

# *Trainer's Notes*

## Working with W-2 Participants with Mental Illness

---

### **Purpose**

This course assists you in working more effectively with W-2 participants who live with mental illness.

### **Objectives**

Upon completion of this course, you will be able to:

- Explain the purpose and promote the benefits of assessments that identify the potential for mental illness;
  - Apply mental health assessment results to help you and the W-2 participant make informed decisions;
  - Implement strategies to engage individuals with mental illness appropriately; and
  - Work collaboratively with mental health providers to obtain practical information.
-

**Table of Contents**

**TABLE OF CONTENTS..... 2**

**INTRODUCTION ..... 5**

My Thoughts ..... 6

Where Am I Right Now? A Self Evaluation ..... 7

**MENTAL ILLNESS OVERVIEW ..... 9**

Signs and Symptoms ..... 11

What to Do as a W-2 Worker ..... 12

*Strategies and Interaction Tips Blast Activity*..... 12

**ASSESSMENT ..... 14**

Informal Assessment..... 14

Addressing Stigma ..... 15

Risks and Benefits of Disclosure ..... 16

Formal Assessment ..... 17

Cultural Implications..... 20

**COLLABORATING WITH MENTAL HEALTH PROVIDERS ..... 24**

W-2 Forms..... 24

The Provider’s Perspective ..... 27

**WORKING WITH FORMAL ASSESSMENT RESULTS..... 29**

Reviewing Formal Assessment Results..... 29

Discussing Formal Assessment Results ..... 33

Applying Formal Assessment Results ..... 35

Identifying Accommodations ..... 36

**ENGAGEMENT IN ACTIVITIES ..... 40**

Coping Strategies for Dealing with Mental Illness ..... 40

**WHERE AM I NOW? ..... 42**

Re-visit the Self-Evaluation ..... 42

**TN APPENDIX A – DISCUSSION DICE: FROM THE FIELD..... 45**

**TN APPENDIX B – FORMAL ASSESSMENT ..... 47**

**TN APPENDIX C – MAKE THE CASE ..... 53**

**TN APPENDIX D – MENTAL HEALTH ASSESSMENT AND ONLINE RESOURCES ..... 55**

**TN APPENDIX E – ACCOMMODATION ASSOCIATION ..... 63**

**Materials**

---

- Laptop, speakers, and projector
- White board or flipchart with appropriate markers
- Painter's tape
- Tabletop items – name tents, markers, pens/pencils, etc.
- Sign-in sheet
- Course evaluations
  
- The Provider's Perspective video – Can be downloaded from the "Trainers\_Resources" folder on the ROCK (<https://share.dcf.wisconsin.gov/cake/bwfp/Documents/Forms/AllItems.aspx>)
- CPS unit and remote clickers
- CPS quiz saved to laptop
- PowerPoint saved to laptop
  
- Markers for activities
- Interactions Tips Blast Activity
  - Blank paper
- Discussion Dice From the Field Activity
  - Dice (1-2 per table)
  - Handout from Trainer Appendix A (1 per table)
- Responding to Concerns Activity
  - Participant Statements from TN Appendix B
- Make the Case Activity
  - One printed worksheet per learner from TN Appendix C
  - *Optional:* sheet protectors or dry erase pockets for the worksheets, dry erase paddles instead of the sheets, dry erase markers
- Online Resources Activity
  - Printed set of website cards from TN Appendix D
  - Clothespins or stands to display each card
- Discussing Results Traffic Lights Activity
  - Sheets of paper or large sticky notes in green, yellow, red/pink colors (one of each color per learner)
- Accommodation Association Activity
  - One set of limitations and accommodations cards from TN Appendix E per group
- Coping Strategies Activity
  - One spinner per table (spinners must have 8 sections)

***Suggested Pace***

---

This is a 6-hour course. The following agenda is the suggested pace for the day.

9:00 – 9:45: Introduction through Signs and Symptoms

9:45 – 10:05: What to Do

10:05 – 10:20: Assessment/Informal Assessment

*10:20 – 10:35: Break*

10:35 – 11:30: Formal Assessment

11:30 – 11:45: Collaborating with Mental Health Providers (through From the Field)

11:45 – 11:50: Two-Minute Paper

*11:50 – 12:50: Lunch*

12:50 – 1:15: The Provider's Perspective

1:15 – 1:50: Reviewing a Formal Assessment

1:50 – 2:10: Discussing Formal Assessment

2:10 – 2:15: Applying Results (introduction)

*2:15 – 2:30: Break*

2:30 – 3:15: Identifying Accommodations

3:15 – 3:45: Engagement in Activities

3:45 – 4:00: Where Am I Now, Two-Minute Paper

## Introduction

---

### ☀ PPT 1

Good morning and welcome to the Working with W-2 Participants with Mental Illness course.

This course will assist you in working more effectively with participants who live with mental illness. We know that mental illness can be a sensitive topic, and it is important to respect each other's privacy. It is okay to pass on participating in an activity.

We are going to begin today with introductions by going around and stating our names.


**Note to Trainer:** Due to the full schedule of this course, do not spend a lot of time on introductions. If you want additional learner information, instruct learners to include that information on their name tents.

---

**My Thoughts**

---


 PPT 2 PG 4

 Please think to yourselves for a minute if you have done any of the following in the last year:

- Went to the doctor.
- Were admitted to a hospital for any reason.
- Took any medication.

Raise your hand if you are willing to tell the person next to you or the whole class if you've done one or all these things.

**Ask** How would it feel to answer these questions in a group setting?

 Next, we want you to think to yourself. Have you done any of the following in the last year:

- Saw a mental health professional.
- Took any psychiatric medications.

Raise your hand if you are willing to tell the person next to you or the whole class if you've done one or all these things.

**Ask** How would it feel to answer these questions in a group setting?

**Debrief Questions**

- What makes the second set of questions different from the first?
- Why might someone be more willing to answer one set of questions than the other?
- How can we relate this to a participant's experience of having mental illness?

**Ask** How many of you are familiar with the term "stigma"?

It's defined as a mark of disgrace or shame associated with a circumstance, quality, or person. Stigma regarding mental illness can be social, which is the prejudiced attitudes others have around mental illness; and self-perceived, which is the internal stigma that person with mental illness has. Stigma is everywhere and often can be worse than the illness itself. It can make it harder for a person with mental illness to work, make friends, and live a typical life.

Before we move forward, take a moment to write down your thoughts and ideas about disclosing physical and mental health issues in the space provided in your Participant Guide.

**Mental Illness Defined**

---

 PPT (mute) PG 4

Mental illness refers to a wide range of mental health conditions – disorders that affect mood, thinking, and behavior. Mental illness includes depression, anxiety disorders, schizophrenia, eating disorders, and addictive behavior. Mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Please read the second paragraph in your Participant Guide (from the Mayo Clinic) to yourself.

**Ask** What is the key to help determine if a concern is becoming an illness?

*Answer: frequency and severity.*

---

**Where Am I Right Now? A Self Evaluation**

---

 PPT 3 PG 5

**Reminder to trainer:** This activity can bring up sensitive issues or feelings, and therefore should be conducted in a respectful and thoughtful manner.

Before going any further, think about perceptions you may have about working with participants with mental illness.

Review the Where Am I Right Now? self-evaluation questions in your Participant Guide and complete them. As you are completing the questions, record your initial reactions and answer honestly. Your answers will be respected and used to build understanding as we work through today's training. We will give you three minutes to answer the questions.

**Note to Trainer:** Give the class three minutes to compose their answers, then ask them to stop working and share anything they are comfortable sharing with someone next to them, behind them, etc. After a brief exchange in groups of two or three, direct their attention to the large group.

**Ask** Who is willing to share any of your self-discoveries with the group?

Possible answers given by other trainees:

**Where Am I Right Now? A Self-Evaluation**

1. **I typically respond to W-2 participants whom I perceive as having a mental illness by \_\_\_\_\_.**

*Asking questions; listening*

2. **I believe W-2 participants with mental illness are \_\_\_\_\_.**

*Not always in control of emotions or rational thinking; employable*

3. **I am concerned about working with W-2 participants who have mental illness because \_\_\_\_\_.**

*Unpredictable; don't want to admit a problem; depression is different for each person*

4. **I do not understand why W-2 participants with mental illness have to \_\_\_\_\_ (issue of actions and behaviors).**

*Say they hate people or can't be around anyone; believe they can't take steps to move forward; believe they can't do anything; inconsistent assessments*

5. **I am comfortable/uncomfortable (circle one) working with W-2 participants with mental illness because \_\_\_\_\_.**

*Comfortable – it's not uncommon; a lot of people have them; Uncomfortable – are they lying or telling the truth; how bad is it; should I be pushing it*

Understanding your own perceptions of mental illness is an important step in understanding and working with participants with mental illness. Oftentimes, perceptions are not reality. Keep in mind not only the stigma that participants may feel, but also how our perceptions could affect your ability to build a relationship of trust with them.

So, what is the reality of mental illness? Let's explore some myths and facts about mental illness and common signs or symptoms.



---

## Mental Illness Overview

---

 PG 6

### *CPS Activity: Myths and Facts Quiz*

**Purpose:** To generate and guide discussion on mental illness.

**Materials:** CPS Units, CPS File for “Mental Illness Overview” activity

**Estimated Length:** 15 minutes

**Directions to Trainer:** Open the CPS file for the “Mental Illness Overview” activity. Display questions one at a time. After all learners have answered, or 20 seconds have passed, share the results. Repeat for all questions.

**Trainer Instructions to Learners:** We are going to answer some true or false questions related to mental illness. Use the clicker in front of you to answer each question as it appears on the screen. When you see a question displayed, select and submit your answer.

**Note to Trainer:** Provide the information in italics below each statement if needed for clarification based on learners’ responses. For example, if learners all choose the correct response, no additional clarification may be needed. However, if there are any incorrect answers, it is advisable to provide the italicized information.

Your participant guide contains the same true and false questions we will display on the screen. As we go through the answers to each one, think about how the facts compare to your perceptions about mental illness.

1. About one in five adults in the U.S. experience mental illness in a given year

**True** – This is a statistic from the National Institute of Mental Health (NIMH).

2. People with mental illness cannot endure the stresses of full-time employment.

**False** – Employers who hire people with mental health conditions report good attendance and productivity that is on par with other employees. Source: [mentalhealth.gov](http://mentalhealth.gov).

3. 50% of mental health conditions begin by age 14.

