

Working with W-2 Participants with Mental Illness – Virtual Classroom

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.
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Contact Information

Questions regarding this training material should be directed via your local agency process to the Partner Training Team,

Email: PTTTrainingSupp@wisconsin.gov

A contact person is available to answer e-mailed questions related to this training material, assist you in completing any activity that you are having difficulty with, and/or provide explanation of anything else about this training material.

Questions regarding W-2 production cases and systems should be directed via your local agency process to the BWF Work Programs Help Desk at:

Email: bwfworkprogramshd@wisconsin.gov

Telephone: (608) 422-7900.

W-2 Policy questions should be directed to your Regional Office staff.

DCF is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 535-3665 or the Wisconsin Relay Service (WRS) – 711.

For civil rights questions call (608) 422-6889 or the Wisconsin Relay Service (WRS) – 711.

Introduction

My thoughts

Mental Illness Defined

Mental illness refers to a wide range of mental health conditions — disorders that affect mood, thinking, and behavior.

According to the Mayo Clinic (2019), “Many people have mental health concerns from time to time. A mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function on a daily basis.”



Six out of 10 adults with mental illness can succeed at work with appropriate supports (Diehl, Douglas, & Honberg, 2014).

Where Am I Right Now?

What are your perceptions about working with participants with mental illness? Complete the following self-evaluation to measure your starting point at the beginning of this training.

Where Am I Right Now? A Self-Evaluation

Consider and complete the following statements.

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 _____.

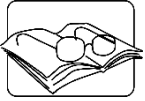
Mental Illness Overview

True or False Quiz

1. About one in five adults in the U.S. experience mental illness in a given year.
(True/False)
2. People with mental illness cannot endure the stresses of full-time employment.
(True/False)
3. 50% of mental health conditions begin by age 14.
(True/False)
4. The World Health Organization (WHO) has reported that mental illness is a cause of one in ten disabilities.
(True/False)
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/False)
6. A mental health condition is usually the result of a single traumatic event in life.
(True/False)
7. Feeling sad or withdrawn for more than two weeks may be a sign of a mental health condition. (True/False)
8. Treatment for mental illness may involve psychotherapy, medication, and complementary health approaches. (True/False)
9. People who live with mental illness are likely to commit violent crimes.
(True/False)



Signs and Symptoms



PTT Learning Center: Chronic Medical Issues: Mental Illness Awareness CBT

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.

Examples of signs and symptoms you might observe or hear about from a participant include:

- Feeling sad or down for _____ periods
- _____ thinking or _____ ability to concentrate
- _____ fears or worries, or _____ feelings of guilt
- _____ mood changes of highs and lows
- _____ from friends and activities
- Significant tiredness, _____ energy, or _____ sleeping
- Alcohol and/or drug _____
- _____ anger, hostility, or violence
- Suicidal _____

What to Do as a W-2 Worker

When working with participants who have mental illness, you are interacting with people who live with a chronic medical condition. People learn to manage mental illness in the same ways as people with physical medical conditions: with combinations of medication, therapy, and lifestyle adjustments. Ensure interactions with participants do not create unintended triggers for ongoing symptoms.

Strategies and Interaction Tips





From the Field: Interaction Tips

Consider your tone of voice. Lowering your voice consistently will model what you expect from the participant and help him or her to not feel threatened. Also, consider shorter appointments. A long appointment could become overwhelming and trigger certain behaviors.

MAXIMUS

Pay attention to non-verbal cues that show a participant is starting to get uncomfortable, fidgety, etc. Think before you speak. Whenever possible, your response should match the current situation instead of generalizing.

Ross Innovative Employment Solutions

Stay calm. Continue the interaction and find out what the participant wants or needs in the moment and provide it if possible. Sometimes the participant will calm down by just talking on the phone with a therapist or a relative. Reschedule if needed.

Forward Service Corporation

Slow down the pace of the meeting; allow extra time. Offer a more private setting if need be.

America Works

Assessment

Remember, when you recognize certain symptoms in a participant, it doesn't necessarily mean the participant has a mental illness. Use both informal and formal assessment tools to help gather more information and determine if a referral to a mental health provider is appropriate.

Informal Assessment

What approaches to informal assessment have helped you learn more about what a participant is experiencing regarding a potential mental illness?

