

Trainer's Notes

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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Materials

- Laptop and zoom link (a new link is created for each offering)
- Sign-in sheet
- Course evaluation link (a new link is created for each offering)
- The Provider's Perspective video – Can be downloaded from the "Trainers_Resources" folder on the ROCK
(<https://share.dcf.wisconsin.gov/cake/bwfpt/Documents/Forms/AllItems.aspx>)
- Create polls in Zoom for True or False Quiz

Day 1 Specific Materials

- The trainer sharing their screen during the Risks and Benefits of Disclosure section needs to create a whiteboard. They can create this after they are logged into the Zoom link for class or at the beginning of that section.

Suggested Pace

The following agenda is the suggested pace for the two-day course.

Day 1:

AM Session	Topic	PM Session
9:00 – 9:45	Introduction through Signs and Symptoms	12:30-1:15
9:45 – 10:15	What to Do	1:15-1:45
10:15-10:20	Energizer – Connect the Joke	1:45-1:50
10:20 – 10:50	Assessment/Informal Assessment	1:50-2:20
10:50 – 11:05	<i>Break</i>	2:20-2:35
11:05 – 12:05	Formal Assessment	2:35-3:35
12:05 –12:10	Energizer – Self-Care Moment: Temple/Ear Massage	3:35-3:40
12:10 – 12:25	Collaborating with Mental Health Providers (through From the Field)	3:40-3:55
12:25 – 12:30	Two-Minute Paper	3:55-4:00

Day 2:

AM Session	Topic	PM Session
9:00-9:10	3-2-1 Blast	12:30-12:40
9:10-9:20	The Provider's Perspective	12:40-12:50
9:20-10:05	Reviewing a Formal Assessment	12:50-1:35
10:05-10:10	Energizer – Rebus Puzzle	1:35-1:40
10:10-10:30	Discussing Formal Assessment	1:40-2:00
10:30-10:35	Applying Results (introduction)	2:00-2:05
10:35-10:50	<i>Break</i>	2:05-2:20
10:50-11:05	Identifying Accommodations	2:20-2:35
11:05-11:10	Energizer – Air Writing Review	2:35-2:40
11:10-11:45	Accommodation Association	2:40-3:15
11:45-12:15	Engagement in Activities	3:15-3:45
12:15-12:30	Where Am I Now, Two-Minute Paper	3:45-4:00

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 if needed to practice self-care.


Directions to Trainer: Assign learners a partner and send them to breakout rooms. In breakout rooms, learners introduce themselves and discuss the course learning objectives and what they are looking forward to learning in this course. Schedule breakout rooms to end after 4 minutes.

Trainer Instructions to Learners: We are going to begin today by heading to breakout rooms with a partner. Take a few moments to introduce yourself to your partner. After you've gotten acquainted, take a look at the learning objectives for this course and discuss what you are looking forward to learning more about. You have 4 minutes to chat with your partner.

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.

Please put an emoji in the chat to express how you would feel sharing one of those experiences in class today.

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.

Please put an emoji in the chat to express how you would feel if we asked you to tell another learner if you've done one or all of 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?

 PPT 3

Ask If you are familiar with the term "stigma" use your reactions to raise your hand.

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. Give us a thumbs up in the chat when you're finished.

Mental Illness Defined PPT 4 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 are the keys to help determine if a concern is becoming an illness?
Answer: frequency and severity.

Where Am I Right Now? A Self Evaluation

☀ PPT 5

📄 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.

Please 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. After learners are finished composing answers, ask them to stop working and share anything they are comfortable sharing with 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

 PPT 6

 PG 6

Polling Activity: True or False Quiz

Purpose: To generate and guide discussion on mental illness.

Materials: Pre-made polling questions

Estimated Length: 15 minutes

Directions to Trainer: Open polling questions one at a time. After all learners have answered, or 20 seconds have passed, share the results.

Trainer Instructions to Learners: We are going to answer some true or false questions related to mental illness. When you see a poll pop up on your screen, 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](https://www.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*

☀ PPT 7

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 8

📄 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? Type a sign or symptom you've seen in the chat.

