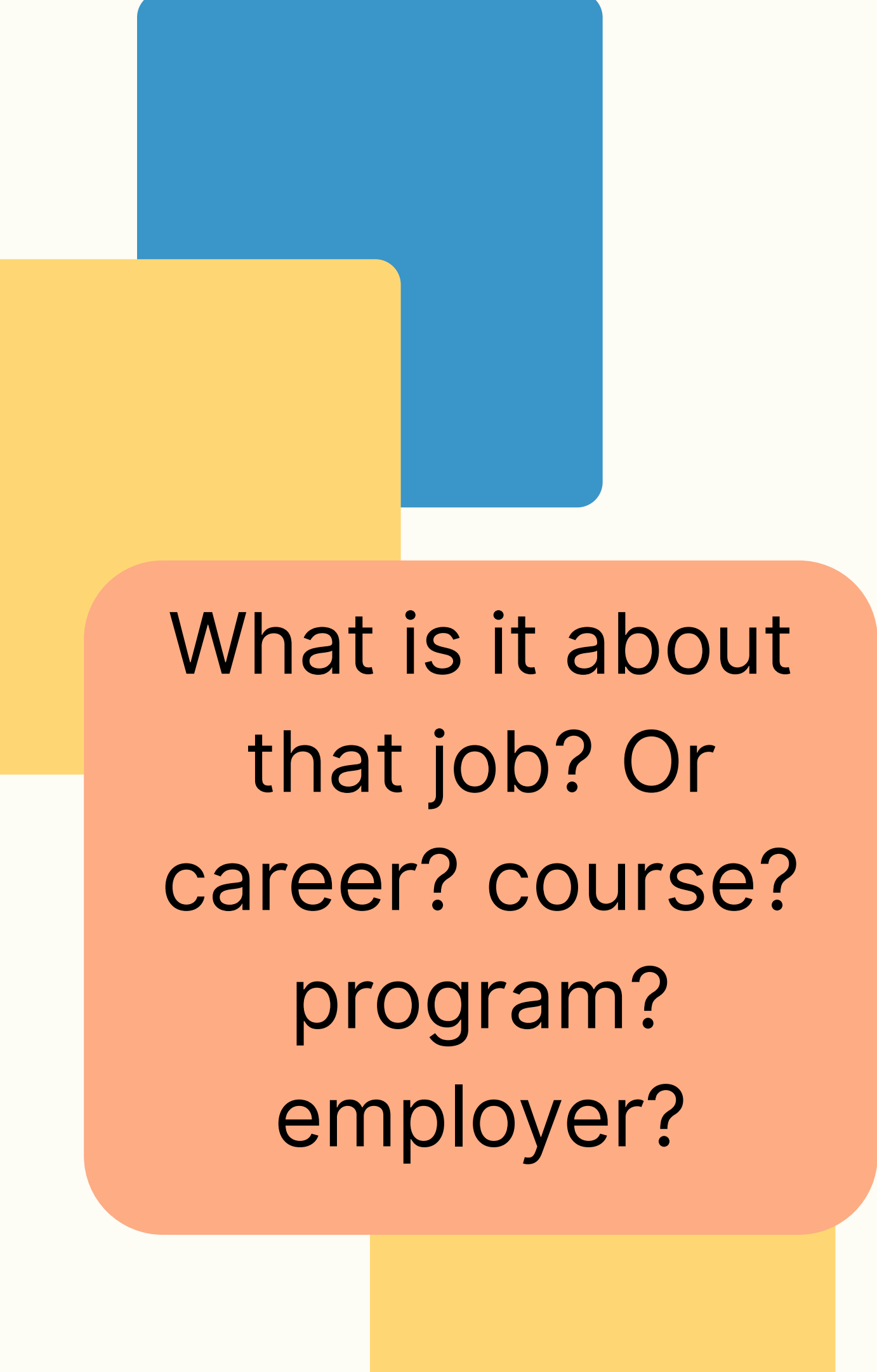
Promote Self-Discovery

Embrace ah-ha moments together around identity!