- Ongoing conversations •
- Open-ended questions •
- WWP informal assessment driver flow •
- WWP **Participant Barriers** page •
- Reports from other activity supervisors •

Addressing Stigma

Stigma is one reason a participant may not be willing to share information about a mental illness or be willing to agree to a formal assessment that could lead to a diagnosis. The consequences of stigma can affect a person with mental illness in the following ways:

Increased _____;

Exclusion from everyday _____;

Harder to get or keep a _____;

Belief that the _____ will not improve;

Reluctance to seek _____; and/or

Deterioration of _____ health.

Suggestions for addressing stigma

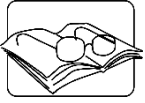
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Risks and Benefits of Disclosure

Help participants create a list with the risks and benefits of disclosing a mental illness.

<i>Risks</i>	<i>Benefits</i>

Formal Assessment



W-2 Manual 5.5.1: Formal Assessment
Wisconsin Works (W-2) Formal Assessment Agreement (2565)

Making a referral for a formal assessment is more than just reviewing the W-2 Formal Assessment Agreement form. It is an opportunity for you to frame the process in a way that puts the participant at ease.

Tips for Positive Explanation of Formal Assessment

- _____ **Review** a **blank Mental Health Report** form, showing the participant what information the assessment covers.
- _____ **Explain W-2 benefits** such as proper placement, activities, accommodations, supportive services.
- _____ Emphasize the **frequency of the process** that is used regularly in the W-2 program to assist you and the participant.
- _____ **Correlate** the assessment **with** the participant's **overall success**, allowing them to keep moving forward based on abilities.
- _____ State that the assessment **creates a better picture** of what is going on in the participant's life.
- _____ **Ensure confidentiality**, including who will see the report.
- _____ **Gain insight** for the participant's ongoing concerns to help understand what is happening.
- _____ Mention the assessment can **open doors** to other options, such as resources the provider is aware of.
- _____ Reiterate that **results** of the assessment will be **shared with the participant**, and that the two of you will discuss next steps together.
- _____ **Discuss time limits** and how the assessment results will help determine the best path to self-sufficiency during the limited time of the W-2 program.

Sound Bite

A sound bite is a short, key piece of the conversation you typically have with participants. Create a sound bite for the tip you've chosen on the previous page that lets others know how you sell that tip.

Formal Assessment Video Notes

Responding to Concerns

Review the participant concerns below and formulate a response using what you learned about addressing concerns while keeping a conversation positive.

1. I already see a medical doctor. Can't I just get some medication if needed?
2. I have felt this way for years. Nothing has changed.
3. If I am diagnosed, I'll always be known as that illness.
4. I thought this program helps me find a job. Why do you need to know such personal things?
5. I don't want everyone knowing my business.
6. If I see a professional, they will make me do things I don't want to do, like go to a support group.

Creating a culturally safe environment means fostering an atmosphere where culturally diverse individuals feel respected, valued, and understood.

- _____ and _____ the diversity of cultural backgrounds.
- Practice _____ to understand diverse perspectives.
- _____ yourself about various cultures, traditions, and customs.
- Be mindful of the _____ you use and ensure it is _____ and _____ of different cultures.
- Allow individuals the _____ to express their cultural preferences and practices.
- Explore choices that _____ cultural preferences, needs, and values whenever possible.