**True** – Additionally, on average, it takes 10 years between the onset of symptoms and when a person receives treatment. Sources: NAMI, Mental Health America

4. The World Health Organization (WHO) has reported that mental illness is a cause of one in ten disabilities.

**False** – It is the cause of four in ten cases of disability. It could be a significant portion of W-2 participants. People with disabilities can, with reasonable accommodation, participate in W-2, find work and support themselves. Source: NAMI

5. In the U.S., only 41% of people who had a mental disorder in the past year received professional health care or other services.

**True** – Think about what would happen if we did that for physical illnesses. Source: National Council for Behavioral Health

6. A mental health condition is usually the result of a single traumatic event in life.

**False** – “A mental health condition isn’t the result of one event. Research suggests multiple, interlinking causes. Genetics, environment and lifestyle combine to influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime. Biochemical processes and circuits as well as basic brain structure may play a role too.” Source: NAMI

7. Feeling sad or withdrawn for more than two weeks may be a sign of a mental health condition.

**True** – Source: mentalhealth.gov

8. Treatment for mental illness may involve psychotherapy, medication and complementary health approaches.

**True** – Complementary health practices include volunteer work, social engagement, dietary changes, physical exercise, yoga and meditation. Source: NAMI

9. People who live with mental illness are likely to commit violent crimes.

**False** – In fact, people with mental health problems are more likely to be victims of violent crime than the general population. Only 3% – 5% of violent acts can be attributed to individuals living with serious mental illness. Source: mentalhealth.gov

**Discussion Points**

- What surprised you about these statistics?
- Refer back to the self-evaluation you just completed. How do these facts align with your perceptions? (You don't need to answer out loud)

---

**Signs and Symptoms**

☀ PPT 4

📄 PG 7

Signs and symptoms of mental illness vary. Mental illness symptoms can affect emotions, thoughts, perceptions, and behaviors. Knowing the difficulties of a participant living with mental illness helps you be more effective at doing your job. Diagnosing mental illness is **NOT** part of your job description.

As we run-through some common signs and symptoms of mental illness, fill in the blanks in your participant guide.

- 🖱 Feeling sad or down for **prolonged** periods
- 🖱 **Confused** thinking or **reduced** ability to concentrate
- 🖱 **Excessive** fears or worries, or **extreme** feelings of guilt
- 🖱 **Extreme** mood changes of highs and lows
- 🖱 **Withdrawal** from friends and activities
- 🖱 Significant tiredness, **low** energy, or **difficulty** sleeping
- 🖱 Alcohol and/or drug **abuse**
- 🖱 **Excessive** anger, hostility, or violence
- 🖱 Suicidal **thinking**

These symptoms, by themselves, are not necessarily signs of mental illness—unless they are causing significant distress or disruption to people's lives. These are signs that you may need to look longer and deeper at a participant's situation.

**Ask** Which of these signs or symptoms have you seen most often?

In most cases, symptoms can be managed with a combination of medications, therapy, and lifestyle adjustments.


This course does not provide in-depth information about signs and symptoms of specific mental illnesses. For more information, you can view the Chronic Medical Issues course listed in your Participant Guide, refer to Appendix A of your Participant Guide, or view some of the websites listed in the resource section.

Now, that we've discussed some of the signs and symptoms, let's discuss what you can do as a W-2 worker.

---

### What to Do as a W-2 Worker

---

 PPT (mute)

 PG 8

You may notice some of these signs and symptoms during an initial meeting with a participant or further into the case management process. At times, a participant's symptoms may get worse, leading to escalating tension or shutting down and becoming withdrawn.

**Ask** How many of you have had a situation escalate while you were meeting with a participant?

**Ask** How many of you have had a situation where a participant is withdrawn and doesn't participate?

Let's identify some tips to try when interacting with participants in these kinds of situations.

---

### *Strategies and Interaction Tips Blast Activity*

---

 PPT 5

**Purpose:** Identify interaction tips and strategies to use when working with participants with mental illness that provide a safe and positive climate and culture.

**Materials:** Participant Guide, pen

**Estimated Length:** 10 minutes

**Directions to Trainer:** Divide the class into groups of 3-4, depending on the size of the class. Groups brainstorm strategies and interaction tips for working with participants

with mental illness. Each group designates one person as the group spokesperson. Learners have three minutes.

**Directions to Learners:** In a moment, we will put you into a group. Work with your group to brainstorm strategies and interaction tips to use when working with participants with mental illness. Record your answers in the blank space provided in your Participant Guide. The person in your group whose birthday is closest to today will be the designated spokesperson. You have three minutes.



What are some strategies and interaction tips to use when working with participants with mental illness?"

*Possible answers:*

**Note to Trainer:** Add any strategies/interaction tips not mentioned.

- Stay calm, and let it show in your voice. Maintain your normal tone and volume.
- Decrease stimulation – background noise, foot traffic, room clutter, etc.
- Give the person extra time – to process information and gather his/her thoughts.
- Regularly check for understanding using open ended questions. What does this mean to you?
- Offer supportive resources - and ask what you can do to assist them in getting connected to those resources.
- Explain what you can do and what you cannot do to help.
- Communicate each step.
- Validate feelings – acknowledging and supporting feelings.
- Ask for help – ask permission to get a colleague to join you. “I’m not sure how to answer your concern. I’d like to ask \_\_\_\_\_ to join us, just in case we need their input.”
- Agree upon a discreet code phrase that you and colleagues can use to communicate that you need help or support in an appointment.

### **Discussion Dice: From the Field**



PPT 6



PG 9



TN Appendix A (45)

**Purpose:** Review tips from other W-2 agencies and discuss similarities and differences among their agency and individual practices.

**Materials:** One Discussion Dice handout and a die for each table.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Give learners 1-2 minutes to read through From the Field examples individually. It's okay if learners haven't finished reading after 2 minutes. Learners roll the die to determine which Discussion Dice questions to answer. The trainers do not need to debrief the group discussions. Give learners 5 minutes total for reading and discussion. Discussion Dice: From the Field occurs four times in this class.

**Trainer Instructions to Learners:** Read through the From the Field examples regarding interaction tips in your guide. Pay attention to what worked well and how the approach is similar to or different from what you would do. When everyone at your table is done reading the examples, take turns rolling the die and answering the corresponding question on the Discussion Dice sheet. Continue around your table, taking multiple turns, until we call time.

---

## Assessment

 PPT (mute)

 PG 10

Remember, when you recognize certain signs or symptoms in a participant, it doesn't necessarily mean the participant has a mental illness. You have multiple ways to use informal and formal assessment, which helps you gather more information. Creating that safe and positive climate and culture we mentioned before increases a participant's willingness to share their story. This, in turn, helps you guide the participant through the program.

Think back to the opening exercise on stigma where we asked who would share if they had been to a medical doctor or a mental health professional.

**Ask** When someone is physically sick or hurt, how do most people react?

*Possible answers:*

- *Ask how they can help.*
- *Bring you food.*

**Ask** When someone is not well mentally, how do most people react?

*Possible answers:*

- *Stay away.*
- *Tell them to snap out of it.*

---

## Informal Assessment

 PG 10

Those reactions are why it may be difficult to gather information from a participant about any possible mental illness. Informal assessment is continuous, individualized, and process-based, allowing you to maintain a personal approach. Because informal

assessment is flexible and allows multiple approaches, it is a great way to start putting together the pieces of a participant's story.

Let's share some ways to use informal assessment that help you learn more about what a participant is experiencing regarding a potential mental illness. We have some approaches in your Participant Guide to get you started. The approaches include:

- Ongoing conversations
- Open-ended questions, such as, "Describe your typical day or week?"
- WWP driver flow
- Questions on the WWP Participant Barriers page
- Reports for workshop facilitators, worksite supervisors, etc.

**Ask** What approaches to informal assessment have helped you learn more about what a participant is experiencing regarding a potential mental illness? See if you all can come up with at least as many as we did. Add them to the list as we go.

Now we are going to switch gears a little and discuss how you, as a Case Manager, can address the stigma surrounding mental illness.

---







## Addressing Stigma

 PPT 7

 PG 11





Remember that stigma often can be worse than the mental illness itself. No matter your approach to assessment, a participant may be reluctant to discuss what is going on. You need to address the issue of stigma, be mindful of your own perceptions regarding mental illness, and create an environment that fosters disclosure.

The consequences of stigma can affect a person with mental illness in the following ways:

-  Increased isolation;
-  Exclusion from everyday activities;
-  Harder to get or keep a job;
-  Belief that the situation will not improve;
-  Reluctance to seek help; and/or
-  Deterioration of physical health.

 PPT 8

You can help reduce the stigma around mental illness for participants during your conversations. What could you say or do during a conversation to address and ease the issue of stigma? There is space in the Participant Guide to write suggestions for addressing stigma. I'll give you a few tips to get started.

-  They not alone. 1 in 5 Americans will have a diagnosed mental illness in their lifetime.
-  The participant decides whom to tell about the mental illness.
-  Use people first language. A person has a mental illness, but it does not define a person.
-  Discuss the risks and benefits of disclosing a mental illness.

**Ask** What are some other suggestions for addressing stigma?

*Possible answers:*

- *A single factor does not cause mental illness.*
- *Mental illness is not caused by something the participant did.*
- *Praise the participant for seeking help.*

---

### Risks and Benefits of Disclosure

---

 PPT 9 PG 12

We mentioned discussing risks and benefits as a way to address stigma. When discussing the risks and benefits of disclosing a mental illness, it may be helpful for the participant to create a list.

**Note to Trainer:** Record learners answers to each question on the whiteboard.

**Ask** What might a participant consider to be some **risks** of disclosing a mental illness to a FEP, friend, or family member?

 *Possible answers:*

- *Increased vulnerability*
- *Might be excluded from social activities*
- *Face discrimination in W-2 activities, other community agencies, employment, housing, etc.*
- *Worry that others think they are a bad parent*
- *Harassment*



**Ask** What might a participant consider to be some **benefits** of disclosing a mental illness to a FEP, friend, or family member?

 Possible answers:

- Spend less energy keeping it a secret
- Don't have to hide or explain confusing behavior
- Release personal shame
- Feel less alone and find support from others
- Appropriate assignment of activities for W-2
- Accommodations can be provided for work sites and employment

As you can see, we listed plenty of benefits and risks. Ongoing informal assessment can help you learn more about what is going on with participants, even if they aren't ready to disclose specific details right away.

---

## Formal Assessment


 PPT 10

 PG 13

The information you gather from the informal assessment process is a good start to the participant's story. Based on what the participant had to say and their answers to questions on the **Participant Barriers** page in WWP, you may need to discuss a formal assessment.

