

# ***Trainer's Notes***

## **Working with W-2 Participants with Multiple Barriers**

---

### **Purpose**

Workers engage participants with multiple barriers to reach their goals and move toward self-sufficiency.

### **Objectives**

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

- Summarize what case management means when working with W-2 participants with multiple barriers.
  - Use assessment results to help W-2 participants with multiple barriers reach their program goals.
  - Demonstrate engagement techniques that assist W-2 participants with multiple barriers to, reach self-sufficiency.
-

**Table of Contents**

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

    Materials..... 4

    Suggested Pace..... 5

**WELCOME..... 6**

**INTRODUCTION ..... 6**

    Empathy ..... 7

**LIVING WITH MULTIPLE BARRIERS..... 10**

**ASSESSMENT ..... 13**

    Informal Assessment..... 13

        Informal Assessment Activity ..... 14

    Formal Assessment ..... 15

        Formal Assessment Activity ..... 17

    Career Assessment..... 18

        Career Assessment Activity ..... 19

        How We Use Assessment Results ..... 20

**GOAL SETTING..... 21**

    Goal Setting Tools..... 21

        SMART Goals ..... 22

**ENGAGEMENT ..... 25**

    Activities ..... 27

    Activities (Continued) ..... 27

**ACCOMMODATIONS..... 32**

**CLOSING..... 36**

**APPENDIX A – CAMILA..... 37**

    Camila’s Story ..... 37

    Camila’s Formal Assessment ..... 39

    Camila’s Career Assessment..... 44

**APPENDIX B – MONICA ..... 48**

    Monica’s Story..... 48

    Monica’s Formal Assessment ..... 50

    Monica’s Career Assessment ..... 55

**APPENDIX C – RAMONA ..... 56**

    Ramona’s Story..... 56

    Ramona’s Formal Assessment ..... 58

    Ramona’s Career Assessment ..... 63

**APPENDIX D – TIANA ..... 65**

    Tiana’s Story ..... 65

    Tiana’s Formal Assessment..... 67

    Tiana’s Career Assessment..... 72

**APPENDIX E – TERRY ..... 73**  
Terry's Story ..... 73  
Terry's Formal Assessment ..... 76  
Terry's Career Assessment..... 81  
**APPENDIX F – SNOWFLAKE AND SUN..... 83**

**Materials**

---

**Trainer Materials**

- Computer, LCD projector, and portable speakers
- TN, PG, and PPT
- Sign-in sheet
- Evaluations
- Name tents
- Any tabletop items you choose

**Activity Materials**

- Index cards (one for each learner)
- White 8.5 x 11 paper (at least one sheet for every learner)
- 5 copies each of Appendices A-E
  - Each table will be assigned one participant
  - Each learner at each table receives a copy of the information
- 5 Dice (1 die for each table group)
- Multiple pieces of flip chart paper
  - Three pieces of prepared flip chart paper with one of the following labels:
    - Informal Assessment
    - Formal Assessment
    - Career Assessment
  - One piece per table (One Minute Summary)
  - One piece per table (Engagement Activity)
  - One piece per table (What's in it for Me – Poster Activity)
- Timer (of your choice)
- Stickers (optional)
- Post-it notes (enough for each learner to use multiple notes)
- 40 pre-cut snowflakes (suns); or pre-cut & laminated so they can be reused (template in Appendix F)
- Poster paper markers on each table
- Painter's tape

***Suggested Pace***

---

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

9:00 – 9:23: Welcome – Empathy

9:23 – 9:54: Multiple Barriers Challenge – Living with Multiple Barriers

9:54 - 10:30: Assessment – Informal Assessment

*10:30 – 10:45: Break*

10:45 – 11:20: Formal Assessment – Formal Assessment

11:20 – 12:00: Career Assessment – Assessment Revisited

*12:00 – 1:00: Lunch*

1:00 – 1:40: How We Use Assessment – Goal Setting Activity

1:40 – 2:10: Seasonal Check-In Summer – Activities

2:10 – 2:30: One-Minute Summary – Challenges and Solutions Gallery Walk

*2:30 – 2:45: Break*

2:45 – 3:15: Engagement Activity

3:15 – 3:45: Accommodations – Accommodations Activity

3:45 – 4:00: What's in it For Me – Closing

## Welcome

---

### PPT 1

Thank you for joining us today. In this course, we spend our time together focusing on assisting participants and/or families who have multiple barriers. Participants with barriers can be a challenge to engage in the W-2 program, especially those dealing with multiple barriers. It's our role to assist families as they work toward self-sufficiency.