Collaborating with Mental Health Providers

W-2 Forms

DEPARTMENT OF CHILDREN AND FAMILIES Division of Family and Economic Security		ROI	
AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION			
<small>Personal information you provide may be used for secondary purposes (Privacy Law, s. 19.04 (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.</small>			
Regarding the records of:			
Name (Last, First, MI): _____			
Date of Birth	Social Security Number (SSN)	PIN	
Address		City	State Zip Code
I hereby authorize the disclosure of any confidential information (provide or that is otherwise obtained about me to the Department of Children and Families (DCF), W-2 Program which includes subcontracted providers that DCF contracts with to provide direct case management services. I also agree that information about my condition and/or treatment may be communicated among personnel at these offices who have a need for the information in connection with their duties. Wisconsin Statute 51.30 (4)(c), Wisconsin Administrative Code DHS 52.03 (3), 52.08, and 42 CFR Part 2.			
I hereby authorize and request:			
W-2, County or Tribal Human Services Agency (DCF contracted provider)		Telephone Number	
Address		() State Zip Code	
City		State Zip Code	
<input type="checkbox"/> Disclose to	<input type="checkbox"/> Receive from	<input type="checkbox"/> Or exchange information with	
Name of Agency/Organization/Person		Telephone Number	
Address		() State Zip Code	
City		State Zip Code	
This information is needed for eligibility determination/continuation, the development/review of the above named individual's Employment Plan. This information could also include the progress summaries, attendance verification, and/or establishment of good cause for non-cooperation with child support requirements.			
Type or extent of information to be disclosed (Check all records that you wish to be released.)			
<input type="checkbox"/> Psychiatric/Mental Health	<input type="checkbox"/> Alcohol and Drug	<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Legal	<input type="checkbox"/> School Attendance	<input type="checkbox"/> Specific Request	
<input type="checkbox"/> Financial	<input type="checkbox"/> Medical		
<input type="checkbox"/> Psychiatric Evaluation including Diagnosis/Progress	<input type="checkbox"/> Medical Reports/Physical Exams including Diagnosis/Progress		
<input type="checkbox"/> Psychiatric/Psychosocial Progress Summaries	<input type="checkbox"/> Urinalysis Results		
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Treatment Plans		
<input type="checkbox"/> Alcohol/Drug Initial Assessment/Evaluation	<input type="checkbox"/> Psychosocial History		
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> ACOA Progress Summaries		
<input type="checkbox"/> Bank Records	<input type="checkbox"/> Employment Records		
<input type="checkbox"/> Lease Records	<input type="checkbox"/> Child Support Enforcement		
I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. This authorization will automatically expire one year from the date of signature unless indicated and initialed below.			
Authorization expires as of ____/____/____ (Date)			
Authorization expires after the following action takes place: _____			
Copies to: Disclosing Agency, Participant, Case Record			
RETAIN COMPLETED FORM IN CASE RECORD			
<small>DCF-F-0498P10779 (R, 01/2019)</small>			

Authorization for Disclosure of Confidential Information (10779)

Authorize/Request section

-
-
-
-

Information to Disclose section

-

Expiration Date

-
-
-

Mental Health Report (F-126)

Cover Letter Suggestions:

-
-
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-
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DEPARTMENT OF CHILDREN AND FAMILIES Division of Family and Economic Security		WPM	
MENTAL HEALTH REPORT			
<small>Personal information you provide may be used for secondary purposes (Privacy Law, s. 19.04 (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.</small>			
Participant Name	Date of Birth	Social Security Number	
Name of Professional Provider		Professional Title	
Office Address	City	State	Zip Code
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:			
<ul style="list-style-type: none"> 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? _____			
Regarding current course of treatment, how long have you been meeting with this patient? _____			
When is your next scheduled appointment with this patient? _____			
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: _____			
3. DSM-IV-TR Multiaxial Evaluation:			
<ul style="list-style-type: none"> • 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: _____		
Axis II: _____	Axis V: Current GAF: _____		
Axis III: _____	Highest GAF Past Year: _____		
<small>DCF-F-126 (R, 10/2018)</small>			

From the Field: Explaining the Mental Health Report Form or Formal Assessment Agreement to the Provider



I explain that the completed Mental Health Report form gives me an idea of what type of work the W-2 participant is capable of, as well as an understanding of the activities and work environment that would be most appropriate.

Forward Service Corporation

I introduce myself and the agency, commenting briefly on the work we do. I describe how I am assisting the individual the provider and I are working with, and what I would like to do if I had additional information pertaining to the individual's reported mental illness. I discuss how this additional information will help in assigning W-2 activities that will move the individual either toward secure employment, or toward SSI or SSDI if that is more practical.

MAXIMUS

The assessment process is put in the context of W-2. The report and assessment process are means for the agency to determine the individual's level of ability to participate; and, likewise, what things the agency shouldn't ask the individual to do; and further, what accommodations the agency should make to support participation.

America Works

Two-Minute Paper

Take a couple minutes and think about the material we've covered so far. What revelations came to mind? How can you apply what you've learned back in your office?

Revelations	Practical Application

3-2-1 Blast Off



How can you connect what you've learned to your job?

What are two questions you still have?

What are the three most important things you learned yesterday?

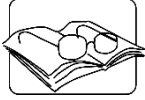
Collaborating with Mental Health Providers

The Provider's Perspective

Add your notes below based on potential concerns and recommendations from a mental health provider about completing the mental health report form, collaborating with the W-2 agency, and working with participants.