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 9

 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? Give us a thumbs up if you've experienced this situation, or thumbs down if you have not.

Ask How many of you have had a situation where a participant is withdrawn and doesn't participate? Again, give us a thumbs up if you've experienced this situation, or thumbs down if you have not.

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

Strategies and Interaction Tips Blast Activity

 PPT 10

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: 15 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. Send learners to breakout rooms for a total of 7 minutes.

Directions to Learners: In a moment, we will send you to breakout rooms. 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 7 minutes.

Note to Trainer: While learners are in their breakout rooms, pull up a whiteboard to record the strategies and interaction tips shared by the groups during the report out. If you created the Risks and Benefits whiteboard prior to class, you need to add an additional whiteboard by clicking the add button in the bottom right corner of the whiteboard.

Welcome back! Let's hear from each group spokesperson and compile our list of strategies and interaction tips.

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 their thoughts.*
- *Be flexible with appointment times and locations. Consider if the participant has a preferred time of day to meet, or if they would rather meet virtually than in person.*
- *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 in getting connected to those resources.*
- *Explain what you can do and what you cannot do to help.*
- *Communicate each step.*
- *Validate, acknowledge, and support 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 11

 PG 9, PG 53 (Appendix E)

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

Materials: PG, Online Dice Website - <https://freeonlinedice.com/>

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. Divide learners into 3 groups, with each group assigned a trainer. Depending on class size, the producer may need to go into the breakout room with a group. Then, put the link to the dice website in the chat and move each group and trainers to breakout rooms. Trainers use the dice website to determine which Discussion Dice question each learner gets to answer. The trainers do not need to debrief the group discussions. Give learners 7 minutes total for discussion in the breakout rooms. 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 Participant Guide. Pay attention to what worked well and how the approach is similar to or different from what you would do.

Now, turn to Appendix E in your Participant Guide. In breakout rooms, we will take turns rolling an online die and answering the corresponding question on the Discussion Dice page. One of the trainers will accompany you into the breakout rooms to run the online die. Continue moving around your group, taking multiple turns, until we return to the main room. The person who played a board game most recently will go first. You have 7 minutes in the breakout room.

Ask What can I clarify for you?

Welcome back! In a moment, we’ll continue our conversation on ways to interact with participants and how we can use the tools with the W-2 program to guide those interactions. Before we do, let’s take a moment to enjoy a laugh or two.

Energizer: Connect the Joke PPT 12


Estimated Length: 5 minutes

Directions to Learner: We have displayed four jokes on the screen. See if you can match the joke question, numbered 1-4, with the correct joke answer, letter A-D. You can use your draw annotation to draw lines to match them or put the number and letter combination in the chat. You have about a minute.

How did you do?  Here are the correct answers.

 PPT 13

We have one more round. Go ahead and use your draw annotation to draw lines to match them or put the number and letter combination in the chat. You have about a minute.

 Here are the correct answers.

Good job! We're going to move on to assessment and how we use it when interacting with participants.

Assessment PPT 14 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 assessments, which help 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? Flood the chat with those reactions.

Possible answers:

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

Ask When someone is not well mentally, how do most people react? Flood the chat with those reactions.

Possible answers:

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






Informal Assessment

 PPT 15

 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 on the screen to get you started. The approaches include:

-  Ongoing conversations
-  Asking open-ended questions, such as, "How would you describe your typical day or week?"
-  Going through the WWP informal assessment driver flow
-  Reviewing questions on the WWP **Participant Barriers** page
-  Gathering reports from other activity supervisors, such as workshop facilitators, worksite supervisors, etc.

Ask What informal assessment approaches have you used to learn more about what a participant is experiencing? See if you all can come up with at least as many as we did. We'll add them to list as we go.

Note to Trainer: Use the text annotation to add learner's approaches on the screen.
*Possible Answers: questions on the **Job Readiness** page, discussing personal goals, inquiring about social supports, approaches to self-care*

Now that we have a pretty good list, open your stamp annotation tool. Put a check mark next to approaches you use regularly, and put a question mark stamp next to approaches you'd like to hear more about.