---

### Formal Assessment Part 1 – The Form

 PG 38-39 (Appendix B)

 TN Appendix B (48-49)

**Purpose:** Re-familiarize learners with the content included in the W-2 Formal Assessment Agreement form.

**Materials:** Blank copy of the W-2 Formal Assessment Agreement located in TN and PG Appendix.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Learners review the form individually, looking for something that stands out or brings up questions from participants. Learners then share their observations. Give learners up to five minutes to review the form.

**Trainer Instructions to Learners:** When you refer a participant for a formal assessment, they must sign the formal assessment agreement form. Take a few minutes to read through the form and highlight anything that stands out to you because

you may have forgotten it was mentioned or because it is something that brings up questions from participants.

**Ask** Who is willing to share what stood out to them?

### *Formal Assessment Part 2 – Tips for Positive Explanation*

 PPT 11


 PG 13

**Purpose:** Introduce learners to tips for explaining the formal assessment process positively while allowing them to identify the tips they already use and learn how to use other tips.


**Estimated Length:** 10 minutes

**Directions to Trainer:** Learners review the tips in the Participant Guide and initial ones they have used with participants. Give learners 2-3 minutes for this piece. Then, learners mingle with each other looking for someone who has used a tip that they did not initial. Learners complete this process two more times. Have them sit down after they have interacted with three different partners.

**Trainer Instructions to Learners:** Often, it is easier for a participant to agree to a formal assessment if they are already working with a provider. If the participant has never sought help before, it may take some extra finesse to address the stigma and get them to understand the benefits. No matter the situation, it is important to explain the formal assessment process in a positive light and highlight the benefits of gathering more details. For example, you could consider having an information sheet with mental health programs in the area as well as tips on how to choose one available for participants.

 In your Participant Guide, there is a list of tips that can help you explain the formal assessment process positively. Many of these tips were examples from various W-2 agencies including America Works, Forward Service Corporation, MAXIMUS, EQUUS, Ross, Workforce Resource, and Workforce Connections. Take a couple minutes to read through those tips and put your initials next to ones that you have used with participants.

**[Give 2-3 minutes for this.]**

 Next, grab your Participant Guide and pen and find someone in the room who put their initials next to a tip that you haven't tried. After you find a partner, share with each other how you have used a tip your partner hasn't tried, add your initials next to the tip you shared on your partner's list, then move on to find a different partner and repeat the process. After sharing with three different partners, return to your seat.

### Formal Assessment Part 3 – Video

 PPT 12

 PG 14

 TN Appendix B (50-51)

Using the tips we just talked about not only helps put the formal assessment process in a positive light, but also can help address concerns a participant may have. Next, we will watch a video that shows a conversation between a FEP and a participant about agreeing to a formal assessment. While watching this video, listen for the tips used by the FEP and think about how the FEP covered the benefits of the assessment while addressing the participant's concern.

 **Click** to start the video.

**Note to Trainer:** Video is approximately 5 minutes. The video script is located in the TN Appendix.

#### Debrief Questions

Which of the tips did the FEP use in this conversation?

*Possible Answers:*

- *Gained insight to participant's concerns*
- *Ensured confidentiality*
- *Explained the benefits*
- *Reviewed the mental health report form*
- *Stated the results will create a better picture*

How did the FEP highlight the benefits of a formal assessment while addressing the participant's concerns?

*Possible Answers:*

- *Validated feelings while reminding participant of her concerns*
- *Reiterated who will see the information and that participant has control of whom to tell*
- *Ensured they would make decisions together*
- *Provided a list of area professionals with tips for choosing a counselor*

---

**Formal Assessment Part 4 – Responding to Concerns**

---

 PPT (mute)

 TN Appendix B (52)

**Purpose:** Formulate a response to typical concerns from participants by putting the tips from this section into practice.

**Materials:** The participant statements from the TN Appendix, cut apart.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Have learners work with a partner. Give each pair a slip with the participant statement on it. Allow pairs up to five minutes to read their statement and formulate how they would respond.

**Trainer Instructions to Learners:** Now that you saw how to respond to a participant's concerns, you have a chance to practice this with a partner. We will give each pair a slip of paper that has a statement from a participant about a concern they have with obtaining a formal assessment for mental health. Together, review the statement and formulate a response using what you have learned about addressing concerns while keeping the conversation positive. Be prepared to share. You have three minutes. Go ahead and find your partner now.

**Ask** What questions can I answer before we begin?

Let's hear the responses to your statements. When I call on your group, please share your statements and the responses your group came up with.

**Ask** Did any pair had trouble coming up with a response. (If so, ask them to read the statement and ask the rest of the class for possible responses.)

---

**Cultural Implications**

---

 PPT 13

 PG 14-15

Whenever you interact with participants, keep in mind that you are interacting with the whole person – their experiences, needs, ambitions, and very importantly, culture. An individual's behaviors, perspectives, and actions are influenced by their underlying culture, and everyone's culture can be different.

The National Alliance on Mental Illness (NAMI) website says:

**Our culture, beliefs, sexual identity, values, race and language all affect how we perceive and experience mental health conditions. In fact, cultural differences can influence what treatments, coping mechanisms and supports work for us. It is therefore *essential* for culture and identity to be a part of the conversation as we discuss both mental health and mental health care.**

Understanding that another person's culture can be different from your own, and respecting this, regardless of whether you agree or disagree, is essential to developing a good relationship. Keeping an open mind can help you identify cultural barriers to self-sufficiency and brainstorm accommodations or alternate ways to help the participant address their needs.

### PPT 14

For example, making eye contact or greeting each other with a handshake is not a universal gesture across all cultures. Don't assume a person who doesn't look directly at others or extend or accept a handshake is being rude.

Culture affects a person's view on mental health and mental illness, as well as how they might handle these issues. In some cultures, talking about feelings or seeking professional help may be discouraged, and instead, individuals may be encouraged to find support from family, community elders, or spiritual leaders. In cultures where seeking professional support for mental health is encouraged, accepted, and readily available, an individual may be more likely to seek counseling or mental health services.

Consider your own thoughts about mental health. How has your own cultural background shaped your perceptions? Take a few minutes to answer the questions in the Participant Guide about culture.

**Note to Trainer:** Give learners 5 minutes to answer the questions.







#### Questions:

- How has your own cultural background shaped your perceptions about mental illness?
- How might cultural beliefs influence someone's willingness to seek help or support?
- How can you avoid making assumptions about mental health based on cultural stereotypes, and instead, engage in open dialogue to understand individual perspectives?

**Ask** Who would like to share their thoughts about cultural considerations?

 PPT 15 PG 15

Creating a culturally safe environment means fostering an atmosphere where culturally diverse individuals feel respected, valued, and understood. Here are a few tips:

-  Acknowledge and respect the diversity of cultural backgrounds. Understand that there are differences in beliefs, customs, languages, and values.
- Practice  active listening to understand diverse perspectives. Be open-minded and empathetic when individuals share their cultural experiences, beliefs, and concerns.
-  Continuously educate yourself about various cultures, traditions, and customs. This can help you better understand and appreciate cultural differences and how they may relate to mental illness.
- Be mindful of the  language you use and ensure it is inclusive and respectful of different cultures. Don't make assumptions or stereotypes about individuals.
- Allow individuals the  autonomy to express their cultural preferences and practices.
- Explore choices that  accommodate cultural preferences, needs, and values whenever possible.

### ***Make the Case for Interaction and Explanation***

 PPT 16 TN Appendix C (53-54)

**Purpose:** Learners “make the case” for the interaction tip or explanation tip that they think is most important when speaking with participants about mental illness and the formal assessment.

**Materials:** Interaction and Explanation sheet from the TN.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Have learners think back on the interaction and explanation tips we covered this morning. Give each learner the Interaction and Explanation sheet from the TN and ask them to record the interaction or explanation tip that they feel is most important when working with participants with mental illness. Allow learners up to two minutes to record their tip. You may want to show an example of how big learners should write. After all learners have recorded their tip, they now mingle with each other and explain why they feel their tip is most important, and “make the case” for their tip. Allow no longer than five minutes for mingling.

**Trainer Instructions to Learners:** So far today, we have discussed interaction tips for discussing mental illness while promoting a safe and positive climate and culture. We've also discussed the formal assessment form for mental health and given you tips for discussing a formal assessment in a positive light while still addressing participant concerns.

We want you to think back on all those tips and decide which tip you think is the most important when working with a participant with mental illness. There are no right or wrong answers; rather, we want to know what you feel is the most important and “make the case” why you feel it is the most important. Write the tip that you feel is most important on the Interaction and Explanation sheet. Be sure to write big so others can see the tip. You have two minutes to look through your guide and record your answer. Then, mingle around the room and share with your classmates. When sharing with your classmates, “make the case” for your tip by explaining why you feel it is the most important or why this tip holds the most value to you.



**Click** to display instructions.



**Click** PPT to start music.

**Note to trainer:** Use your discretion about starting it while learners are writing or waiting until they mingle.



**Click** to stop music, when learners are seated, and remain on this slide.

### **Transition from Assessment Section**

During informal assessment, the participant provided some details about their mental illness, you discussed the benefits of a formal assessment, and the participant is working with the provider to complete the assessment. The next step is to collaborate with the participant's mental health provider.

---

## Collaborating with Mental Health Providers

---

☀ PPT 17

📄 PG 16

Collaborating with a participant's mental health provider is key to understanding a participant's diagnosis, treatment plan, and capabilities. This means you may need to build rapport with the provider. Think about how a provider first learns about you and what you can do to provide the best information possible.

---

### W-2 Forms

**Ask** What forms do you usually provide to mental health providers?

*Answers will vary.*

☀ PPT 18

📄 PG 16

Most often it is a release of information and the Mental Health Report. Using these forms correctly ensures you receive the best information possible.

When it comes to the Authorization for Disclosure of Confidential Information or ROI form, be sure to thoroughly complete it, paying close attention to the following:


- ☞ The Authorize/Request section
  - Include your name in addition to your agency in the W-2 Agency section. This adds a layer of confidentiality by noting the release is specifically with you, and not just anyone at your agency.
  - Check the "Or exchange information with" box, allowing you and the provider to share information about the participant with each other.
  - List the provider's name and the name of their agency in the Name of Agency section.
- ☞ The Information to Disclose section
  - Cover all information you may want from the provider based on what you learned from the participant. If you check only the items related to psychiatric/mental health, and the participant mentioned AODA issues, the provider cannot give you AODA specific information.
- ☞ The Expiration Date
  - Leave this section blank for the authorization to expire automatically within one year from the date of the signature.
  - Add information to have the authorization expire on a certain date or after a certain action takes place, such as the participant's W-2 case closes.