Questions on the Form			
Whole Puzzle	Communication	Definitions	Impacts
Additional Observations			

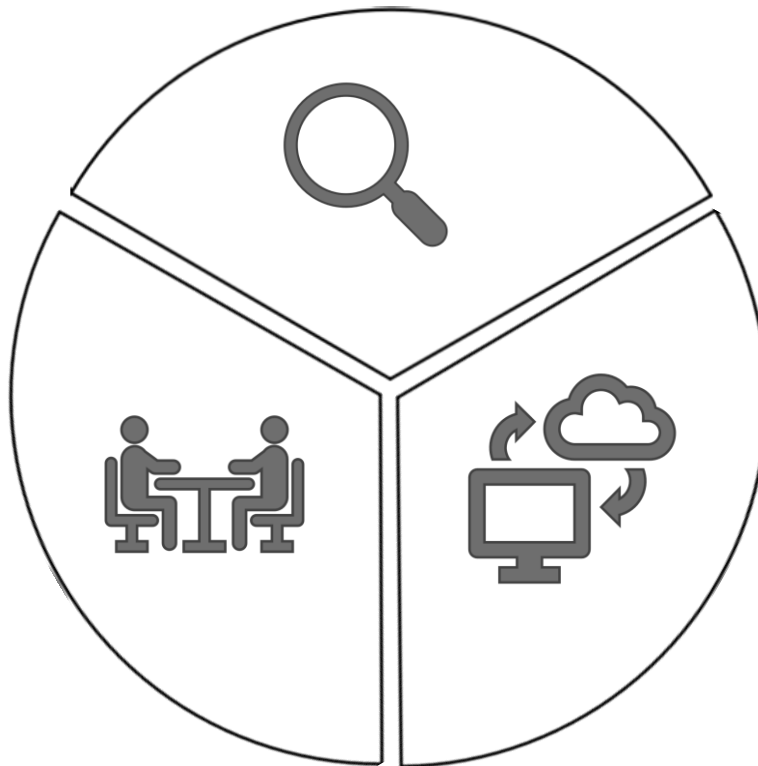
Working with Formal Assessment Results



W-2 Manual 5.5.1.2: How to Use a Formal Assessment
PTT Learning Center: Deepening the Connection: DVR and W-2 (webcast)

After receiving a completed formal assessment:

1. _____ the results and follow up if needed.
2. _____ the results with the participant.
3. _____ the results within 30 days.



Reviewing Formal Assessment Results

1. What information on the report stood out to you?
2. Where might you need to go to seek further information to help you better understand what the participant is experiencing, or your next steps?

Online Resources



<https://allpsych.com/>

Information on how mental illnesses develop, symptoms, treatment options, and prognosis.



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

Information on mental illnesses, potential treatments, as well as resources for support for both adults and youth.





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

Information on prescription and over-the-counter drugs as well as herbs, supplements and vitamins.



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

A to Z listings by disability, topics, and limitations. Contains ADA information, accommodation ideas, and resources for additional information.

	What information does the site contain on this topic in general terms?	How can this site and information be helpful when working with W-2 participants?
 <p>Substance Related Disorders</p>		
 <p>Anxiety</p>		
 <p>Effexor, Zoloft</p>		
 <p>Mental Health Impairments (focus on accommodations)</p>		

Discussing Formal Assessment Results



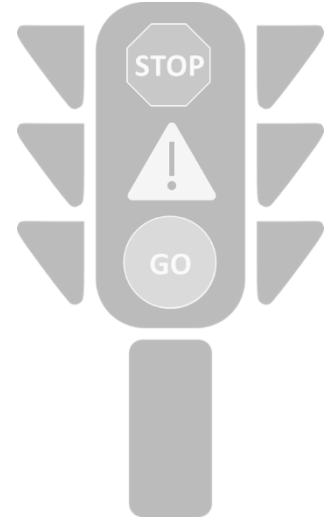
What goes wrong – Challenges, unexpected results.



Caution areas – Tread lightly, shift focus.