Note to Trainer: For any approach that has a question mark, ask for learners who have used that approach to share how they use it.

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 16

PG 10

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 17

PG 11

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 are 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.

Note to Trainer: Give learners a couple minutes to write down their suggestions. As learners are sharing their suggestions, use text annotation to add suggestions to the list on the screen.

Let's see what else you can come up with. What suggestions can you think of for addressing stigma in a way to help put a participant at ease? Shout it out or put it in the chat, and we'll add it to the screen.

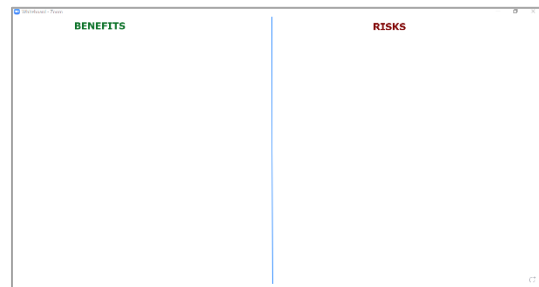
Possible responses:

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

[Clear annotations]

Risks and Benefits of Disclosure

Note to Trainer: Share a whiteboard that is divided in half with the title of Benefits on the left side and Risks on the right side. Be sure to use the Whiteboard option under the Share button in Zoom, and not the Whiteboard button.



📄 PG 11

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.

What might that list look like? Think about what a participant might consider to be some benefits and some risks of disclosing a mental illness to you, a friend, or a family member? As you think of those benefits and risks, use your text annotation tool to add each item to the appropriate side of the whiteboard.

Note to Trainer: If learners need a prompt, add one of the possible answers to each side of the chart. As learners add their ideas, move the annotations around as needed for readability.

Possible answers:

Benefits

- *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*

Risks

- *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*

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 18

 PG 12

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

 TN Appendix A (48-49)

 PG 45-46 (Appendix B)

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 5 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 19


 PG 12-13


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: 20 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, group learners into pairs and put them into breakout rooms for a total of 5 minutes to create a sound bite regarding their chosen tip.


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 help them to identify 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, mental health services can be framed positively by emphasizing the potential for growth, well-being, and resilience that comes with seeking support. Consider keeping up to date contacts and program information for local mental health services handy, along with a list of tips on how to choose a provider.

 In your Participant Guide, there is a list of tips that can help you explain the formal assessment process positively. Many of these tips are 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. Be prepared to share the tips you've used with a partner.

 Next, you will be sent to a breakout room with a partner (or two) to discuss the tips you initiated. Then, as a group, create one sound bite. A sound bite is a concise and impactful statement. To create your sound bite, you and your partner(s) will choose a tip and discuss how you have used this tip to talk about Formal Assessments with participants. Following your discussion, come up with a short sound bite from that conversation.

PPT 20

The goal of your sound bite is to show an example of how that tip might sound, in conversations with participants.  When creating your sound bite, keep it to 1-3 sentences that contain your main point. It should last about 10-15 seconds. Be prepared to share your sound bite when you return to the main room.

Let me build off the previous example. I mentioned having an information sheet with mental health programs in the area that includes tips on how to choose a provider. If I were to create a sound bite from a conversation with a participant about mental health, I might say this:  “Participating in a mental health assessment can help you identify your strengths and areas you might benefit from more support, but it can be overwhelming to find a provider. This list helps you narrow down the search and find one that meets your individual needs. I’ve also included some possible questions to ask when setting up an appointment.” You’ll have 5 minutes to choose a tip and create your sound bite.

Ask What questions do you have before you go to a breakout room with your partner?

Welcome back! Let’s hear your sound bites. When I call on your group, please share the tip you chose, then give us your sound bite.

Formal Assessment Part 3 – Video

PPT 21

TN Appendix A (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. As you hear the tips used by the FEP, type them in the chat to share with the group.



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? Unmute and let us know.

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? Unmute and share your thoughts.