Self-sufficiency may look different for participants with multiple barriers. It's not just about full-time employment. It could mean the participant obtains part-time employment, is determined eligible for SSI or SSDI, or takes the first step toward achieving a goal. How we assist families in moving toward self-sufficiency looks different based on each family's needs and strengths.

Today, we'll discuss assessment, goal setting, and other engagement strategies. These aren't new concepts. In fact, you probably are very familiar and skilled at implementing these concepts. Today, though, we invite you to think about how you can use, modify, or adjust your current techniques to better engage participants with barriers.

**Note to Trainer: Introduce** yourself to the learners. Share any important or significant housekeeping or location announcements. You also may want to point out class evaluations.

## Introduction

---

### *Seasonal Check-In*

### PPT 2

**Purpose:** Learners interact with other learners to network, share ideas, and strategize.


**Materials:** One 3x5 index card for each learner, and an example card for demonstration.

**Estimated Length:** 10 minutes

**Directions to Trainer:** Provide each learner an index card. Have a prepared index card to show as an example. This activity is divided into four parts. This is a partner activity. If there is an odd number of learners, there will be one group of three for each round. Trainer(s) should pay attention to this and help direct learners into a triad if needed. Learners answer the question on the PPT. Allow learners two minutes to share with a partner for each round. This, and the subsequent seasonal check-ins, aren't debriefed.

**Trainer Instructions to Learners:**

**Part 1:** Throughout the day today, you'll have multiple opportunities to network, share, and learn from your colleagues. At your place you have an index card. I want you to make four quadrants on your card and label them Spring, Summer, Fall, and Winter. Here's an example of how your card should look [Trainer to show example card].

 Now, stand up and find a partner. Each of you put your name in your partner's Spring quadrant and return their card back to them. Share with your partner what you hope to take away from today's class. You have two minutes.

**Part 2:** Ok, now find another partner, sign your name in their Summer quadrant, and return their card back to them. Again, share with your partner what you hope to take away from today's class.

**Part 3:** You know the drill. Find another partner and sign your name in their Fall quadrant. Share with your partner what you hope to take away from today's class.

**Part 4:** And finally, let's do one last round. Find a partner for your Winter quadrant, and share with your partner what you hope to take away from today's training.

Thanks for introducing yourself to others in this class. Please go ahead and return to your seat.

---

**Empathy**

 PPT 3

 PG 4

We all come from various backgrounds, educations, and life experiences. Sometimes, this can impact our ability to empathize with the participants and families we're assisting. Empathy is looking at the situation from the perspective of the participant. Sympathy is looking at the situation from your own perspective. Participants don't benefit from our sympathy; however, we do need to empathize and understand where they are coming from to better assist them. We're going to watch a brief video by TGI Fellowship, titled "The Labels We Carry."

**Note to Trainer:** Video is in the PPT. Link is below for reference.

[https://www.youtube.com/watch?v=hNS\\_D-pw8y4](https://www.youtube.com/watch?v=hNS_D-pw8y4)

Now, we'd like to hear from a few of you.

**Ask** What are some labels you've heard used for W-2 participants with multiple barriers?

*Possible Responses:*

- *Lazy and uncooperative*
- *Dramatic, they are making it all up*
- *Strong and capable*

**Ask** How do you unintentionally hand W-2 participants negative labels, through words or actions?

*Possible Responses:*

- *They can't or won't do any activities: Un-cooperative, lazy, making excuses*
- *Don't assign activities or "keep" certain activities from participants because they can't or won't do them*
- *Stop assisting them because they are "un-cooperative," i.e., "why should I put in more effort than they do?"*
- *Body Language*

**Ask** What kinds of positive labels can you hand participants with multiple barriers?

*Possible Responses:*

- *They are survivors doing their best*
- *They are resourceful and can manage simultaneously multiple programs*
- *Celebrate the small successes they have achieved*
- *Use the Job Readiness Assessment to emphasize greatest strength*

**Say** You're human, and sometimes you can feel frustrated or stuck when working with participants with multiple barriers.

**Ask** How do you re-focus your mindset during those challenging times to be more empathetic?

*Possible Responses:*

- *Don't take non-cooperation personally*
- *Continue to reevaluate to find ways where participants can be successful*
- *Their success or "failure" is not your success or failure*
- *Stop and pause; stepping back can provide an opportunity to refocus and gain perspective*
- *Use Motivational Interviewing to gain understanding of where the participant is coming from*

The bottom line is that empathy can help you develop a trusting relationship with a participant facing multiple barriers. That trust and the relationship you develop goes a long way in assisting a participant to move forward.