Recognize, celebrate, & integrate new self-knowledge.



= Self-Discovery



What is it about
that job? Or
career? course?
program?
employer?

Increase respect, understanding & trust

- Demonstrate genuine interest.
- Be Curious, not Critical. Make NO assumptions. Withhold judgement.
- Don't tell what to do. Don't list off the risk(s) associated with a choice or direction.
- Slow down. Go at their pace. Your agenda is not their agenda.
- Talk about what they want to talk about. Do what they want to do (within reason).

Promote Resilience

LUVR - simple but powerful.
Stop trying to drive change,
instead:

- Listen
- Understand
- Validate
- Relate

**Withhold judgement &
stop trying to fix.**





WOOP – for both exploring & planning for career

Wish

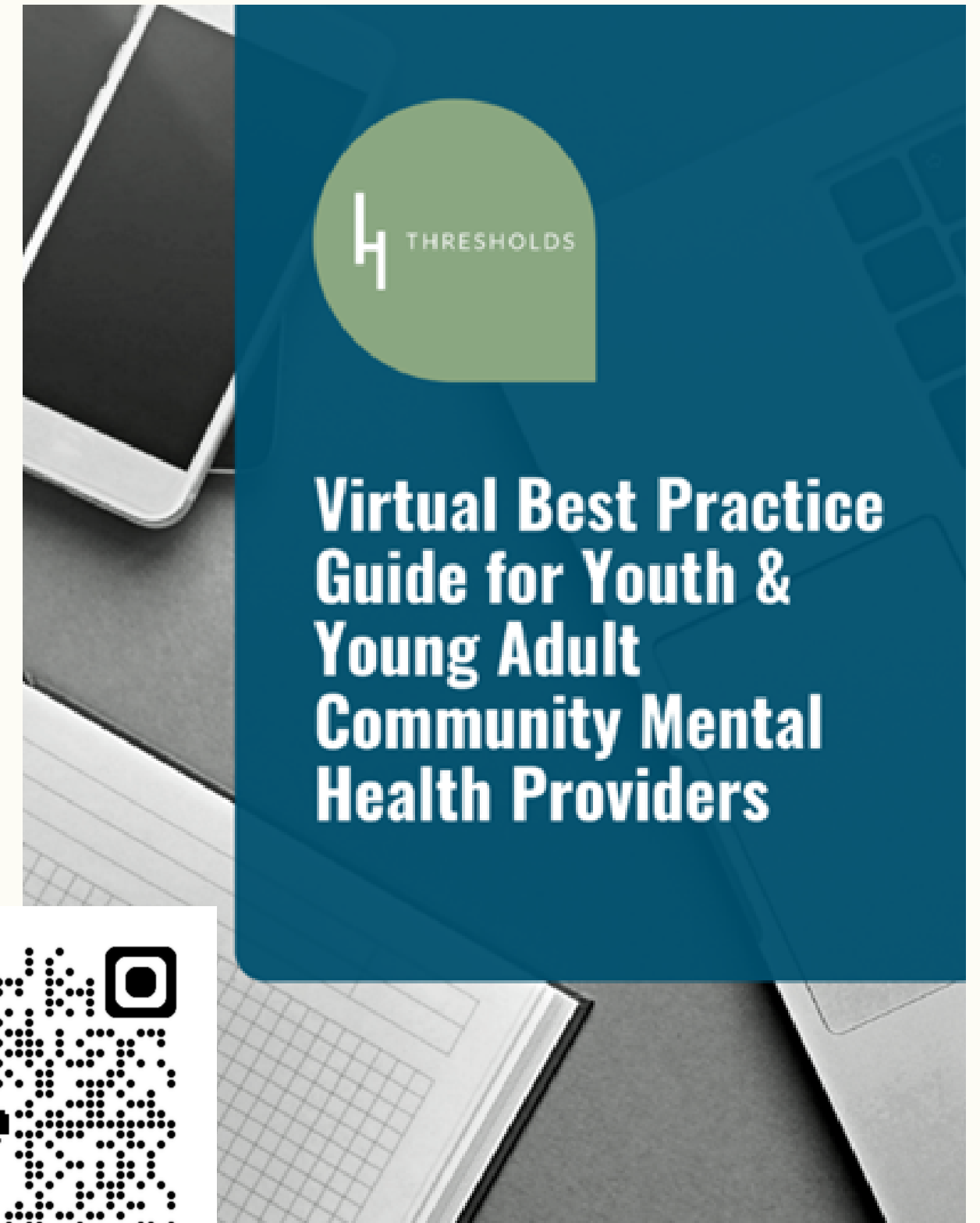
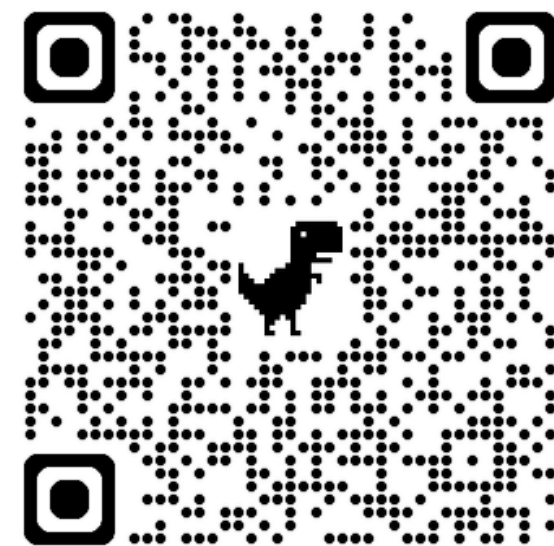
Outcome