Possible Answers:

- *Validated feelings while reminding participant of 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 22

 PG 14

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

Materials: The participant statements from the PG.

Estimated Length: 12 minutes

Trainer Instructions to Learners: Now that you saw how to respond to a participant's concerns, you have a chance to practice. Let's look at the statements in your Participant Guide and formulate responses using what you have learned about addressing concerns while keeping the conversation positive.

1. I already see a medical doctor. Can't I just get some medication if needed?
Possible Response: You trust your medical doctor. Perhaps they may have additional recommendations.
2. I have felt this way for years. Nothing has changed.
Possible Response: A formal assessment could confirm your situation and give possible suggestions for managing.
3. If I am diagnosed, I'll always be known as that illness.
Possible Response: You decide who you disclose your illness to. A formal assessment helps you to find accommodations and resources for managing your condition.
4. I thought this program helps me find a job. Why do you need to know such personal things?
Possible Response: Your personal life plays a key role in maintaining employment; a formal assessment helps you identify potential barriers that might come up.
5. I don't want everyone knowing my business.
Possible Response: Your need for privacy is very important to you. Keep in mind, we keep your information confidential.
6. If I see a professional, they will make me do things I don't want to do, like go to a support group.
Possible Response: The thought of adding more things to your schedule is overwhelming.

Cultural Implications

PPT 23

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 24

 PG 15

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 25

 PG 16

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.

Making the Case for Interaction and Explanation

PPT 26

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: none

Estimated Length: 15 minutes

Directions to Trainer: Learners will review the tips in their Participant Guide, select their two most important tips, and add their why. Then, learners turn on their webcams and take turns sharing their tip and making the case for why they feel that tip is the most important.

Trainer Instructions to Learners: So far today, we have talked about interaction tips for discussing mental illness while promoting a safe and positive climate and culture. We've also talked about 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 two tips you think are 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” as to why you feel it is the most important. Feel free to write your why next to the tips you choose. 📄 As a reminder, these tips are on pages 8, 9, 11, 12, and 15 in your Participant Guide. You have three minutes to look through your guide and make your choice.

Note to Trainer: Allow learners 3 minutes to review.

Now that you have your tips and your why, if you are able, please turn on your webcam. When your name is called, share one tip and “make the case” for that tip by explaining why you feel it is the most important or why this tip holds the most value to you. When you are finished sharing your tip, please turn off your webcam and choose a person whose webcam still is on to share their tip.

Note to Trainer: After all learners have had a chance to share and if time allows, ask learners to turn their cameras back on and repeat the process to share their second tip.

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.

Before we move on to discussing how we collaborate with mental health providers, let's pause for a moment of self-care.

Self-care Moment: Temple/Ear Massages

☀ PPT 27

Estimated Length: 5 minutes

Directions to Trainer: Turn on your webcam and demonstrate each massage as you are reading the instructions.

Directions to Learner: Throughout our time together, we plan to take some self-care moments to give your mind and body a little rest. We'll start with an earlobe Massage – Using your pointer finger and thumb, massage each lobe simultaneously. Apply pressure and pull down, massaging gently, and draw focus to the forefront of your mind. Next, let's do a temple Massage - Use your pointer and index fingers to massage both temples simultaneously. Apply pressure gently and draw focus to the forefront of your mind.

Collaborating with Mental Health Providers

 PPT 28 PG 17

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 29

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 30

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.*
- *Various types of activities the participant could be engaged in, including virtual options.*
- *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 31

📄 PG 18, PG 55 (Appendix E)

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

Materials: PG, Online Dice Website - <https://freeonlinedice.com/>

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. Divide learners into 3 groups, with each group assigned a trainer. Depending on class size, the producer may need to go into the breakout room with a group. Then, put the link to the dice website in the chat and move each group and trainers to breakout rooms. Trainers use the dice website to determine which Discussion Dice question each learner gets to answer. The trainers do not need to debrief the group discussions. Give learners 7 minutes total for discussion in the breakout rooms. Discussion Dice: From the Field occurs four times in this class.

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.