Lastly, be sure you explain the form to the participant and that you both sign it. Provide a copy of the form to the participant and to the mental health provider.



 PPT 19

The Mental Health Report form asks for a lot of information from the provider without providing much context regarding the W-2 program.

 Take a look at how the form describes the W-2 program. **Give** learners a minute to read the description.

**Note to Trainer:** If they are unable to read the graphic, the form states the following: *W-2 is a program designed to help individuals become self-sufficient through work and work readiness activities. In order to assign appropriate activities, it is important for us to have an idea of what tasks and assignments this individual is capable of. It is also important for us to know about accommodations and modifications that may assist this individual in participating in work readiness activities.*

*Activities that can be a part of a W-2 placement include:*





- *job readiness/life skills workshops;*
- *education and job skills training;*
- *on-the-job work experience;*
- *recommended medical treatments; and*
- *counseling and physical rehabilitation activities.*

**Ask** What else might you like the provider to know about the W-2 program or a participant?

*Possible answers:*

- *What the participant hopes to achieve.*
- *An overview of the W-2 program.*
- *Your proposed plan with the participant.*

One way to achieve this is through a cover letter. Including a cover letter with the report form allows you to add:

-  An overview of the W-2 program,
-  The purpose of the formal assessment,
-  Information about W-2 activities and how they are assigned, and
-  How you plan to use the information in the report.

Add a self-addressed stamped envelope or a confidential fax number to this package, making it as easy as possible for the provider to return the form. Remember, the goal is to give the provider enough information so they can give you and the participant a complete assessment.

**Discussion Dice: From the Field** PPT 20 PG 17

**Purpose:** Review tips from other W-2 agencies and discuss similarities and differences among their agency and individual practices.

**Materials:** One Discussion Dice handout and a die for each table.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Give learners 1-2 minutes to read through From the Field examples individually. Then, they answer Discussion Dice questions at their tables. The trainers do not need to debrief the group discussions. Give learners 5 minutes total for reading and discussion.

**Trainer Instructions to Learners:** The From the Field box includes tips from W-2 agencies on explaining formal assessment to providers. Read through the examples in your guide. Pay attention to what worked well and how the approach is similar to or different from what you would do. When everyone at your table is done reading the examples, take turns rolling the die and answering the corresponding question on the Discussion Dice sheet. Continue around your table, taking multiple turns, until we call time.

**Two-Minute Paper** PPT 21 PG 18

**Purpose:** Learners self-reflect on the material that's been covered and gather their thoughts regarding any questions they may have. Learners share their responses with a partner to continue their learning.

**Estimated Length:** 5 minutes

**Directions to Trainer:**

**Part 1:** Instruct learners to write down responses to the questions on the chart in the Participant Guide. This is a quick summary, and learners are given 2 minutes to gather their thoughts and write a response.

**Part 2:** Have learners find a partner and share responses to the questions.

**Trainer Instructions to Learner:**

**Part 1:** You are writing a two-minute paper on the material we've covered so far. In your participant guide write down responses in the chart. What are the revelations you've come to based on the material covered so far, and how can you apply what you've learned back in your office? This is a quick rapid-fire writing activity, so you have two minutes to gather your thoughts and write your response.

**Part 2:** Now find a partner. Share your two-minute paper responses with your partner.

---


**The Provider's Perspective**

---

 PPT 22

 PG 19

You have paved the way for collaboration by giving the provider the best information possible about the assessment process. Now the Mental Health Report form is in the provider's hands. According to a provider we spoke with, a provider may have some concerns when reviewing the form.

 In particular, certain questions on the form may be out of the scope of that particular provider's practice. Other questions may lead to a more subjective response from a provider, or even to a simple "it depends" answer.

Additionally, it may take multiple appointments before a provider can give you a complete report. Next, we'll hear a little more from this provider and her perspective by watching and interview with Gina Greatens. Gina is a marriage and family therapist working with individuals, couples, families, and children at Fox View Behavioral Health in Green Bay.

---

***The Provider's Perspective Video***

---

 PG 19

Your Participant Guide has space for you to record your observations regarding the interview with Gina. Take a moment to read through the different sections. While watching the interview, capture your insights regarding Gina's comments on those areas.

**Play the video. Video Length:** 15 minutes

**Debrief** the video by asking learners to share their comments on each area, **adding** additional notes as needed.

- **Look at the whole puzzle:**
  - Although it may vary among providers, Gina's work takes in the whole puzzle, including mental illness. It's a "systemic focus," not just a specialized look at one puzzle piece.
  - **Ask** How is this similar to the W-2 program and your work?
- **Avoid pursuing opinion:**
  - When collaborating, be objective, not subjective, and avoid asking for an opinion.
  - Do not let personal feelings or opinions intrude in your work.
- **Communication between the W-2 worker and the Mental Health provider:**
  - The W-2 worker takes responsibility for sending the MH report form and the follow-up, considering the provider likely will not be calling with updates on the participant's progress.
  - Ask the provider how they would like follow-up contact to occur: by phone, email, letter, etc.
- **W-2 and workforce definitions:**
  - Be clear with the provider about how the participant's information is used.
  - Define terms from W-2 that the provider may not know, e.g., work activities and what those may entail.
  - Be aware of terms providers use, e.g., the acronyms after their names (MD, DO, APNP, NP) and whether that license or certification allows them to prescribe medication.
- **Final comments:**
  - *The fluidity of mental illness:* Keep in mind how the impact of mental illness can change from day to day.
  - *Stigma:* It is misguided, and effort should be made to make it a thing of the past.
  - *The comparison of mental illnesses to a variety of physical illnesses:* We would not ask someone to pull themselves together and white knuckle it to make the pancreas work the way it should, so why would we ask that of someone with a mental illness?

These ideas help pave the way to getting better assessment results by building rapport with a provider. However, getting the completed assessment is simply one step in the formal assessment process.




---

## Working with Formal Assessment Results

---

☀ PPT 23

📄 PG 20

After receiving a completed formal assessment,  review the results to determine if follow-up with the provider or additional research is needed. Then,  discuss the results with the participant. And, finally,  apply the results of both the informal and formal assessment by determining if changes are needed to the participant's placement, accommodations, goals, and assigned activities. You **must** do this within 30 days of receiving the formal assessment.

---

## Reviewing Formal Assessment Results

---

☀ PPT (mute)

📄 PG 21

**Ask** What are some reasons you may want to review the completed formal assessment form before meeting with the participant?

*Possible answers:*

- *Determine if case clarification is needed*
- *Determine how to best discuss the results with the participants*
- *Consider what changes may be needed*

It can be tempting to flip to the last page in the formal assessment to see what activities and the number of hours a provider recommends. Taking the time to look at the whole report gives you a better picture of what the participant is experiencing, and leads to better case management decisions.

📄 PG 40-44 (Appendix C)

👉 TN Appendix D (55-60)

**Estimated Length:** 22 minutes

**Directions to Trainer Part 1:** Learners individually read the completed mental health report for Jill and highlight parts that stand out to them as a FEP. They also highlight parts where they may need to learn more or follow-up prior to talking with Jill. Learners have 8 minutes to read the report and highlight.

**Directions to Learner Part 1:** The back of your Participant Guide contains a completed mental health report for Jill. Read through the entire report, highlighting parts that stand out to you as a FEP as well as parts where you may need to learn more or follow-up prior to talking with Jill. You have 8 minutes to read the report and highlight what stood

out to you. You may want to detach the mental health report from the rest of your guide, as you will refer to it a few times.

**Directions to Trainer Part 2:** Learners, while in table groups, decide on 2-3 main points based on what they highlighted and wrote in their guides. Learners have 8 minutes to work in their groups.

**Directions to Learner Part 2:** Now, with your table group, decide on 2-3 main points based on what you highlighted and write those answers in your guide. You have 8 minutes to work as a group.

**Ask** Are there any questions before we begin?

### Debrief Questions

- What information in the report stood out to you? Let's hear from a couple of our groups.
- Where might you need to seek out further information to help you better understand what the participant is experiencing or your next steps?  
*Possible answers: side effects of medications, additional assessment from counselor as well as a functional assessment, possible accommodations*

**Note to Trainer: Ask** the following questions during the report out as needed:

- Who would you follow up with for that? (the provider, the participant, other community resources)
- How would you find out more about that?
- Why is it important to you to know more about that?

As you saw in the report, Jill is working with a counselor who may be able to provide you with more information, which means starting another formal assessment process for that provider. The report also included a recommendation for a functional report. Often, DVR is a good resource for this type of information. As it notes your guide, you can watch the online webcast, Deepening the Connection: DVR and W-2, in the Learning Center.

Occasionally you may receive conflicting or inadequate assessment information from providers. W-2 Manual 5.5.5 covers what to do when that occurs.


---

### Online Resources

 PPT 24

 PG 21


Chances are that some piece of information on the mental health report needs clarification. Although you may need to follow up with the provider directly, you also can


find out more information on your own. There are multiple online resources regarding mental illness, including [ **Click** PPT once]:


- General information,
- Treatment,
- Medication side effects, and
- Accommodations.


These resources can help you better understand the information in the mental health report and prepare you for a discussion with the participant.

We are going to look a few websites today:


 **AllPsych** provides information on how illnesses develop, their symptoms, treatment options, and prognosis for over 60 adult psychiatric disorders and 8 personality disorders, as well as the names and Diagnostic and Statistical Manual of Mental Disorders Codes (DSM) for over 150 disorders.

 **Mind** provides information on mental illnesses, potential treatments, as well as offers resources for support for both adults and youth.

 **The Mayo Clinic** website provides descriptions of prescription and over-the-counter drugs as well as what the patient needs to consider before using the drug, and the drug's potential side effects.

 **AskJan** or The Job Accommodation Network (JAN) is the leading source of free, expert, and confidential guidance on workplace accommodations and disability employment issues.

### **Website Activity**

 PG 40-44 (Appendix C)

 TN Appendix D (55-60, 61-62)

**Purpose:** Learners interact with online resources that can help them understand various aspects of a completed mental health formal assessment.

**Materials:** Website cards from TN appendix printed two-sided, stands or clothespins to display each card, Jill's completed mental health assessment (TN and PG Appendix)

**Estimated Length:** 20 minutes

**Directions to Trainer:** Divide the class into four groups if not already at four tables. Ensure someone in the group has a device they are willing to use to search online. Each group chooses one of the website cards that they want to research and report on.