Throughout today, we'll look at some strategies on how to best provide case management to participants who have multiple barriers.



**Working with W-2 Participants with Multiple Barriers Challenges** PPT 4

**Purpose:** Learners acknowledge the challenges they face in supporting and providing services to W-2 participants who have multiple barriers.

**Materials:** One sheet of regular 8.5 X 11 paper for every learner, markers, painter's tape.

**Estimated Length:** 12 minutes

**Directions to Trainer:** Place regular sheets of paper at each table. On one piece of paper, instruct learners to write down one of the challenges they face when working with W-2 participants with multiple barriers. After they record their challenge, invite them to tape their challenge to the wall. Predetermine where you want these challenges signs taped. Ensure there is room for learners to walk around and view them. Learners then walk around and read each other's challenge.

**Trainer Instructions to Learners:** Let's take a moment to reflect on some of the experiences you've had when working with participants who are living with multiple barriers. On your table are blank sheets of paper. Take one sheet, and using a marker, write down one challenge you face when working with W-2 participants who have multiple barriers. Be sure to write large enough for others to easily read it. Use the tape at your table to hang up your paper on the wall. After you hang up your challenge, go around the room and read each other's challenges.

**Debrief:** What do you notice about the challenges everyone has identified?

*Possible Responses (answers may vary):*

- *We face similar challenges*
- *It can be hard to know what to do or what services to provide*
- *Geographic location can impact what challenges we face*
- *Many of us are looking for resources*

We know the work you do is challenging. Let's all acknowledge that. We also know that each of you has the skills, strategies, and knowledge to assist others facing multiple barriers to overcome these challenges. Throughout the rest of the day, take the opportunity to jot down solutions and strategies for the challenges on the wall.

**Note to Trainer:** At least three-four times throughout the day, have learners write down on post-it notes solutions or strategies to these challenges. Learners stick the post-it note on the wall next to the correlating challenges. There are some designated places in the TN for this (TN 25 & TN 30). You have discretion to do this whenever you feel it's appropriate. You can use this as an energizer when learners need to get up and out of their chairs.

---

## Living with Multiple Barriers

---

☀ PPT 5

📄 PG 5

Living with barriers is challenging, especially when those barriers are invisible. Just because you can't see that a participant has a barrier doesn't mean that they don't exist. The barriers they are facing may be related to their children or another family member.

I want to share some statistics and facts from the website [Commonwealthfund.org](http://Commonwealthfund.org).  
*Statistics retrieved from commonwealthfund.org 9/19/22-9/23/22.*

- 🖱 64% of the seriously ill with a long-term disability said they wanted to work but were unable to.
- 🖱 58% reported that after they became seriously ill, they were unable to do their job as well as before
- 🖱 In 2018, 19% of Americans with disabilities were employed, compared with about 65% of the general population, according to the U.S. Bureau of Labor Statistics.
- 🖱 People with disabilities avoid work, or stop working full time, to qualify for benefits they need to cover their living and medical expenses.
- 🖱 Others are unable to work full time because employers don't offer flexibility that may be required to manage a disability.
- 🖱 71% of people with a long-term disability reported feeling helpless, anxious, or confused when receiving care.
- 🖱 57% of people with a long-term disability reported their condition caused them emotional or psychological problems

Let's think about these for a moment.

**Ask** What statistic caught your attention? Why?

*Possible Responses (may vary)*


**Ask** How might this information impact the work you do?

*Possible Responses:*

- *It acknowledges that the struggle for W-2 participants is real*
- *Their behaviors or thoughts are similar to so many others facing barriers*
- *It helps put the participant's situation in perspective and me to empathize*
- *It goes back to the need for me to use empathy, and not assume why they are doing what they are doing*
- *It reminds me of the need for career assessment and to examine interests, work styles, skills*

 PPT 6


As you work with participants with multiple barriers, you need to build your understanding of their circumstances by asking questions and using the tools and resources you have available, such as the WWP Informal Assessment driver flow.

The questions in WWP are a good starting point, but you need to go beyond those questions.  They should be the trigger to help you dig a little deeper. Our experience has been that, most often, if a participant has one barrier, there is another barrier that goes along with it. For example, when a participant discloses a physical barrier, many times they also are dealing with depression because they can't do all the things they could before. There also may be a substance abuse factor, such as self-medicating due to pain from an injury or depression.