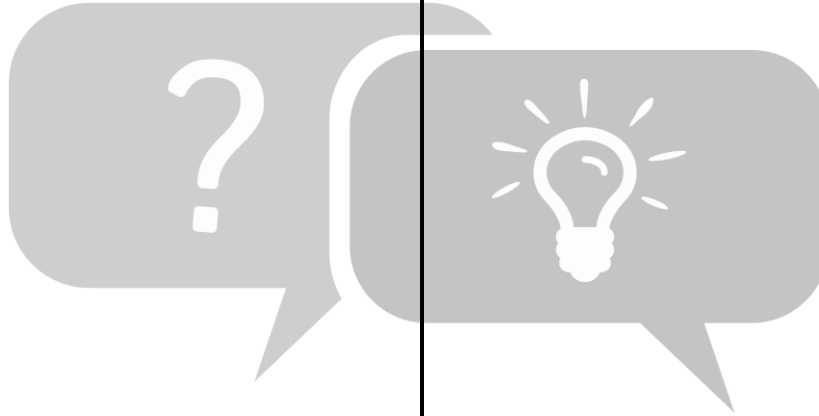


What goes well – Benefits, advantages.



Tips from Previous Sections

New Tips



Instructions: Fill in the blanks for the next two pages using 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.

1. Decreased stamina or _____/_____ refers to a person's inability to exert themselves over a prolonged period of time, or across a certain amount of repeated activity.
2. _____ can worsen the symptoms for a variety of mental illnesses. Looking for ways to reduce stress or remove stressors in the work environment can help.
3. _____ disorder is defined as recurrent panic attacks, at least one of which leads to at least a month of increased anxiety or avoidant behavior or experiencing fewer than four panic episodes, but having recurrent or constant fears of another panic attack. A person with an _____ disorder may experience feelings of panic; extreme physical, mental, or emotional stress; and intense fear.
4. A person may have limitations in exhibiting appropriate social skills, which impacts _____/_____. This might manifest itself as interrupting others when working or talking, demonstrating poor listening skills, and inability to communicate effectively.
5. _____ include experiencing decreased concentration due to auditory distractions and/or visual distractions.
6. Difficulties in organizing, planning, and prioritizing, known as _____, impact a person's ability to organize and strategize daily tasks, along with the ability to decipher the sequence in which job duties should be completed.
7. _____ may negatively impact a person's ability to process information quickly and effectively. This can include monitoring and changing behavior as needed, planning future behavior when faced with new tasks and situations, and anticipating outcomes and adapting to changing situations.
8. _____ affect a person's ability to recall something that is seen or heard. This may result in an inability to recall facts, names, passwords, and telephone numbers, even if such information is used regularly.
9. Limitations regarding _____ and _____ can affect a person's ability to mark time as it passes and to gauge the

proper amount of time to set aside for certain tasks. They may find it difficult to prepare for or to remember work activities that occur later in the week or month.

10. Staying awake at work sometimes can be difficult for an individual. _____
_____ impairments commonly are associated with chronic fatigue and depression. Having difficulty staying awake can result from fatigue or medication.

Questions You Can Ask

The following questions, modified from JAN, can help you and the participant identify potential limitations and accommodations:

- 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?



From the Field: Providing Accommodations

Some accommodations I have offered are more time to complete activities, the option to schedule appointments and activities later in the day, a flexible schedule to complete the activity on a different day, and meeting in an office with a door that could be closed to relieve the stress of a busy Job Center.

I also have used the Remind app to help participants with memory problems remember appointments/activities/classes they are scheduled for.

Forward Service Corporation

Accommodations that have helped participants include being able to take breaks as needed, having a quiet area to 'calm down' when needed, an overall adjusted schedule, and self-reflecting or emotional journaling.

I had one participant really take advantage of the self-reflection on emotions journaling. The participant stated it helped get "their emotions in check" or to almost "vent" them out. This allowed the participant to get over the situation faster. Overall, being able to journal made the participant more successful in other areas of his or her life, keeping the participant from shutting down or not doing other activities and tasks.

Workforce Connections, Inc.

Some participants feel extremely anxious at the idea of attending workgroups and interacting with unfamiliar people. One accommodation that worked well was to allow the participant to bring a support person to the workshop until he or she felt comfortable attending solo. I also included the accommodation of flexibility (take breaks as needed) during the workshop and made sure the workshop facilitator was aware of the accommodation.

Forward Service Corporation

Engagement in Activities

It can be challenging to help a W-2 participant choose activities that fit within his or her abilities, are recommended by a mental health professional, and fall within the guidelines of the W-2 program.

Coping Strategies for Dealing with Mental Illness

One way a W-2 participant can start to live with a mental illness is by developing coping strategies. How can these strategies be incorporated into a W-2 participant's EP?