Obstacle

Plan



Leverage Technology
to provide in-the-
moment support (aka:
troubleshooting &
encouragement)

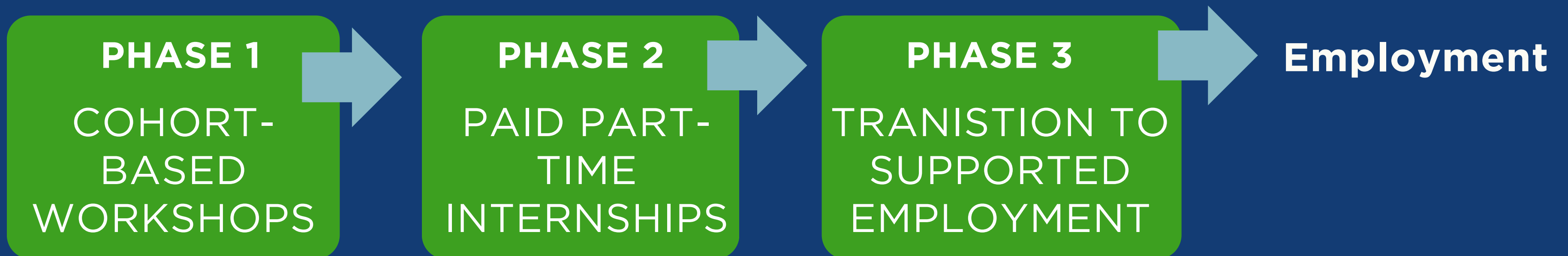


What is transitional employment?

- **Temporary** employment that prepares people for competitive employment (Wehman et al., 2020)
- Offered as **part of** Vocational Rehabilitation services (Parker-Wright & Gralian, 2024)
- **Associated with positive** employment outcomes (Cummings, 2023)
- **Fills gap** for people with disabilities who need additional support with transitioning into the workforce
- **Internships** are an example of transitional employment, & although common for TAY in the general population & those with disabilities (Riesen et al., 2022), **few are designed** to meet the unique needs of TAY with SMHC diagnoses

Career Opportunity Readiness Experience (CORE) Model Description

- CORE designed for those “not responding” to IPS SE.
- CORE runs in 15-week cycles with 8-10 TAY in 3 phases:



An Enhancement to Individual Placement and Support (IPS) Supported Employment for Transition Age Youth with Serious Mental Health Diagnoses: The Career Opportunity Readiness Experience (CORE)

Rebecca P. Johnson, Brianne LaPelusa, Abby Mayhue
Rebecca.Johnson1@austin.utexas.edu



BACKGROUND

Transition-age youth (TAY) ages 16-25 diagnosed with serious mental health conditions have low rates of employment. Individual Placement and Support (IPS) Supported Employment is the most widely used and empirically established Supported Employment model. However, IPS research findings are mixed with TAY. Many have called for interventions that are more age appropriate, focus on self-discovery, teach entry level employment skills and utilize peer support.

Thresholds, a community mental health provider in Chicago, IL, USA designed a transitional employment intervention to enhance IPS for TAY: the "Career Opportunity Readiness Experience" (CORE). This study examines the feasibility and acceptability of CORE at one community provider site with 6 TAY-serving programs including residential, community-based support teams and early psychosis coordinated specialty care.

METHODS

- The research team established a CORE Implementation Steering Committee that met once/week in year 1, twice/month in year 2 and once/month in year 3 with IPS and TAY Research Leadership.
- A full-time CORE coordinator and 2 part-time Vocational Peer Mentors were hired and trained to support implementation of CORE over a 3-year period.
- CORE recruitment, participation, and work and school engagement were tracked over a 3-year period.
- TAY completed interviews at CORE start, phase 1 end, phase 2 end, and 6- & 12-months post.

CORE MODEL

CORE runs in 15-week cycles with 8-10 TAY participants in three phases:

PHASE 1

COHORT-BASED WORKSHOPS

PHASE 2

PAID PART-TIME INTERNSHIPS

PHASE 3

TRANSITION TO SUPPORTED EMPLOYMENT

PARTICIPANTS

57 CORE participants at enrollment:

- 60% had a high school diploma or GED
- 16% had completed some high school
- 21% had completed some college
- 83% had 1 or more prior psych hospitalizations
- 81% had previous criminal justice involvement
- 31% had aged out of child welfare system at 21
- 49% had previously been enrolled in IPS
- 21.5% had some employment history

ACKNOWLEDGMENTS

CORE team, Thresholds leaders and staff, CORE participants, study mentors and our funder, NIDILRR (90IFRE0032).

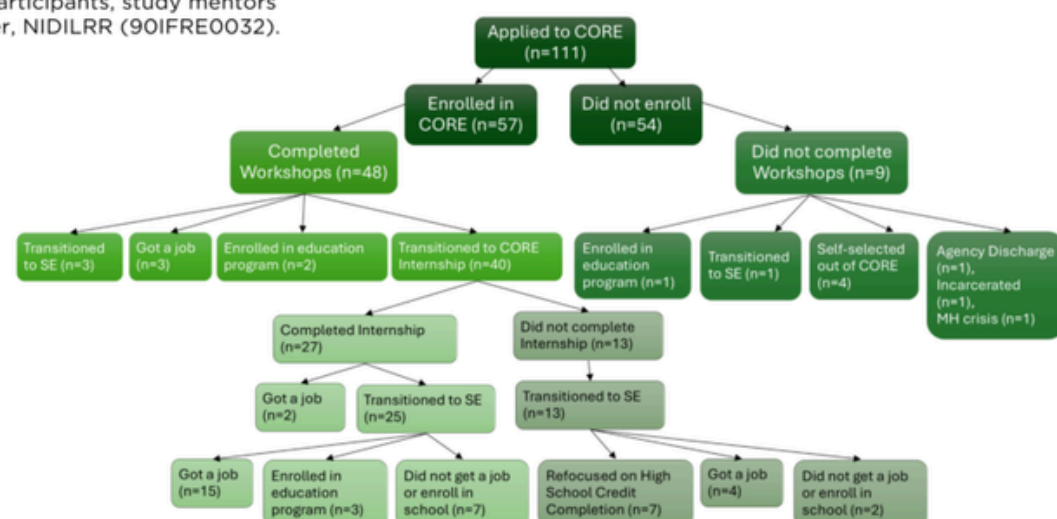
RESULTS

CORE is feasible - 9 CORE cycles were conducted over a 3-year period with 57 participants. CORE does not threaten IPS Fidelity, but can be challenging to implement without strong clinical and employment division partnership.