In breakout rooms, we will take turns rolling an online die and answering the corresponding question on the Discussion Dice page. One of the trainers will accompany you into the breakout rooms to run the online die. Continue moving around your group, taking multiple turns, until we return to the main room. The person who played a board game most recently will go first. You have 7 minutes in the breakout room.

Ask What can I clarify for you?

Welcome back to the main room. Ensuring providers understand the W-2 program may help you and the participant get better results on the mental health report form. Let's take some time to review everything we learned today.

Two-Minute Paper - Day 1 Closing

 PPT 32 PG 19

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 the class to continue their learning.

Estimated Length: 8 minutes

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

Trainer Instructions to Learner: To close out the day, we want you to reflect on everything we've covered and summarize that reflection in two-minutes in the space in your Participant Guide. What revelations have you 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 2 minutes to gather your thoughts and write your response.

Note to Trainer: Ask a couple learners to share their two-minute paper.

That's all we have for you today. Thank you for your participation. We hope you have a great rest of your day and we'll see you back here tomorrow!

3-2-1 Blast Off -Day 2 Opening

 PPT 34 PG 20

Purpose: Learners self-reflect on the material covered on day one, and gather their thoughts regarding any questions they may have and the three most important things they learned. Learners share their responses in small groups to continue their learning.

Estimated Length: 10 minutes

Directions to Trainer:

Part 1: Instruct learners to write down responses to the questions on the chart in the Participant Guide. These are quick answers to get learners thinking and can be a sentence or a few words. Allow 2-3 minutes.

Part 2: Place learners in groups of 2-3 to share their responses written on the chart. Breakout rooms end after 4 minutes.

Trainer Instructions to Learner:

Part 1: To begin today, we want you to reflect on everything we covered yesterday and complete the questions in your Participant Guide. As we start day two, reflect on the three most important things you learned yesterday. What are two questions you still have? And finally, what can you take back and apply in your office? You have two minutes to gather your thoughts and write your responses.

Part 2: Now, you'll go to a breakout room to share your responses with fellow learners.


Note to Trainer: When groups return, ask a couple learners to share any of their responses.

The Provider's Perspective

 PPT 35

 PG 21

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.

The Provider's Perspective Video

 PPT 36

Next, we'll hear a little more from this provider and her perspective by watching an 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.

While you're watching the video, we want you to add any observations or comments that stand out to you in the chat. I'm going to ask one of you to pick a movie snack on the screen to determine how many observations each of you need to add to the chat.

Choose a learner to reveal a number.  **Click** on the snack item the learner chooses to reveal the number.

It looks like three is the magic number. This means each of you need to add at least three comments in the chat while watching this interview. Your comments can be a word or phrase that stands out to you, a thought that crosses your mind, and so on. There are “x” of you in class today, so we should see “x” observations in the chat.

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

Invite learners to take a couple minutes to scroll back through the chat, noting similarities and differences in everyone’s observations.

 PPT 37

 PG 21

We have some observations to add as well. Here a few things that stood out to us about this interview.

 **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.

 **Communication between the W-2 worker and the Mental Health provider:**

- The W-2 worker takes responsibility for sending the Mental Health 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.

 **Acknowledge mental illness impacts:**

- Gina mentioned the fluidity of mental illness. Keep in mind how the impact of mental illness can change from day to day.
- Think about comparing 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 38

 PG 22

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 39

 PG 23


Ask What are some reasons you may want to review the completed formal assessment form before meeting with the participant? Unmute and let us know.

Possible answers:

- *Determine if 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.

 TN Appendix B (52-57)

 PG 46-50 (Appendix C)

Estimated Length: 22 minutes

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. Then we will discuss the mental health report form as a group.

Debrief Questions

- What information in the report stood out to you? Let's hear from a couple of you.
- 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 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 in 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 40**


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

 PPT 41

 TN Appendix B (52-57)

 PG 24

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

Estimated Length: 20 minutes

Directions to Trainer: Divide the class into four groups. Assign each group a website to use to research and report on a topic related to Jill's formal assessment results. Send groups to breakout rooms for 10 minutes.