1. Become an expert

Learn as much as possible about medications, keep up with current research and treatment options, and network with other people.

2. Recognize early symptoms

Learn when a pattern of symptoms develops by identifying certain stressors, times of year, or other factors that trigger symptoms.

3. Engage in treatment

A comprehensive approach is key. Treatment is more than just medication; it can help with nutrition, sleep, muscle tension, relationship strain, etc.

4. Develop a plan

To reduce uncertainty and stress, know what to do in a crisis. Know how to access a support system, crisis hotline, walk-ins, etc.

5. Find support

Sharing thoughts, fears, and questions with others who have the same illness can be helpful.

6. Avoid alcohol and substances

They disturb an already delicate emotional balance and block the road to recovery.

7. Get healthy

Follow a well-balanced diet, get regular exercise, practice relaxation, and address medication side effects.

8. Get involved

This includes paid employment, schooling, volunteer work, learning a new skill or hobby, and engaging in the community.

Coping Strategies – What’s Your Spin?

	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.
1. Become an expert		
2. Recognize early symptoms		
3. Engage in treatment		
4. Develop a plan		
5. Find support		
6. Avoid alcohol and substances		
7. Get healthy		
8. Get involved		

From the Field: Successfully Engaging W-2 Participants in Activities



I was working with a W-2 participant with severe mental health issues, in a W-2 T placement. The W-2 participant was assigned very few hours/week with activities that were mostly done at home, but mentioned she spends most of the day alone or crying. We discussed a work experience site to help her get out of the house. She was hesitant, but agreed to 2 hours/week in the sorting room of a resale store. The Job Developer went to the work site with her to help reduce the anxiety. Eventually, the W-2 participant asked to increase her hours because she enjoyed getting out of the house.

Forward Service Corporation

I was working with a W-2 participant that did not leave the home due to anxiety. The mental health provider suggested assigning 1 hour per day of employment search, but require the W-2 participant to do this in person and not apply online. The W-2 participant was assigned to a weekly group counseling session. This was done for several months, while slowly increasing activity hours. Within in a little less than a year, the W-2 participant has increased activity hours from 5 hours/week to 20, is now placed at a work experience site, and successfully obtained a driver's license.

Equus Workforce Solutions

For participants who want to recognize symptoms, I recommend the EMoods tracker (free app for Android thru Google Play) for people who prefer electronically tracking their mood/meds/side effects. It keeps all the information in their phone, and they can email it to me. It even creates graphs to provide a better understanding of mood/symptom fluctuation. There are similar free apps for iPhone.

Forward Service Corporation

Where Am I Now?

Re-visit the Self-Evaluation

What has changed since the beginning of class?

Where Am I Now? A Self-Evaluation

Consider and complete the following statements.

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 _____.

Two-Minute Paper

Take a couple minutes and think about all the material we covered today. What are your big take-aways? How can you apply what you've learned back in your office?

Take-Aways	Practical Application

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Resources

AllPsych Online: Psych Central's Virtual Psychology Classroom

<http://allpsych.com>

Ask Jan

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

Centre for Clinical Interventions

A resource for W-2 participants, with information packages with modules on different mental health issues that can be completed online or printed.

<http://www.cci.health.wa.gov.au/resources/consumers.cfm>

Cultural Orientation Resource Center

Information specific to refugee groups and their health issues.

<http://www.culturalorientation.net/library/publications#2>

HelpGuide.Org

A resource for W-2 participants, with a wide variety of articles on mental health, staying health, and relationships.

<http://www.helpguide.org/>

Job Accommodation Network (JAN)

<http://askjan.org>

Mayo Clinic

Information on drugs and supplements.

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

Mind

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

Mental Health America of Wisconsin

<http://www.mhawisconsin.org/>

MentalHealth.gov

www.mentalhealth.gov

Mental Health First Aid

Provides courses on assisting people with mental health issues and contains helpful blog posts.

<https://www.mentalhealthfirstaid.org/>

Multicultural Mental Health Australia

Cultural Awareness Tool for understanding cultural diversity in mental health.
http://www.mhima.org.au/pdfs/Cultural_aware_tool.pdf

National Alliance on Mental Illness (NAMI)

<https://www.nami.org>

<https://www.namiwisconsin.org/> (Wisconsin Chapter)

National Institute of Mental Health

<https://www.nimh.nih.gov/index.shtml>

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

<https://suicidepreventionlifeline.org>

PsyWeb.com

Depression and Mental Health resource.