**Ask** What barriers don't require a formal assessment?

*Possible Responses:*

- *Housing issues*
- *Child care*
- *Legal issues*
- *Domestic violence*

 Many times, participants have barriers that we document in places other than the **Participant Barrier** or **Family Barrier** pages in WWP. Just because we may not record the barrier on one of those pages doesn't mean the barrier doesn't have an impact on the participant's life or their engagement in W-2.

**Ask** Where do you document barriers that are not recorded on the **Participant Barrier** or **Family Barrier** pages?

*Possible Responses:*

- *Various pages in the Informal Assessment Driver Flow*
- *PIN Comments*

**Note to Trainer:** If learners don't mention the need to document on the appropriate informal assessment page, remind them they need to do so.

When you are working with a participant who is living with more than one barrier, it is important to address and assess each barrier. It's important to look at each barrier individually and examine how the specific combination of barriers may interact with and/or exacerbate each other. This shows you the "big picture" and provides a better understanding of their day-to-day life. Remember also to address the family's strengths. This goes a long way in building rapport and empathy, showing the participant that they are important, valued, respected, and esteemed – and not just their barrier.

Think back to the video we just watched. You are not here to pity or feel sorry for participants, but to practice empathy and build a relationship with them to better understand and guide them as they embark on the journey to self-sufficiency.

### **Multiple Barrier Activity – Table Share**

 PPT 7

 PG 6

**Purpose:** Learners reflect on what it means to work with a W-2 participant who is living with multiple barriers.


**Materials:** Participant Guide





**Estimated Length:** 12 minutes

**Directions to Trainer:** Have the learners reflect on what they wish they would have known about working with W-2 participants with multiple barriers, and share with others at their table how they would explain to a newer FEP who is just getting their cases what it means for W-2 participants to be living with multiple barriers. Walk around to each table group to hear what they are sharing, and engage in any conversation.

#### **Trainer Instructions to Learners:**

**Part One:** What do you wish you would have known when first working with W-2 participants with multiple barriers? Record your response to that question in your Participant Guide on page six. I'll give you about three minutes for this.

**Part Two:**  Now, think about how you have been successful in working with participants with these barriers. What contributed to your success? Again, record your response on page six.

**Part Three:**  Now, have a conversation with your table mates about how you would explain to a new FEP what it means to work with W-2 participants with multiple barriers. Share what you would  advise a new FEP,  tips you can give them, and  what you wished you would have known when you first started working with participants.

**Debrief:** Let's hear from of you.

**Ask** What did your table group discuss?

*Possible Responses*

- *Really focus on the participant's strengths*
- *Build a relationship of trust*
- *Barriers are not always right in front of you*


You will have the opportunity to work with a few scenarios today. You'll work with fellow FEPs to develop ways to engage the participant based on information provided. First up is assessment, where we'll cover a few foundational concepts. Then, you will be introduced to your scenarios to review and discuss what actions you would take.



---

## Assessment

### PPT 8

### PG 7

 Think about when you meet with your medical provider. You want them to know the entire situation you are experiencing and to understand and provide you with the best and most beneficial recommendations, and treatment.

The medical provider looks at your past medical history.  Is there a pattern?  What treatments or procedures have worked for you in the past? If your provider doesn't take enough time with you or doesn't gather enough information, they may give you a diagnosis and treatment that may not be effective, or even could have negative effects.

A medical provider uses questions, history, and assessment tools to gather information from you so that they can treat the issues. You use assessments like medical providers do, to gather relevant information so that you can provide appropriate services.

When you work with participants with multiple barriers, it is critical to look at a wide variety of different assessments. Be transparent with the participant as you gather assessment information. They need to know why you are asking for this information, how the information impacts them and their case, and who is going to see and review this information.

You need information. Assessments provide that information.

---

## Informal Assessment

### PPT 9

Informal assessments provide an overview of the participant's current situation. Through the informal assessment, you create a plan of action with a participant to navigate their barriers, along with strategies to help identify accommodations and services to assist them with completing W-2 activities that move them toward their goals.

Informal assessment is an ongoing process. W-2 Policy Manual 5.2 explains this further. This is an important concept to remember when working with participants with multiple barriers. Their situation may change daily. These changes must be documented.

Informal assessment needs to go beyond just completing a driver flow. Informal assessment also means considering your observations and conversations with the participant about their current situation, and then making needed adjustments. When these changes and adjustments are made, record your actions and what lead to those actions in PIN Comments. This is required per W-2 Policy Manual 4.3.3.