Most (97%; 55 of 57) who enrolled in CORE experienced positive outcomes within six-months of CORE completion:

- 74% (n = 42) enrolled in SE
- 42% (n = 24) secured employment
- 23% (n = 13) enrolled in a post-secondary education program

CORE participant engagement and outcomes did not follow the linear path. See figure below.



CORE Study Outcomes

- CORE is feasible! 9 cycle conducted over a 3-year period with 57 participants
- 97% (55 of 57) had positive outcomes within 6-months of CORE:
 - 74% (n = 42) enrolled in SE
 - 42% (n = 24) secured employment
 - 23% (n = 13) enrolled in a post-secondary education program
- CORE participant engagement & outcomes did not follow a linear path.

CORE Resources



CORE

Career
Opportunity
Readiness
Experience

Operations Manual

CORE

Career
Opportunity
Readiness
Experience

Workshop
Facilitation Guide

**Tips for
Effective Use
of Email**



Career is
everyone's
business.

Thank you!

Contact me via email:

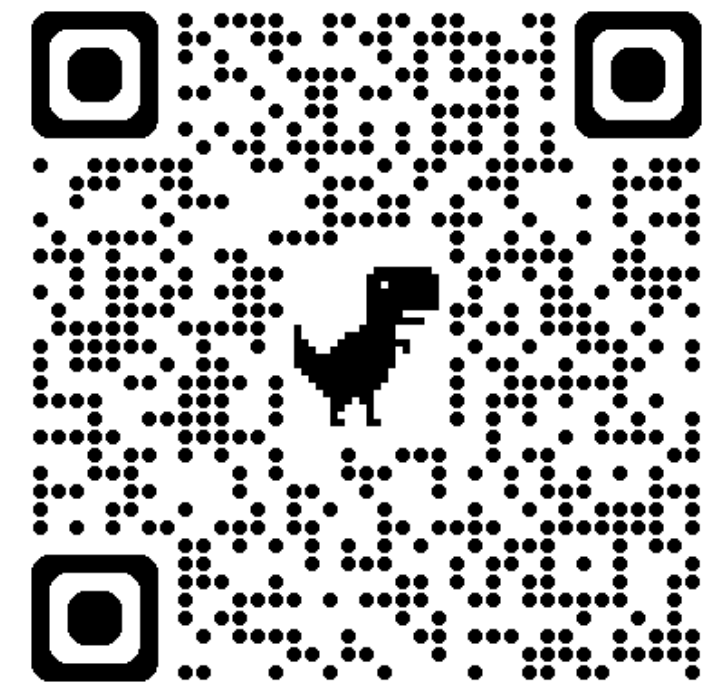
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<https://www.linkedin.com/in/vvklodnick/>

Visit our website:

<https://www.tiemh.org/projects/transition-age-youth/>



Develop better vocational goals & objectives by exploring goal(s).

Goal: I want to graduate from high school.

VERY COMMON GOAL - but is it reasonable for the next 6 months?

Ask Joe, what needs to happen to graduate from school? What's preventing this? What would help with this? Why? How?

Objective: Joe will meet with his SEES weekly.

VERY COMMON GOAL - but is this really Joe's objective? Is this really what he needs to do to graduate from high school?

Listen to Joe's responses to what needs to happen to graduate - and explore with him how you might help him to do those things.

Objective: Joe will learn coping skills to manage his symptoms at school.

VERY COMMON GOAL - but is this really Joe's objective? Is this really what he needs to do to graduate from high school?

Consider school related tasks and activities that Joe needs support with - make those objectives with Joe. Make sure Joe agrees.