- AllPsych – substance related disorders - <https://allpsych.com/>
- Mind – anxiety - <https://www.mind.org.uk/>
- Mayo Clinic – Effexor, Zoloft - <https://www.mayoclinic.org/>
- AskJan – mental health impairments (accommodations) - <https://askjan.org/>

Trainer Instructions to Learners: Let's explore these websites a bit further. We will divide you into groups. Each group will be assigned a website and a topic related to

Jill's mental health assessment. You have 10 minutes to use the site to answer the questions related to your group's assigned topic. Record your findings in the chart in your Participant Guide. The website and topics are listed in the first column of the chart. The person whose birthday is closest to the first of the year will report out to the large group.

Debrief:

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.*

Before we dive into discussing formal assessment results, let's give our brains a quick break. It's time to get you thinking differently with some rebus puzzles.

Rebus Puzzle Energizer PPT 42

Estimated Length: 5 minutes






Directions to Trainers: Inform learners of what a Rebus puzzle is, and then go over the example in the PPT. After you go over the example, instruct learners to decipher the Rebus puzzles on the screen. When learners believe they know the answer, they should type it in the chat or can unmute and shout it out. After a learner is correct, or 30 seconds have passed, reveal the answer.

Trainer Instructions to Learners: Rebus puzzles are riddles that are made up of pictures and/or words. All the Rebus puzzles we will show you portray a common word or phrase. Let's take a look at the example on the PPT. Notice the word image on the screen. Because the word HEAD is over the word HEELS, the answer to the puzzle is

 Head Over Heels.

Decipher the Rebus puzzles as they display on the screen. When you think you know the answer, put it in the chat or unmute and take your best guess.

PPT 43

-  *Forgive and Forget*
-  *You are full of bologna*
-  *On cloud nine*
-  *Head for cover*
-  *Red in the face*
-  *Trail mix*

Hopefully, those rebus puzzles weren't too tricky and gave you a quick break. Now let's transition into discussing formal assessment results.

Discussing Formal Assessment Results

PPT 44

PG 25

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 Signs

PPT 45


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


Estimated Length: 20 minutes


Directions to Trainer: Learners write down things that can go wrong, cautions, and things that can go right when discussing formal assessment results. When reading

through the instructions, let learners complete each step before moving onto the next one. When all steps are complete, send learners into a breakout room with a partner to discuss the responses for each shape. Set breakout rooms for 7 minutes.

Trainer Instructions to Learners:

 First, 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 by the octagon in your Participant Guide.

 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 by the triangle in your Participant Guide.

 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 by the circle in your Participant Guide.

In a moment, we will send you to breakout rooms with a partner to discuss the key words you wrote down for each shape. When you return to the main room, we will talk about what you discussed.

Debrief Questions


1. What similarities did you notice?
2. What cautions did your partner share that you hadn't thought of?
3. What are some things that can go well that stood out to you?

 PPT 46

 PG 26

Keeping in mind the things you just mentioned that can go well, think back to other interaction tips we discussed earlier today and yesterday - 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 5 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 47

 PG 27

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

Ask learners to unmute and 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 48

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).

PPT 49

PG 27-29

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? Please unmute to share your thoughts.

Answers will vary.

TN Appendix B (52-57)

PG 45-46 (Appendix C)

Let's refer back to Jill's Formal assessment. Using the information you just read, go through the Formal Assessment and highlight potential limitations identified by the provider. Flood the chat with the different limitations you identify.

Possible answers:

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

Before we continue discussing accommodations, we want to get you up and moving for a minute with some air writing.

Air Writing Review Energizer

PPT 50

Estimated Length: 5 minutes

Directions to Trainer: Learners think of two key terms/concepts that they learned today. Then, they choose two body parts from the PowerPoint slide to spell out those key terms. Learners spell each key term twice, once with each body part. Demonstrate what you are asking learners to do by turning on your webcam and spelling out AskJan with your elbow. Give learners four minutes to spell their words.