**Ask** In what ways have you succeeded in using informal assessment information to engage a participant with barriers in moving forward?

*Possible Responses:*

- *It has identified the need for a formal assessment*
- *We've been able to uncover a participant's motivation*
- *It's identified possibilities and opportunities for supports and other resources*

We mentioned that you would have the opportunity to work with a scenario throughout the day. W-2 agencies provided these scenarios from real W-2 cases. We changed and modified identifying information to protect and maintain confidentiality.

### ***Informal Assessment Activity***

 PPT 10

 PG 25-27 (Appendix A), PG 8

 TN Appendix A Camila, Appendix B Monica, Appendix C Ramona, Appendix D Terry, Appendix E Tiana

**Purpose:** Learners identify information from the informal assessment that they can use to develop positive steps toward engagement.

**Materials:** Copies of informal assessment information from the TN appendices, prepared flip chart paper labeled Informal Assessment

**Estimated Length:** 30 minutes

#### **Directions to Trainer:**

**Part One:** Assign each table group one scenario, and provide each learner at the table a copy of the participant's story from the TN appendix. As table groups are working, circulate among the room to answer any questions and ensure groups are identifying the relevant information. Groups have 18 minutes. There is no debrief to this part.

**Part Two:** Next, direct groups to complete the takeaway activity. Groups have five minutes. After five minutes, groups report out their takeaway. **Record** the **apply** responses on a piece of flip chart paper.

**Trainer instructions to Learners:**

**Part One:** I'm going to give you a copy of a participant's story. With your table group, review the information. Highlight or mark key pieces of information. Identify the participant's key barriers and strengths. Record those in your Participant Guide Appendix on pages 25-26. Also, record the key informal assessment information that you would want to document in WWP on the Informal Assessment Worksheet on page 27. At this time, we're not looking at any additional assessment information. We'll get to that later.

 PPT 11

**Part Two:** Now, turn to page 8. With your table group, complete your Aha moment. In what ways can you **apply** informal assessment as an engagement tool moving forward? How do you plan to make this **happen**? What is the first **action** step you will take? You have five minutes to identify your Aha moment.

**Debrief:**

Let's hear from each group. **Ask** What is your Aha moment?

*Possible Responses will vary*

---

**Formal Assessment** PPT 12 PG 9

A formal assessment helps establish the disability, its effects on participation and employment, and any supportive assistance the participant needs. This information also establishes the participant's capabilities. When participants have multiple barriers, you may need to obtain multiple formal assessments. These assessments may tell different parts of the same story, or a different story altogether. Your job is to consider all the information you have available to you to assist the participant in engaging in activities.

While we use formal assessment to identify the severity or extent of a barrier, it also provides insight on the accommodations needed for the participant to fully participate. That is the key we want to focus on. Individuals with barriers do want to participate. It's your job to work with them to uncover and identify the accommodations or supportive services they need to participate, and work toward their path to self-sufficiency.

Remember to document how you are using the information from the formal assessment in PIN Comments, being mindful of confidential information.

**Seasonal Check-in Spring** PPT 13 PG 9

**Purpose:** Learners interact with another learner to network and share ideas of how they have used formal assessment to engage a participant with multiple barriers.

**Materials:** Index card from previous Seasonal Check-in

**Estimated Length:** 6 minutes

**Directions to Trainer:** Ask learners to find their Spring check-in partner. Together, they share and discuss how they use formal assessment to engage a participant with multiple barriers. After five minutes, invite them to return to their seat. It is not necessary to debrief this activity.

**Trainer Instructions to Learners:** In just a moment, find your Spring partner. Together, discuss how you use formal assessments to engage participants with multiple barriers. Record new tips and strategies in your Participant Guide. You have five minutes.

After you receive back a formal assessment, sometimes you need to move forward with trial and error. You have a lot of discretion when assigning activities. You can use the W-2 Manual Appendix Activity Codes to try new things. This allows you and the participant to see what works and what the participant is capable of. This information also can help connect someone to SSI/SSDI, if that is the path they need, by showing patterns of success or the inability to participate in certain activities.

We know that it's not always the participant who has the barrier. They may be fully capable of gainful employment. When it comes to family members or children with disabilities, we have the Need to Care for a Disabled Family Member/Child form. This form also provides a road map for moving forward.