The back of each card gives them specific instructions. Groups research information based on Jill's formal assessment results. Give the groups up to 10 minutes to work.

Groups look up the following topics and report out what information their website contains about that topic and how the information on that site can be helpful when working with participants:

- AllPsych – substance related disorders
- Mind - anxiety
- Mayo Clinic – Effexor, Zoloft
- AskJan – mental health impairments (accommodations)

**Trainer Instructions to Learners:** Does someone in each group have a way to access the internet? Each group will choose a different website card. The backs of the cards contain further instructions on what you need to research on that particular website. Everything you are asked to look up is related to Jill's mental health report. You have up to 10 minutes to research the site and requested information. Be prepared to report to the whole class what you found on the site about your topic and how this site can be helpful to you when working with participant. There is space for you to take notes in your Participant Guide next to the list of websites. Now, send a member of your group to grab one of the website cards.

### **Group Report-Out**

**Instruct** each group to share the website and topic they researched, what information the site contained on the topic, and how the site can be helpful when working with participants.

#### *Possible Answers:*

- *AllPsych: Includes common characteristics of the two categories: substance abuse and substance dependence. For each category the site contains the etiology (cause), symptoms, treatment, and prognosis.*
- *Mind: Includes information on the types of anxiety, including symptoms of each type. In addition, the site includes information on treatment, medications, self-care for anxiety, as well as resources for the friends and family of someone struggling with anxiety.*
- *Mayo Clinic: Includes a description of the medication, brand names, proper use, precautions, and side effects. The side effects are grouped by Most Common, Less Common, and Rare.*
- *AskJan: Includes key accommodations that you can click on for further information on that type of accommodation. Also includes possible limitations due to mental health impairments and accommodations that could help with each.*



---

**Discussing Formal Assessment Results**

---

 PPT (mute) PG 22

After you review the completed formal assessment and clarified anything that was not clear, your next step is to discuss it with the participant. Before you start discussing goals and activities, you may need to spend time going over the report with the participant, as they may not have seen the results.

Depending on the assessment results, participants may become overwhelmed with the information. However, you can help by approaching the conversation with sensitivity and keeping the focus on the participant's capabilities.

---

***Discussing Results Traffic Lights***

---

 PPT 25

**Purpose:** Learners recognize what does and does not work well when discussing formal assessment results with participants. Learners gather new ideas for the what works well section, consider cautions, and gain reinforcement of what does not work well.

**Materials:** Full or half sheets of paper or larger sticky notes in green, yellow, and pink/red. One of each color per learner. Markers.


**Estimated Length:** 15 minutes


**Suggested Modifications:** Learners create two green sheets with the benefits instead of using the one they swapped for during the fourth round. This modification requires two green sheets of paper per learner.


**Directions to Trainer:** The color of the paper represents traffic light colors. Learners write down things that can go well on the green sheets, cautions on the yellow sheets, and things that can go wrong on the pink/red sheets. When reading through the instructions, let learners complete the sheet before moving onto the next one. Then, learners mingle, displaying their sheets. Mingling occurs in four rounds (green-yellow-red-green).

**Trainer Instructions to Learners:**

Grab one sheet of green, yellow, and pink or red paper.

 Think about what can go wrong when reviewing assessment results with participants, such as challenges, unexpected results, etc. Write a few of those key words, big enough for others to see, on your pink or red sheet of paper.


 Next, think about caution areas when reviewing assessment results with participants, such as areas where you need to tread lightly, spots where you may need to shift the focus, etc. Write a few of those key words, big enough for others to see, on your yellow sheet of paper.


 Finally, think about what can go well when reviewing assessment results with participants, such as the benefits, advantages, etc. Write a few of those key words, big enough for others to see, on your green sheet of paper.


Now, stand up with your three sheets of paper and the green one facing out. When I start the music, move around the room, noticing each other's key words, until the music stops. When the music stops, stand across from the person closest to you, discuss your points, and swap papers. Then, make sure your yellow paper is facing out, and follow the same process. We will do this four times.


## PPT 26

**Note to Trainer:** The music stops after 30 seconds and the directions to stop, share, and swap display on the screen. You must click to move to the next step (color) and resume the music after learners shared with their partners.

 **Click** to start the music for the green round. Music stops after 30 seconds and directions display.

 **Click** to start the music for the yellow round. Music stops after 30 seconds and directions display.

 **Click** to start the music for the red round. Music stops after 30 seconds and directions display.

 **Click** to start the music for the green round. Music stops after 30 seconds and directions display.

## **Debrief Questions**

**Note to Trainer:** Answers will vary. Do not add in new answers that were not on the learners' sheets.


1. What similarities did you see on each other's sheets?
2. What cautions did you see that you hadn't thought of?
3. What are some things that can go well that stood out to you?

## PPT 27

Keep in mind the things you just mentioned that can go well, think back to other interaction tips we discussed earlier today – addressing stigma, during informal assessment, referring for a formal assessment, and the provider's perspective. You can

use some of these same tips when reviewing the assessment results with the participant.

Refer to the chart in your Participant Guide. On the left side write down any of the tips we already discussed that could work when discussing the results, and on the right side write down any new tips you can think of.

 I have displayed the page numbers for those earlier sections on the screen in case you need to review your notes.

**Give** learners approximately five minutes to complete their charts.

**Ask** Who is willing to share tips we already discussed that also could help when discussing assessment results with a participant?

*Possible answers:*

- *Use person first language (The participant has a diagnosis or symptom)*
- *Give participant an opportunity to agree or disagree with the information*
- *Help participant focus on capabilities and positive information*
- *Take their lead on what they want to discuss*
- *Ensure confidentiality*

**Ask** Who is willing to share any new tips they added that could help?

*Possible answers:*

- *Use the words “has a history of” instead of “suffering from” when discussing symptoms or behaviors*
- *Offer positive suggestions for provider recommendations, such as it might better prepare you to start with this step because...*
- *Watch how you refer to mental illness during conversations, saying “I like things a certain way” instead of saying “I’m so OCD about that”*
- *Plant the idea of accommodations by asking what it would take for you to be able to...*

---

## Applying Formal Assessment Results

---

 PPT (mute)

 PG 23

Next, you must apply what you learned from both the participant and the formal assessment provider to your case management process with the participant. Take a couple minutes to answer the questions in your Participant Guide.

**Ask** learners to share their answers to those questions.

1. What decisions do you need to make immediately based on the assessment results?

*Possible answers:*

- *Most appropriate placement*

- *Realistic goals*
  - *Changes in assigned activities*
  - *Other assessments needed*
  - *Accommodations to provide*
2. How will you continue to use the assessment results in your ongoing case management with the participant?  
*Possible answers:*
- *Include counseling or other appropriate supports in the EP*
  - *Continue to evaluate for correct placement, goals, activities, accommodations*
  - *Assess non-participation and determine if good cause must be granted*
  - *Check-in with participant that accommodations are meeting their needs*

---

## Identifying Accommodations

---

### PPT 28

Identifying accommodations for a participant to participate successfully in the W-2 program can be difficult if the assessment provider did not list any and the participant is unsure what to ask for. We already talked about the information you can find on the Job Accommodation Network, or JAN, website. You also can refer to the Reasonable Accommodations for Participants section of the W-2 Manual (1.3.3).

### PG 24-25

In order to identify an appropriate accommodation, it helps to know common limitations that a participant may experience due to mental illness. In your Participant Guide, you have a fill-in-the-blank guide regarding limitations. I will display the words on the screen. As you fill in the key words, read each paragraph and search for something that is new or interesting to you. Be prepared to share what and why.



**Click** PPT to have key words display. **Give** learners time to fill in the words and read the information.

**Ask** As you read through the information on common limitations, what was new or interesting to you?

*Answers will vary.*



PG 40-44 (Appendix C)



TN Appendix D (55-60)

Let's refer back to Jill's formal assessment. Using the information you just read, go through her formal assessment and highlight potential limitations identified by her provider.

**Invite** learners to share what they found and **write** their answers on a white board or piece of flip chart paper.

*Possible answers:*

- *Anxiety*
- *Poor memory*
- *Difficulty thinking or concentrating*
- *Dealing with stress*

### Accommodation Association

 PPT 29

 TN Appendix E (63)

 PG 25

**Purpose:** Expose learners to a variety of accommodations for limitations due to mental illness while having them justify why an accommodation would work well with a specific limitation.

**Materials:** Limitation cards printed on blue paper (1 set/group), Accommodation cards printed on salmon paper (1 set/group)

**Estimated Length:** 25 minutes

**Directions to Trainer:** Accommodation Association is similar to the game Apples to Apples. Divide learners into groups of 4 or 5 (try to have the same number of people in groups whenever possible). Provide each group with a set of accommodation association cards, placed face down in the middle of the table. After learners start playing, allow them 15 minutes to play the game.

**Trainer Instructions to Learners:** You now have a good idea of some limitations associated with mental illness, so it is time to identify accommodations that can allow participants to successfully engage in activities. Each group has two sets of cards. The blue set lists different limitations. These cards do repeat. The salmon set lists different accommodations that you could provide. Each of you will start with four accommodation (salmon) cards.

Start by selecting a judge within your group for the first round. After this, the judge position rotates around your group for each round. The judge for the round picks up a limitation card (blue) and reads it aloud. The other group members select an accommodation card from their hand that they believe would be a good fit with the limitation, then lay it face down in the middle of the table. Pay attention to the different accommodations you see, thinking about ones you have used and ones that are new

ideas for you. The judge mixes up the cards, then picks them up, reads them aloud, and determines which accommodation best fits the limitation. Chances are more than one will be a good fit, just like there are multiple ways to provide an accommodation, but the judge picks one and explains their reason why. Other group members can try to convince the judge to vote a different way, but the judge makes the ultimate decision. The person whose accommodation card got picked gets to keep the limitation card, and the submitted accommodations for that round go into a discard pile.

Before starting the next round, group members should pick an additional accommodation card to ensure you have four at all times. The judge role now moves to the next person in the group. If you run out of accommodation cards, reshuffle the discard pile and continue. We want you to see how the accommodations could work with different limitations. The first person to collect five cards, or the person with the most cards when I call time, is the winner.



**Click** to display a shortened version of the instructions.

### Debrief Questions

**Instruct** learners to think to themselves about the accommodations they saw during the activity and answer the questions in their PG. Then, **invite** learners to share their answers to these questions:

- Which of these accommodations have you provided for participants?
- What accommodations were new to you?

**Refer back** to the limitations listed for Jill on the flipchart or whiteboard. **Ask** Based on the potential limitations Jill may experience, what accommodations would you discuss with her?