Directions to Learner: Think of two key concepts that we've talked about today. Now, choose two body parts displayed on the screen. There's no need to write them down; just remember them. Next, stand up and spell out the key terms using only the body parts you've chosen. Spell each word twice, using each body part you selected. When you are finished, sit back down and put your favorite ice cream flavor in the chat so we know you're done. I'll start by spelling AskJan with my elbow.

Now that you've had a chance to move around a bit, let's refocus and continue working with accommodations.

Accommodation Association

PPT 51

 TN Appendix C (58-61)

 PG Appendix D 50-53

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.

Estimated Length: 25 minutes

Directions to Trainer: First, learners review the accommodations listed in the appendix of their Participant Guide. Then, in breakout rooms, groups identify various accommodations that allow participants experiencing assigned limitations to successfully engage in activities. Learners can use the Accommodation chart in the appendix of the Participant Guide as well as their experience in the field to find appropriate accommodations for each limitation. There is space in the appendix of their Participant Guide for learners to justify why the accommodation works well.

Create three groups. Put group numbers, learner names, and assigned limitations in the chat. Put groups into breakout rooms for a total of 10 minutes. After the groups return to the main room, pick a group to report and encourage learners to complete the corresponding charts in their guide.


Group 1:
Fatigue or Weakness
Stress Management
Panic/Anxiety
Sleep Disorder

Group 2:
Working Effectively with Supervisors & Coworkers
Concentration Deficits
Organizational Deficits

Group 3:
Problem Solving Deficits
Memory Deficits
Time Management or Completing Tasks

Trainer Instructions to Learners:

Part 1: You now have a good idea of some limitations associated with mental illness, so it is time to look at various accommodations that allow participants to successfully engage in activities. For the next five minutes, review the list of accommodations in the appendix of your Participant Guide. When you're finished reviewing the list, please put your favorite candy in the chat so we know you're done.

Part 2: In a moment, we will put assigned groups in the chat. Each group is assigned three to four different limitations.  Using the Accommodations Association chart in the appendix of your guide and your experience in the field, work together to determine various accommodations that can be used for the limitations your group is assigned.

Pay attention to the different accommodations you see in the appendix. Also think about accommodations you have used that aren't listed, and ones that are new ideas for you.

Chances are more than one accommodation will be a good fit for a limitation. As a group, try to come up with at least three accommodations for each limitation.

While documenting the accommodations, be sure to record your reasoning for why an accommodation works well in the appendix of your Participant Guide. After 10 minutes, we will return to the large group and report out on the accommodations we've found for each limitation. The person with the most siblings in the group will report out.

Note to Trainer: When the groups return, have each group report out on their top three accommodations for each limitation. After each group reports out, ask if learners not in the group had any accommodations for the limitation they would like to share.

Debrief Questions

- What accommodations were new to you?
- What accommodations do you use for participants that we didn't talk about?

PPT 52

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 53 PG 30, PG 55 (Appendix E)

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

Materials: PG, Online Dice Website - <https://freeonlinedice.com/>

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. Divide learners into 3 groups, with each group assigned a trainer. Depending on class size, the producer may need to go into the breakout room with a group. Then, put the link to the dice website in the chat and move each group and trainers to breakout rooms. Trainers use the dice website to determine which Discussion Dice question each learner gets to answer. The trainers do not need to debrief the group discussions. Give learners 7 minutes total for discussion in the breakout rooms. Discussion Dice: From the Field occurs four times in this class.

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.

Now, turn to the last page of your Participant Guide, Appendix E. In breakout rooms, we will take turns rolling an online die and answering the corresponding question on the Discussion Dice page. One of the trainers will accompany you into the breakout rooms to run the online die. Continue moving around your group, taking multiple turns, until we return to the main room. The person who played a board game most recently will go first. You have 7 minutes in the breakout room.

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

Engagement in Activities

 PPT 54 PG 31

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 help 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

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 moment to review these on your own.