**Note to Trainer:** If you hear learners mention DSP, this is what it is. The Disability Support Program (DSP) helps families of children with disabilities by increasing the capacity for inclusive childcare, enhancing the quality and availability of childcare programs for children with a disability, and supporting childcare providers serving children with a disability. Any family receiving WI SHARES participating in W-2 activities that has a child with a health care need or developmental delay is eligible.



**Formal Assessment Activity**

☀ PPT 14

📄 PG 25-26 (Appendix A), PG 10

👉 TN Appendix A Camila, Appendix B Monica, Appendix C Ramona, Appendix D Terry, Appendix E Tiana

**Purpose:** Learners identify information from the formal assessment that can be used to develop positive steps toward engagement and potential accommodations.

**Materials:** Copies of formal assessment information from the TN Appendices, prepared flip chart paper labeled Formal Assessment

**Estimated Length:** 25 minutes

**Directions to Trainer:**

**Part One:** Table groups return to their assigned scenario and review a formal assessment. Provide each person at the table with a copy of the participant's Formal Assessment from the TN Appendix. Groups highlight or mark relevant information from the assessment, and discuss how that information can be used to engage a participant. As table groups are working, circulate among the room to answer any questions and ensure groups are identifying the relevant information. Groups have 15 minutes.

**Part Two:** Next, direct groups to complete the takeaway activity. Groups have five minutes. After five minutes, groups report out their takeaway. **Record** unique takeaways on a flip chart paper. Encourage learners to write down any additional strategies in their Participant Guide.

**Trainer instructions to Learners:**

**Part One:** Let's look at a formal assessment to identify possible areas of engagement for the participant. I'll provide a copy of one of the participant's formal assessments. The participant you are working with may have other formal assessments from different providers. Today, you'll work just with one. With your table group, review the information and highlight or mark the key points you can use to engage the participant in moving forward. Start to think of various strategies to use this assessment information to engage the participant in your scenario in moving forward. Return to pages 25-26 and add additional information to what you identified as the participant's strengths and barriers. Later, you will use what you have identified to develop goals, accommodations, and engagement strategies for this participant. You have 15 minutes for this.

☀ PPT 15

**Part Two:** Now, turn to page 10. With your table group, come up with the top five ways you can use a formal assessment to engage this participant with multiple barriers in

moving forward. Be unique, and try to think of new ways this can be used as an engagement tool. You have five minutes. Afterward, we'll see how many different strategies this class came up with.

**Debrief:**

**Ask** What are your top five strategies for engaging this participant? As you listen to other groups, be sure to record any additional strategies you want to remember.

*Possible Responses will vary*

**Ask** What additional strategies have you used to engage participants?

*Possible Responses will vary*

---

**Career Assessment**

---

 PPT 16


 PG 11

Career assessments guide a participant to a potential career path. Per W-2 Policy Manual 5.2.2, career assessments are required. Starting out, you may not develop a full career pathway with the participant. However, you and the participant can take the first step toward discovering what employment may look like for them.

Use the information from the career assessment to assign meaningful employment related activities, highlight strengths, identify training needs, and match the individual to employment opportunities. When working with a participant with multiple barriers, this is especially important. You need to identify aspects of jobs that the participant loves and can do, along with identifying skills a participant can use that match their interests. Although this assessment doesn't focus on the participant's barriers, it does focus on what they may want to do and the employment options that their interests and skills afford them.

W-2 Policy Manual 5.4.3 states that career assessments can be administered throughout ongoing case management. They don't need to be a one and done. As we mentioned earlier, participants with multiple barriers situations may change frequently. It is beneficial to re-exam their career assessment as situational changes occur or as their goals change.

A participant with multiple barriers may not initially see the value in this information if they feel they are not ready for employment at this current time. Think about ways you can encourage the idea of career assessment. Encourage the participant to view work as a viable option.

**Career Assessment Activity** PPT 17 PG 11 TN Appendix A Camila, Appendix B Monica, Appendix C Ramona, Appendix D Terry, Appendix E Tiana

**Purpose:** Learners identify information from the career assessment that can be used to develop positive steps toward engagement and potential accommodations.

**Materials:** Copies of career assessment information from TN Appendices, prepared flip chart paper labeled Career Assessment

**Estimated Length:** 25 minutes

**Directions to Trainer:**

**Part One:** Table groups return to the scenario they are working on, and review the participant's career assessment. Provide each learner at the table a copy of the participant's career assessment from the TN Appendix. As table groups are working, circulate among the room to answer any questions and ensure groups are identifying the relevant information. Groups discuss and record how that information can be used to engage a participant. Groups have 12 minutes.