<http://www.psyweb.com/>

Substance Abuse and Mental Health Services Association (SAMHSA)

Includes articles on mental health topics and a behavioral health treatment locator.

<http://www.samhsa.gov/>

Wisconsin Department of Workforce Development, Division of Vocational Rehabilitation

<http://dwd.wisconsin.gov/dvr/>

Appendix

Appendix A – Mental Illness Signs and Symptoms

Self-Injury

- Scars, often in patterns
- Fresh cuts, scratches, bruises, bite marks or other wounds
- Excessive rubbing of an area to create a burn
- Wearing long sleeves or long pants, even in hot weather
- Frequent reports of accidental injury

Depression

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
- Sleep disturbances, including insomnia or sleeping too much
- Tiredness and lack of energy, so even small tasks take extra effort
- Feelings of worthlessness or guilt, fixating on past failures or self-blame

Obsessive-Compulsive Disorder

- Fear of being contaminated by touching objects others have touched
- Images of hurting yourself or someone else that are unwanted and make you uncomfortable
- Thoughts about shouting obscenities or acting inappropriately that are unwanted and make you uncomfortable
- Avoidance of situations that can trigger obsessions, such as shaking hands
- Hand-washing until your skin becomes raw
- Checking doors repeatedly to make sure they're locked
- Counting in certain patterns
- Arranging objects to face the same way - intense stress when objects aren't orderly

Anorexia Nervosa

- Maintains an excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury
- Dresses in layers to hide weight loss or stay warm
- Intense fear of gaining weight
- Distorted perception of weight or shape
- Intense fear of gaining weight

Post-Traumatic Stress Disorder

- Recurrent, unwanted distressing memories of the traumatic event
- Reliving the traumatic event as if it were happening again (flashbacks)
- Upsetting dreams or nightmares about the traumatic event
- Trying to avoid thinking or talking about the traumatic event
- Being easily startled or frightened
- Overwhelming guilt or shame
- Trouble sleeping and concentrating
- Irritability, angry outbursts or aggressive behavior

Schizophrenia

- Extremely disorganized or abnormal motor behavior
- Resistance to instructions, inappropriate or bizarre posture, a complete lack of response, or useless and excessive movement
- False beliefs that are not based in reality
- Seeing or hearing things that don't exist
- Impaired communication. Answers to questions may be partially or completely unrelated.
- Negligence of personal hygiene
- Lack of emotion

Anxiety and Panic Attacks

- Persistent worrying or anxiety that is out of proportion to the impact of the events.
- Perceiving situations and events as threatening, even when they aren't
- Nervousness or being easily startled
- Indecisiveness and fear of making the wrong decision
- Nausea, diarrhea or irritable bowel syndrome
- Inability to relax, feeling restless, and feeling keyed up or on edge
- Difficulty concentrating, or the feeling that your mind "goes blank"

Bipolar Disorder

- Unpredictable changes in mood and behavior, resulting in significant distress and difficulty in life
- Depressed mood, such as feeling sad, empty, hopeless or tearful (in children and teens, depressed mood can appear as irritability)
- Marked loss of interest or feeling no pleasure in all — or almost all — activities
- Abnormally upbeat, jumpy or wired
- Increased activity, energy or agitation
- Exaggerated sense of well-being and self-confidence (euphoria)
- Decreased need for sleep
- Poor decision-making — for example, going on buying sprees, taking sexual risks or making foolish investments

Appendix B – Formal Assessment Agreement

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.

DCF-F-2565-E (R. 04/2020)

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 or Telephonic Signature Interaction ID	Date Signed
W-2 Agency Representative Signature	Date Signed

Appendix C – Completed Mental Health Report

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

Appendix D – Accommodation Association

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

<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>

Limitation: _____

Accommodation: _____

Why this accommodation works well:

Limitation: _____

Accommodation: _____

Why this accommodation works well:

Limitation: _____

Accommodation: _____

Why this accommodation works well:

Limitation: _____







Accommodation: _____

Why this accommodation works well:

Appendix E – Discussion Dice: From the Field

Directions: After reading through the From the Field examples, take turns by rolling the die and answering the question associated with the number you rolled. Continue around your group until time is up.



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