*Possible answers:*


- *Written and verbal instructions*
- *Later or flexible start time*
- *Task lists*
- *Allow calls to support person*

### ☀ PPT 30

Remember, participants may not know what to ask for. Most likely they may say, “I can’t do this.”, or “This seems like it is too much.” instead of saying they need an accommodation. According to the W-2 Manual 1.3.3, “the W-2 agency is responsible for identifying the need for the accommodation, identifying the accommodation itself, and making sure that the accommodation is provided.” Even if the participant or the assessment provider hasn’t identified necessary accommodations, it is up to you to explore them with the participant.

Here are some questions you can ask, modified from JAN, while exploring necessary accommodations. Modify these questions as needed to focus on a specific task or activity you are discussing.

- What limitations are you experiencing?
- How do these limitations affect you and your performance?
- What specific tasks are problematic as a result of these limitations?
- What accommodations are available to reduce or eliminate these problems? The participant may have some ideas or accommodations that have worked in the past. If not, it is still up to you to identify necessary accommodations.

 After you and the participant identify accommodations, be sure to complete the accommodations section in WWP and the Services and Accommodations form.

### *Discussion Dice: From the Field*

 PPT 31

 PG 26

**Purpose:** Review tips from other W-2 agencies and discuss similarities and differences among their agency and individual practices.

**Materials:** One Discussion Dice handout and a die for each table.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Give learners 1-2 minutes to read through From the Field examples individually. Then, they answer Discussion Dice questions at their tables. The trainers do not need to debrief the group discussions. Give learners 5 minutes total for reading and discussion.

**Trainer Instructions to Learners:** Before we finish our conversation on accommodations, take a look at some accommodations W-2 agencies have used successfully. Read through the From the Field examples in your guide. Pay attention to what worked well and how the approach is similar to or different from what you would do. When everyone at your table is done reading the examples, take turns rolling the die and answering the corresponding question on the Discussion Dice sheet. Continue around your table, taking multiple turns, until we say time is up.

Now that we've talked about accommodations, we'll talk about activity considerations for participants with mental illness.

---

## Engagement in Activities

---

☀ PPT (mute)

📄 PG 27

It can be challenging to help a participant choose activities that fit within their abilities, are recommended by a mental health professional, and fall within the guidelines of the W-2 program. Participants with mental illness enjoy productive lives, and still can be assigned many of the same activities that you would assign other participants such as workshops, job search, basic education, etc.

Be sure that activity assignments are helping and do not worsen a participant's symptoms. Often, a gradual approach to build up to certain activities or number of assigned hours works well.

Additionally, consider assigning activities that help them cope with the mental illness.

---

## Coping Strategies for Dealing with Mental Illness

---

📄 PG 27

For a participant managing mental illness, including coping strategies as activities is important for the participant's success within the program and beyond. Including coping strategies helps a participant be more prepared to handle unexpected situations and remain successful as they prepare for employment. A participant may need to be assigned coping activities the entire time they are in the W-2 program in order to support the other activities they are engaged in.

In your Participant Guide there is a list of coping strategies, based on NAMI's *Mental Illness: What You Need to Know* brochure, that can help participants dealing with mental illness. Take a minute to review these on your own.

---

## Coping Strategies Activity

---

☀ PPT 32

📄 PG 27

**Purpose:** Expose learners to a variety of coping strategies and help them discover various ways in which coping strategies can be incorporated into a participant's EP in order to help the participant be successful in the program while managing mental illness.

**Materials:** Spinner with 8 numbered sections, or a hand-made spinner with Coping Strategies listed in the 8 sections (one per table group)



**Estimated Length:** 15 minutes

**Directions to Trainer:** Learners work in table groups. Give each table a spinner. The spinner contains a section for each of the coping strategies. Learners take turns spinning and answering the questions below for 10 minutes.

**Trainer Instructions to Learners:** Throughout the day, we've discussed some of the limitations associated with mental illness, and we've identified accommodations that can allow W-2 participants to successfully engage in activities. Now, we want to discuss some strategies that can help W-2 participants be more successful in coping with their mental illness and completing W-2 activities. On your table, there is a spinner with eight numbers. These numbers correspond with the numbered coping strategies in your guide. You and your tablemates take turns spinning the spinner. Based on the coping strategy you land on, you choose to respond to one of two statements. Continue taking turns until we stop you. On your turn, choose to respond to one of these statements for the coping strategy:

- *Give an example of how the strategy could be incorporated into a participant's EP.*
- *List a resource that you know that could help with the strategy.*

Keep taking turns until we say time is up.

**Ask** Is there anything I can clarify before we begin?



**Click** PPT to display statements.

**Debrief Question:**

- Let's hear from a few of you. Who would like to share how a strategy can be incorporated as an activity on a participant's EP or a resource you did not know about?

### ***Discussion Dice: From the Field***

PPT 33

PG 28

**Purpose:** Review tips from other W-2 agencies and discuss similarities and differences among their agency and individual practices.

**Materials:** One Discussion Dice handout and a die for each table.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Learners read through From the Field examples individually. Then, they answer Discussion Dice questions at their tables. The trainers do not need to debrief the group discussions. Give learners 5 minutes total for reading and discussion.

**Trainer Instructions to Learners:** Before we finish our conversation on accommodations, take a look at some accommodations W-2 agencies have used successfully. Read through the From the Field examples in your guide. Pay attention to what worked well and how the approach is similar to or different from what you would do. When everyone at your table is done reading the examples, take turns rolling the die and answering the corresponding question on the Discussion Dice sheet. Continue around your table, taking multiple turns, until we say time is up.

---

## Where Am I Now?

We covered a lot of information regarding mental illness today. We talked about recognizing signs and symptoms, how to communicate with someone who may have a mental illness, working with providers, explaining assessments in a positive light, and providing accommodations.

---

## Re-visit the Self-Evaluation

 PPT 34

 PG 29

Remember the self-evaluation you completed at the start of class? Without looking back at the one you completed earlier, please complete the self-evaluation again. We will give you three minutes to work on it.

Now we'd like you to stop working and compare your responses to the previous ones.

**Instruct** the class to share anything they are comfortable sharing with someone next to them, behind them, etc., about what has changed since this morning. After a brief exchange between partners or threesomes, direct their attention to the large group.

**Where Am I Now? A Self-Evaluation**

1. I typically respond to W-2 participants whom I perceive as having a mental illness by \_\_\_\_\_.
2. I believe W-2 participants with mental illness are \_\_\_\_\_.
3. I am concerned about working with W-2 participants who have mental illness because \_\_\_\_\_.
4. I do not understand why W-2 participants with mental illness have to \_\_\_\_\_ (issue of actions and behaviors).
5. I am comfortable/uncomfortable (circle one) working with W-2 participants with mental illness because \_\_\_\_\_.

**Ask** Are there any volunteers willing to share any discoveries with the group?

Toward the back of your Participant Guide, there is a Resources section. This section contains helpful websites for both you and participants. Some websites even contain worksheets that could be given to participants who want to learn more about their mental health.

**Two-Minute Paper**

 PPT 35

 PG 30

**Purpose:** Learners self-reflect on the material that's been covered throughout the day and gather their thoughts regarding take-aways they may have. Learners share their responses with a partner to continue their learning

**Estimated Length:** 5 minutes

**Directions to Trainer:**

**Part 1:** Instruct learners to write down responses in the t-chart in the Participant Guide. This is a quick summary, and learners are given 1-2 minutes to gather their thoughts and write a response.

**Part 2:** Ask learners if anyone would like to share their two-minute paper.

**Trainer Instructions to Learner:**

**Part 1:** You are writing a two-minute paper on the material we've covered this afternoon. In your Participant Guide write down your responses in the t-chart. What are

your big take-aways from today? How can you apply what you've learned back in your office? This is a quick rapid-fire writing activity, so you have two minutes to gather your thoughts and write your response.

**Part 2:** Who would like to share your two-minute paper with the group?

☀ PPT 36

Thank you for sharing throughout the day. Please complete your evaluations before leaving.

**TN Appendix A – Discussion Dice: From the Field**







---

- From the Field questions
  - One copy/table group, printed in color (may want to laminate it or use a sheet protector)

# Discussion Dice: From the Field



Directions: Read through the From the Field examples in your guide. Then, take turns by rolling the die and answering the question associated with the number you rolled. Continue around your table until time is up.

	How are these examples similar to how you or your agency would approach this?
	How are these examples different than how you or your agency would approach this?
	What successes have you had in this area?
	Based on the examples, what is something you might try?
	What other suggestions do you have for approaching this situation?
	What additional questions do you have about this topic?

## **TN Appendix B – Formal Assessment**

---

- W-2 Formal Assessment Agreement (for trainer)
- Formal assessment agreement discussion video script (for trainer)
- Responding to Concerns (Participant statements)
  - Printed and cut apart; one statement for each pair of learners

**Formal Assessment Part 1 – The Form**

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Family and Economic Security

**WDR**

**Wisconsin Works (W-2) Formal Assessment Agreement**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Applicant / Participant Name	Personal Identification Number	RFA / Case Number
------------------------------	--------------------------------	-------------------

You could benefit from a formal assessment. A formal assessment is an appointment with a doctor, psychologist, counselor, vocational rehabilitation specialist, or other professional.

**What type of formal Assessment do you need?**

The formal assessment will gather information about your (W-2 agency will check all that apply):

- Expected short-term medical condition or injury: \_\_\_\_\_
- Pregnancy
- Expected long-term medical condition: \_\_\_\_\_
- Learning needs
- Emotional or mental health
- Alcohol or other substance abuse
- Vocational rehabilitation
- Other – Specify: \_\_\_\_\_

**How will a Formal Assessment help you?**

The formal assessment results will help you and your Financial and Employment Planner (FEP) make informed decisions about:

- Your W-2 placement;
- Your employment goals and the activities that will help you reach your goals;
- Your ability to do training and education activities; and
- Any special services and work site accommodations that you may need.

**What is an Accommodation?**

Accommodations are changes that make it easier for you to do your W-2 activities. Here are some examples of accommodations and why the accommodation is needed:

- Giving you extra help understanding directions if you have a learning disability;
- Changing your start time if you are taking medicine for a health problem that makes you sleepy in the morning;
- Giving you a quiet workspace to reduce noise if you have a mental disability; or
- Assigning you to a dust-free work area if you have asthma or are allergic to dust.