**Part Two:** Next, direct groups to complete the takeaway activity. Groups have five minutes. After five minutes, groups report out their key strategy. Record key strategies on a flip chart paper.

**Trainer instructions to Learners:**

**Part One:** Let's look at a career assessment to identify possible areas of engagement for the participant. I'll provide a copy of the participant's career assessment. With your table group, review that information and highlight the key points you can use to engage the participant in your scenario in moving forward. Discuss how you can use the career assessment to engage the participant.

 PPT 18

**Part Two:** With your group, come up with your key strategy to using career assessment as an engagement tool for participants with multiple barriers. Record this on page 11. You have five minutes.

**Debrief:**

Let's hear your key strategies. Be sure to record other key strategies you hear in your Participant Guide.

*Possible Responses will vary*

 PPT 19

**Purpose:** Learners share what they know about assessment with the class.

**Materials:** A die for each table

**Estimated Length:** up to 10 Minutes

**Directions to Trainer:** Simultaneously, one person at each table group rolls the die. The number on the die corresponds to the assessment topic list on the PPT slide. The table group must then share one thing about that topic. Provide groups 60 seconds to discuss their one thing. Then, each table reports out. If necessary, request clarification for their responses. Repeat this 2-3 times for up to 10 minutes.

**Trainer Instruction to Learners:** Each table group has a die. Notice, on the screen, we have six assessment topics. One person at each table will roll the die, and together the table must come up with one thing you've learned or know to be true about the assessment topic for the number that is rolled. You have 60 seconds for this. Be prepared to share your one thing with the group.

We know there are other assessments that also can provide you and the participant information that can assist the participant moving forward.

**Ask** In addition to the assessments we've already reviewed, what other types of assessments do you find helpful when working with a participant with multiple barriers?

*Possible Results:*

- *Vocational – identifies daily/practical needs and capabilities*
- *Educational Needs Assessment – identifies potential educational and training needs and activities*
- *Job Readiness – helps the participant understand how their barriers and work preferences may or may not align*
- *Observations from other individuals/organizations working with the participant*

### ***How We Use Assessment Results***

We've seen how assessment information is beneficial in identifying opportunities for engagement. Assessment information can be used to assist the participants identify their goals, activities to reach their goals, accommodations to fully participate in reaching their goals, and needed supports and services. Let's look at some of these in more detail.




---

## Goal Setting

---

☀ PPT 20

📄 PG 12

Use assessment results so you can work with participants to develop goals. Working with the participant on this can help them  see what they can do and  what is possible.  This may take work and time. These goals should reflect the path and steps a participant is going to take to overcome their barriers.

There are two questions in your Participant Guide on page 12. I want you to take a few minutes to work with your table group to answer those questions.

**Note to Trainer:** Provide six to ten minutes for groups to have a conversation. Then, ask table groups to share what they discussed.

**Ask** Why might a participant with multiple barriers be hesitant to set goals or struggle with setting goals?

*Possible Responses:*

- *They may not have felt successful in the past and feel they are setting themselves up for failure*
- *They've been told they can't do it*
- *They've not thought about what they can do*
- *When someone's focused on the things they can't do, it can be hard to refocus on what they can do*
- *Participants may not feel like they can accomplish a long-term goal*

**Ask** How can you help the participant handle their hesitations or struggles and assist them in setting goals?

*Possible Responses:*

- *Reassure them that their goals are their goals, not mine or the program's*
- *Ask them what their dreams/goals are, and explain how I and the W-2 program can help them work toward making that dream come true*
- *Use motivational interview techniques to draw out the participant's motivation*
- *Look at getting from step A to step B, not step A to step Z*

---

## Goal Setting Tools

---

☀ PPT 21

📄 PG 13

How do we develop goals with participants who have multiple barriers? Let's look at that.

Dr. Martin Luther King, Jr. said, "You don't have to see the whole staircase, just take the first step."

**Ask** What does that mean to you?

*Possible Responses:*

- *Big things are possible by completing one small step at a time*
- *Just look at taking the first step; don't focus on accomplishing the whole thing at once*
- *Don't focus on the whole thing; it's too daunting*

Taking one step at a time helps us accomplish a goal that at first can seem impossible or insurmountable.