Coping Strategies Activity

 PPT 55

 PG 32

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: PG, online spinner website
<https://wordwall.net/resource/10203813/wheel-spinner-1-8>

Estimated Length: 20 minutes

Directions to Trainer: Go to the online spinner website and share the screen with the class. The spinner contains a numbered section for each of the coping strategies. Call on learners in alphabetical order. Spin the wheel and ask the learner to answer the correlating question.

Trainer Instructions to Learners: Throughout the day, we've discussed some of the limitations associated with mental illness, and we've identified accommodations that


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 mental illness and completing W-2 activities.

In the Participant Guide, there is a list of eight coping strategies, and on our screen is a virtual spinner. When I call your name, we will spin the spinner. The number it lands on correlates with the strategy listed in your guide. You can choose to  give an example of how the strategy could be incorporated into a participant's EP, or share a resource you know of, that could help with the strategy.

There is space in your Participant Guide to take notes. Is there anything I can clarify before we start?

Discussion Dice: From the Field

 PPT 56

 PG 33, PG 55 (Appendix E)

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

Materials: PG, Online Dice Website - <https://freeonlinedice.com/>

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. Divide learners into 3 groups, with each group assigned a trainer. Depending on class size, the producer may need to go into the breakout room with a group. Then, put the link to the dice website in the chat and move each group and trainers to breakout rooms. Trainers use the dice website to determine which Discussion Dice question each learner gets to answer. The trainers do not need to debrief the group discussions. Give learners 7 minutes total for discussion in the breakout rooms. Discussion Dice: From the Field occurs four times in this class.

Trainer Instructions to Learners: We have one more round of Discussion Dice. Read through the From the Field examples in your guide that focus on engaging participants in activities. Pay attention to what worked well and how the approach is similar to or different from what you would do.

Now, turn to the last page of your Participant Guide, Appendix E. In breakout rooms, we will take turns rolling an online die and answering the corresponding question on the Discussion Dice page. One of the trainers will accompany you into the breakout rooms to run the online die. Continue moving around your group, taking multiple turns, until we

return to the main room. The person who played a board game most recently will go first. You have 7 minutes in the breakout room.

As you know, the W-2 program has a lot of flexibility in the types of activities available. You may be able to engage participants with mental illness in similar activities as other participants while adding any activities to help manage the mental illness.

Where Am I Now?

We've covered a lot of ground regarding mental illness over the last two days. 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 57

📄 PG 34

Remember the self-evaluation you completed yesterday? 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.

Ask Is anyone willing to share what has changed since filling out the self-evaluation yesterday?

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 _____.

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.

Evaluation

Note to Trainer: Post the class evaluation in the chat.

We've posted our class evaluation in the chat. Before we start our closing activity, please take a few minutes, and fill out the evaluation. We greatly appreciate your feedback.

When you're finished with the evaluation, give us a thumbs up in the chat so we know everyone is ready to close out the day.

Two-Minute Paper & Closing

 PPT 58

 PG 35

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

Estimated Length: 8 minutes

Directions to Trainer: 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. Then, each learner will share one takeaway and one practical application.

Trainer Instructions to Learner: You are writing a two-minute paper on the material we've covered throughout this course. In your Participant Guide, write down your responses in the chart. What is your biggest take-away? How can you apply what you've learned back in your office? This is a quick rapid-fire writing activity, so you have 2 minutes to gather your thoughts and write your response. Be ready to share your response with the group.

 PPT 59

Thank you all for sharing your Two-Minute Papers and for your participation throughout this course! Have a great rest of your day!

Trainer Appendix A

Formal Assessment

- W-2 Formal Assessment Agreement (for trainer)
- Formal assessment agreement discussion video script (for trainer)

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.

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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 [Redacted]	Date Signed [Redacted]
W-2 Agency Representative Signature [Redacted]	Date Signed [Redacted]

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.

Trainer Appendix B

- Completed mental health assessment for Jill (for the trainer)

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, Poor Coping Skills (DSM-IV is obsolete)
Axis II: _____	Axis V: Current GAF: _____	
Axis III: _____	Highest GAF Past Year: _____	

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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 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
- 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

Trainer Appendix C

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>