**It is important for you to know that:**

1. You do not have to pay for any formal assessments. The cost of formal assessments will be paid for by your health insurance (such as BadgerCare), the W-2 agency, Division of Vocational Rehabilitation or by another program.
2. Your information will be kept private. Information gathered from a formal assessment is confidential. It will only be used by the W-2 agency to help you in the W-2 program. If you move and apply for W-2 with a different W-2 agency, your formal assessment information will be shared with the new W-2 agency.
3. Your W-2 agency will help you complete a formal assessment. You have the right to ask the W-2 agency for reasonable modifications or accommodations to help you complete a formal assessment. Tell your FEP if you need help completing a formal assessment.
4. You can choose not to do a formal assessment. If you decide not to complete the formal assessment, you will not be penalized in any way. You will not be sanctioned or found ineligible for W-2 based on your decision to decline a formal assessment.
5. If you decline a formal assessment, your FEP will work with you to make all W-2 placement decisions and activity assignments based on the information that is available. However,
  - Your FEP may not have enough information to determine if you have a disability or other barrier to participation in the W-2 program; and
  - Your FEP may not be able to provide services or worksite accommodations that could help you.

**Applicant / Participant must check one of the boxes below indicating whether s/he has agreed or declined to have a formal assessment.**

- I agree to have a formal assessment. If I move and apply for W-2 with a different W-2 agency, my formal assessment information will be shared with the new W-2 agency.
- I decline to complete a formal assessment at this time.

Applicant/Participant Signature	Date Signed
W-2 Agency Representative Signature	Date Signed

***Formal Assessment Part 3 – Video Script***

---

**FEP:** Thanks for answering these personal questions. You mentioned that you're not seeing a professional, but feel some mental health conditions may be impacting your life and ability to work. How do you feel about seeing a mental health professional?

**Participant:** I'm not sure that there is anything they can do for me; and who knows how my family will react if they find out.

**FEP:** It can be a challenge to try something new. During our conversation, you mentioned that you have weeks where you feel like you can't get out of bed or leave the house. A mental health professional may be able to figure out why you feel that way, and help you resolve those issues.

Remember, everything you discuss with a provider and with me is confidential. Your family wouldn't have to know if you didn't want them to. And, if you do tell them, you get to decide how much and when to tell them.

**Participant:** I don't like feeling down all the time, so it would be great if I could get some help with that. What would be the next steps if I did want to see someone?

**FEP:** Well, W-2 has a formal assessment for mental health that we can send to the provider you'll be working with. I have the agreement form right here.

As you can see, a formal assessment is an appointment with a professional to gather information about your emotional or mental health. The results of the assessment help the two of us make informed decisions about your placement, your goals and activities, your ability to do training and education activities, and any special services or accommodations you may need.

**Participant:** What information will be in the assessment?

**FEP:** Let's take a look at the Mental Health Report form so you know exactly what'll be covered.

This form asks the mental health professional to provide information about your ability to participate in W-2. If the mental health professional makes a diagnosis, the form contains sections about signs and symptoms associated with the diagnosis, medication side effects, the type of environment that will help you function at your best based on your current abilities, and recommendations for activities, services, and accommodations.

If you look at the bottom of the Formal Assessment Agreement, you'll see accommodations are changes that make it easier for you to do your W-2 activities. Some examples include giving you a quiet workspace to reduce noise or changing the start time of the activity if you are taking a medicine that makes you sleepy in the morning.

**Participant:** Wow. That seems like a lot of information.

**FEP:** It can feel overwhelming. The professional you choose to work with most likely will take a few appointments to get to know you before completing the assessment. After I get the assessment, I'll review it with you before we move forward with any changes to your placement or activities. Remember, this is another piece of information that'll help you be successful while in the program, allowing us to get a better picture of what's going on in your life and how we can adapt activities to meet your needs.

**Participant:** OK. Is there anything else I need to know?

**FEP:** Yes. Before signing the agreement, it's important for you to know that you do not have to pay for any formal assessment, and your information will be kept private. If you were to move and apply for W-2 at another agency, the assessment information will be shared with that agency. Please let me know if you need any reasonable modifications or accommodations to help you complete the assessment.

Also, you can choose not to complete the assessment. If this happens, you won't be penalized, and I'll still work with you to make appropriate placement decisions and activity assignments. But keep in mind, without the assessment, I may not have enough information to fully understand your capabilities and know if additional services and accommodations are needed. If you decline the assessment at this time, you can ask to take it at a later date.

**Participant:** I understand. I'm willing to meet with someone. Do you have the name of somebody I can call?

**FEP:** I can't recommend a specific mental health professional, but our resource guide lists several options. I also can give you a sheet that has some tips on choosing a counselor who is right for you. Do you have any other questions?

**Participant:** Not right now.

**FEP:** OK. Well, if you agree and feel comfortable, please check the box stating you are agreeing to the assessment, and then sign below.

This is a big step toward taking care of your needs, and we'll use the results to help you be successful while in the W-2 program. Thank you for agreeing to an assessment.

**Participant:** You're welcome.

***Formal Assessment Part 4 – Responding to Concerns (Participant Statements)***

---

**I already see a medical doctor. Can't I just go to him for some medication if needed?**

**I have felt this way for years. Nothing has changed.**

**If I am diagnosed, I'll always be known as that illness.**

**I thought this program helps me find a job. Why do you need to know such personal things?**

**I don't want everyone knowing my business.**

**If I see a professional, they will make me do things I don't want to do, like go to a support group.**

**Does this mean you think something is wrong with me or that I am a bad parent?**

**What kinds of questions will a counselor ask me?**

**What happens after I complete the assessment?**

**TN Appendix C – Make the Case**

---

- Interaction and Explanation tips sheet
  - Printed in color, one per person (may want to laminate, use a sheet protector, or a dry erase pocket)

# Interaction and Explanation Tips

---

**TN Appendix D – Mental Health Assessment and Online Resources**

---

- Completed mental health assessment for Jill (for the trainer)
- Online resources (website) cards
  - Printed back to back and cut apart (cardstock works best)
  - One set per class

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Family and Economic Security

**WPM**

**MENTAL HEALTH REPORT**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

The provision of your Social Security Number (SSN) is mandatory under Wisconsin Statutes 49.145 (2)(k). Your SSN may be verified through computer matching programs and may be used to monitor compliance with program regulations and program management. Your SSN may be disclosed to other Federal and State Agencies for official examination. If you do not provide your social security number, your application for benefits will be denied.

Participant Name Jill Smith	Date of Birth 06 / 15 /1988	Social Security Number
--------------------------------	--------------------------------	------------------------

Name of Professional Provider Chris Price, MD		Professional Title Psychiatrist	
Office Address Pinewood Behavioral Health	City Montreal	State WI	Zip Code 55555

Dear Mental Health Professional,

The individual named above is an applicant/participant in the **Wisconsin Works (W-2)** program. The purpose of this form is to gather information about this individual's current ability to participate in W-2 activities.

W-2 is a program designed to help individuals become self-sufficient through work and work readiness activities. In order to assign appropriate activities, it is important for us to have an idea of what tasks and assignments this individual is capable of. It is also important for us to know about accommodations and modifications that may assist this individual in participating in work readiness activities.

Activities that can be a part of a W-2 placement include:

- o job readiness/life skills workshops;
- o education and job skills training;
- o on-the-job work experience;
- o recommended medical treatments; and
- o counseling and physical rehabilitation activities.

Please answer the following questions concerning this individual's impairments:

1. How frequently is the patient scheduled to meet with you?  
approx every 2-3 wks, seen only 3x in last 4 mos.

Regarding current course of treatment, how long have you been meeting with this patient?  
first appointment was 4 months ago, have seen 3x total

When is your next scheduled appointment with this patient? 2 weeks from today

2. Are you aware of any other health care professionals who are currently treating this person? If yes, please identify provider name and purpose of treatment: Dana Clark MSW, ASPW for individual counseling

3. DSM-IV-TR Multiaxial Evaluation:
- include code and diagnosis for each axis
  - in addition to mental health, please include any diagnosis related to alcohol or other substance abuse

Axis I: \_\_\_\_\_ Axis IV: \_\_\_\_\_ -Depression, Anxiety,  
Axis II: \_\_\_\_\_ Axis V: Current GAF: \_\_\_\_\_ Poor Coping Skills  
Axis III: \_\_\_\_\_ Highest GAF Past Year: \_\_\_\_\_ (DSM-IV is obsolete)

DCF-F-126 (R. 10/2018)



4. Identify your patient's signs and symptoms associated with this diagnosis:

<input checked="" type="checkbox"/>	Poor Memory	<input type="checkbox"/>	Time or place disorientation
<input type="checkbox"/>	Appetite disturbance with weight loss	<input type="checkbox"/>	Decreased energy
<input type="checkbox"/>	Sleep disturbance	<input type="checkbox"/>	Social withdrawal or isolation
<input type="checkbox"/>	Personality changes	<input type="checkbox"/>	Blunt, flat or inappropriate affect
<input checked="" type="checkbox"/>	Mood disturbance or lability	<input type="checkbox"/>	Illogical thinking or loosening of association
<input checked="" type="checkbox"/>	Pathological dependence or passivity	<input type="checkbox"/>	Anhedonia or pervasive loss of interests
<input type="checkbox"/>	Delusions or hallucinations	<input type="checkbox"/>	Manic syndrome
<input type="checkbox"/>	Recurrent panic attacks	<input type="checkbox"/>	Obsessions or compulsions
<input type="checkbox"/>	Somatization unexplained by organic disturbance	<input type="checkbox"/>	Intrusive recollections of a traumatic experience
<input type="checkbox"/>	Psychomotor agitation or retardation	<input type="checkbox"/>	Persistent irrational fears
<input type="checkbox"/>	Paranoia or inappropriate suspiciousness	<input type="checkbox"/>	Generalized persistent anxiety
<input type="checkbox"/>	Feelings of guilt/worthlessness	<input type="checkbox"/>	Catatonia or grossly disorganized behavior
<input checked="" type="checkbox"/>	Difficulty thinking or concentrating	<input type="checkbox"/>	Hostility and irritability
<input checked="" type="checkbox"/>	Suicidal ideation or attempts	<input checked="" type="checkbox"/>	Other: Hopelessness

5. If your patient experiences symptoms which interfere with attention and concentration needed to perform even simple work tasks, during a typical workday, please estimate the frequency of interference. *For this question, "rarely" means 1% to 5% of an eight-hour working day; "occasionally" means 6% to 33% of an eight-hour working day; "frequently" means 34% to 66% of an eight-hour working day; and "constantly" means more than 66% of an eight-hour working day.*

rarely     occasionally     frequently     constantly

Is your patient making positive progress?  Yes     No    -too early to tell

Please describe the progress or lack of progress.

Giving inconsistent report between Psychiatrist and Counselor

6. To the best of your knowledge, is the patient on prescribed medications?  Yes     No

If yes, please list:

Effexor XR prescribed at last appointment, Zoloft

Describe any side affects of prescribed medications which may have implications for working, e.g., dizziness, drowsiness, fatigue, lethargy, stomach upset, etc.:

PT has not been seen since prescribing the medication. Side effects may include nausea, dizziness, headache, tiredness, nervousness, sleepiness

7. When did your patient's symptoms begin (estimate date)?

At least 3 years ago

8. Is it likely that your patient's symptoms will last 6 months or longer?  Yes     No

If she continues to be non-compliant with her medication or treatment or continues to use drugs

9. Is it likely that your patient's symptoms will last 12 months or longer?  Yes     No

As above #8

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptoms?  Yes     No

If so, please explain:

In general unstable psychiatric condition can cause patient to experience these symptoms: unable to handle stress, tends to maximize her suffering

11. When completing the chart below:

\*A “Marked” degree of limitation may arise when several activities or functions are impaired or even when only one is impaired, so long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately and effectively.

\*\*\*“Concentration, persistence and pace” refers to ability to sustain focused attention sufficiently long to permit the timely completion of tasks commonly found in work settings. This is often evaluated in terms of frequency of errors, assistance required and/or time necessary to complete simple tasks.

\*\*\* “Repeated” refers to repeated failure to adapt to stressful circumstances such as decisions, attendance, schedules, completing tasks, interactions with others, etc., causing withdrawal from the stress or to experience decompensation or exacerbation of signs and symptoms.

FUNCTIONAL LIMITATION		DEGREE OF LIMITATION				
		None	Slight	Moderate	Marked*	Extreme
1.	Restriction of activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Difficulties in maintaining social functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (in work settings or elsewhere) **	Never	Seldom	Often	Frequent	Constant
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors)	Never		Once or Twice	Repeated***	Continual
		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please describe any additional functional limitations not covered above that would affect your patient’s ability to work in a job on a sustained basis: \_\_\_\_\_

13. On the average, how often do you anticipate that your patient’s impairments would become acute so that the patient would be absent from work and other W-2 activities?

- Once a month or less
- About twice a month
- Over twice a month
- More than 3 times a month

14. Has there been any recent acute episodes? If yes, please explain and give dates:  
 Once since her first appointment 4 months ago

15. To determine your patient’s ability to do work-related activities on a day-to-day basis in a regular work setting, please give us your opinion – based on your examination – of how your patient’s mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof) and the expected duration of any work-related limitations, but not your patient’s age, sex or work experience.

For each activity shown below, describe your patient’s ability to perform the activity according to the following items:

Unlimited to Very Good:	Ability to function in this area is more than satisfactory.
Good:	Ability to function in this area is limited but satisfactory.
Fair:	Ability to function in this area is seriously limited, but not precluded.
Poor or None:	No useful ability to function in this area.

	MENTAL ABILITIES AND APTITUDE NEEDED TO WORK	UNLIMITED TO VERY GOOD	GOOD	FAIR	POOR OR NONE
1.	Interact appropriately with general public			✓	
2.	Understand, remember and carry out very short and simple instructions				✓
3.	Maintain attention for two-hour segment			✓	
4.	Maintain regular attendance and be punctual with customary, usually strict tolerances			✓	
5.	Sustain an ordinary routine without special supervision			✓	
6.	Work in coordination with or proximity to others without being unduly distracted		✓		
7.	Complete a normal workday and work week without interruptions from psychologically based symptoms				✓
8.	Perform at a consistent pace without an unreasonable number and length of rest			✓	
9.	Accept instructions and respond appropriately to criticism from supervisors			✓	
10.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes		✓		
11.	Respond appropriately to changes in a routine work setting				✓
12.	Deal with normal work stress			✓	
13.	Be aware of normal hazards and take appropriate precautions		✓		
14.	Deal with stress of semi-skilled and skilled work			✓	
15.	Perform detailed or complicated tasks				✓
16.	Perform fast paced tasks (e.g., production line)			✓	

16. Is the patient attending scheduled appointments?  Yes  No -seen only 3x, poor in the past

If no, please explain and list missed appointment dates:

In the past she was poorly compliant w/ medications and followup

Do you attribute the missed appointments to the mental health impairment?  Yes  No

17. What kind of treatment plan is the patient involved in? What is the expected outcome?

Medication and counseling; maintain sobriety and remain drug free  
 \_\_\_\_\_  
 \_\_\_\_\_

If schedule for treatment plan is known, please include below or attach:

\_\_\_\_\_  
 \_\_\_\_\_

18. Please recommend any other activities and services not included in your treatment plan that may help this individual further address his/her mental health impairment:

- Assessment (please specify type) Functional  Treatment and counseling (please specify) \_\_\_\_\_  
 Advocacy for Social Security Income/Disability  Other \_\_\_\_\_

19. What type of environment or conditions could help this person function most effectively in a variety of daily activities? \_\_\_\_\_  
 \_\_\_\_\_

20. Considering this patient's mental health condition and limitations please indicate below what activities related to work and training you would recommend?

<input checked="" type="checkbox"/> work/work experience activities	<input checked="" type="checkbox"/> job skills training
<input type="checkbox"/> adult basic education/literacy	<input checked="" type="checkbox"/> supported job search activities
<input checked="" type="checkbox"/> job readiness/life skills workshops	<input type="checkbox"/> other _____

If no recommendations, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations? Patient stated she can only do 15 hrs  
 \_\_\_\_\_

22. Given your patient's current mental impairments, please specify a date when the recommendations that you have provided should be reviewed: 6 months from today's date  
 \_\_\_\_\_

Name of Professional Provider	Title	Telephone Number
Chris Price, MD	Psychiatrist	555-555-5555
Signature of Professional Provider		Date Signed
<i>Chris Price, MD</i>		Today's Date

Return completed form to:

Name of Agency Representative		Address		Date Sent
Susan Jones		123 Main St.		
City	State	Zip Code	Telephone Number	Fax Number
Montreal	WI	55555	555-236-6999	555-236-6998

All  
Psych

Mind

Mayo  
Clinic

Ask  
Jan

<https://www.mind.org.uk/>

Look up: Anxiety

Report to the class:

1. What information the site contains on this topic in general terms.
2. How this site and information can be helpful when working with W-2 participants.

<https://askjan.org/a-to-z.cfm>

Look up: Mental Health Impairments (focus on accommodations)

Report to the class:

1. What information the site contains on this topic in general terms.
2. How this site and information can be helpful when working with W-2 participants.

<http://allpsych.com/disorders/>

Look up: Substance Related Disorders

Report to the class:

1. What information the site contains on this topic in general terms.
2. How this site and information can be helpful when working with W-2 participants.

<http://www.mayoclinic.org/drugs-supplements>

Look up: Effexor, Zoloft

Report to the class:

1. What information the site contains on this topic in general terms.
2. How this site and information can be helpful when working with W-2 participants.

## **TN Appendix E – Accommodation Association**

---

- Limitation cards copied on blue paper and cut apart (one set per group)
- Accommodation cards copied on salmon paper and cut apart (one set per group)

**Limitation Cards**

<p><b>Fatigue or Weakness</b></p>	<p><b>Stress Management</b></p>	<p><b>Panic/Anxiety</b></p>
<p><b>Working Effectively with Supervisors &amp; Coworkers</b></p>	<p><b>Concentration Deficits</b></p>	<p><b>Organizational Deficits</b></p>
<p><b>Problem Solving Deficits</b></p>	<p><b>Memory Deficits</b></p>	<p><b>Time Management or Completing Tasks</b></p>



<p><b>Sleep Disorder</b></p>	<p><b>Fatigue or Weakness</b></p>	<p><b>Stress Management</b></p>
<p><b>Panic/Anxiety</b></p>	<p><b>Working Effectively with Supervisors &amp; Coworkers</b></p>	<p><b>Concentration Deficits</b></p>
<p><b>Organizational Deficits</b></p>	<p><b>Problem Solving Deficits</b></p>	<p><b>Memory Deficits</b></p>
<p><b>Time Management or Completing Tasks</b></p>	<p><b>Sleep Disorder</b></p>	

**Accommodation Cards**

<p>Allow use of white noise or environmental sounds machine</p>	<p>Allow participant to record meetings or instructions</p>	<p>Provide written and verbal instructions</p>
<p>Provide positive praise and reinforcement</p>	<p>Allow presence of a support animal</p>	<p>Identify and remove environmental triggers such as particular noises and smells</p>
<p>Divide large assignments into smaller tasks and steps</p>	<p>Allow for a later or flexible start time</p>	<p>Modified break schedule – shorter, more frequent breaks</p>
<p>Combine scheduled breaks into one longer break</p>	<p>Use daily, weekly, and monthly tasks lists</p>	<p>Use electronic organizers, mobile devices, or apps</p>

<p>Increase exposure to natural lighting</p>	<p>Provide a private space for work or break</p>	<p>Allow phone calls during work hours to support person(s)</p>
<p>Restructure job to include only essential functions</p>	<p>Rotate to a different task periodically, then return to original task</p>	<p>Provide goal-oriented management and workload</p>
<p>Allow additional time to complete a task</p>	<p>Use color coded system for prioritizing and organizing</p>	<p>Use apps to help with reminders, scheduling, relaxation, etc.</p>
<p>Provide noise cancelling headphones</p>	<p>Written workplace expectations regarding behavior with examples and consequences</p>	<p>Separate tasks, allowing one to be finished before starting the next</p>

<p>Schedule work during hours when person is most mentally alert</p>	<p>Arrange work/meeting area to allow easy access to or view of the exit</p>	<p>Reduce distractions and clutter in work areas</p>
<p>Assign a specific person to be available when participant has questions</p>	<p>Post instructions next to frequently used equipment</p>	<p>Schedule weekly meetings with supervisor, job developer, etc., to review progress and goals</p>
<p>Provide a space to rest or sleep during break</p>	<p>Flexible schedule allowing leave time for counseling, later lunch, etc.</p>	<p>Reassign to different tasks if participant is struggling with current tasks</p>
<p>Allow participant to bring a support person to important meetings or worksite orientation</p>	<p>Use written communication such as email, meeting or workshop agendas, checklists, etc.</p>	<p>Provide verbal cues for reminders, focusing on tasks, etc.</p>