**Ask** How can you apply that idea to goal setting with participants?

*Possible Responses:*

- *We need to know the whole picture, but look at setting one small goal at a time*
- *Ask them what that first step is and what they want that to look like*

As we mentioned, often goals can seem insurmountable. Using small steps to break down goals into smaller goals, and those goals into smaller steps, can help set up the participant for success. Sometimes it may seem like the participant is taking a step backward, not forward. Those steps are still a part of the participant's journey to success. They are learning moments along the path to accomplishing their goal.

---


## SMART Goals

### PPT 22


### PG 13


The SMART goals model provides a framework for goal setting. These goals build on small incremental steps. This allows us to celebrate with the participants their small victories and build momentum and motivation moving forward.

Before we move forward, let's do a quick recap. SMART stands for:

 **Specific** - Specific means the goal should be clear and detailed so that both you and the participant understand the intent of the goal.

 **Measurable** - Measurable is identifying what accomplishing the goal looks like.

 **Attainable** - For the goal to be attainable, the participant needs the knowledge, skill, and aptitude to reach their goal.

 **Relevant** - Relevant means the goal is important to the participant.

 **Time-bound** - Time-bound is setting a timeline for achieving the goal.

**Ask** Why might using the SMART goal method be advantageous when working with W-2 participants with multiple barriers?

*Possible Responses:*

- *SMART goals are concrete, and everyone knows what the participant is working toward.*
- *The participant has a clearer road map to success.*

 PG 14

Using a SMART goal method can help break down the goal into smaller steps. So, what might this look like?

Let's say Michael is former employee at an equipment manufacturer. He worked on one of the shop's production lines. He lost his job due to a physical barrier resulting from an injury at work.

Let's look at an example of a SMART goal. **Review** Goal A in your Participant Guide.

That's a great goal. But, for someone with multiple barriers, that's a big goal that can become overwhelming. We want to set participants up for success.

Let's look at how the goal can be broken down into smaller steps. **Review** Goal B in your Participant Guide

**Ask** What did you like better about the second goal?

*Possible Responses:*

- *Smaller steps*
- *More opportunity for small successes along the way, which can lead to continued motivation*
- *The second goal is more tangible/attainable*

Goal Steps don't need to happen simultaneously. In fact, you can type "Step 1" directly into the Goal Step field in WWP. No matter what goal you are working on with the participant, SMART goals and small actionable steps are useful tools in making the goal manageable and attainable.

### Goal Setting Activity

 PPT 23

 PG 28 (Appendix A), PG 15

**Purpose:** Learners connect the concepts of assessment and goal setting tools to develop goals that engage a participant in taking baby steps.

**Materials:** Goal setting worksheet

**Estimated Length:** 20 minutes

**Directions to Trainer:** At each table, learners review all the information they have about the participant scenario they are working with (strengths, barriers, assessment information, etc.). Learners use that information to develop a Primary Employment Goal that can engage that participant. Learners have 15 minutes. Groups then answer the discussion questions.

**Trainer Instructions to Learners:** You've gathered a lot of information about the participant you are working with today. With your table group, use that information to develop a Primary Employment goal for that participant. Add goal steps. Remember to be specific and detailed. Record your goal on page 28. After you develop your goals, record your responses to the questions on page 15 of your Participant Guide.

**Debrief:**

1. What does this activity suggest to you about using assessment information to develop goals for a participant with multiple barriers?

*Possible Responses:*

- *Reviewing all the assessment information allows you and the participant to develop the most appropriate goals*
- *Participants are more likely to work toward and meet their goals if they are relevant to their current situation and circumstances*

2. How do you talk to and engage a participant to set a Primary Employment Goal when they say they can't or don't want to work?

*Possible Responses:*

- *Share with them the importance of having a Plan B. That, even though they may not want to go to work or feel like they can't, it's still good to think about that as an option*
- *Encourage the participant to begin to think that employment is a viable option*

3. Moving forward, in what ways will you use goal setting to engage a participant with multiple barriers?

*Possible Responses:*

- *Set up the participant for success by breaking down the goal into small steps*
- *Encourage the participant to dream*
- *Allow the participant to direct the first step*
- *Use motivational interviewing to discover what's important to the participant*
- *Use Career Assessments to help with goals getting to activities*
- *Meet the participant where they are at.*



---

**Seasonal Check-in Summer**

---

 PPT 24 PG 15

**Purpose:** Learners interact with another learner to network, share ideas, and strategize a solution to a common challenge.

**Materials:** Index card from previous Seasonal Check-in

**Estimated Length:** 6 minutes

**Directions to Trainer:** Ask learners to find their Summer check-in partner. Together, they come up with at least one solution or strategy to one of the challenges on the wall. Learners write their solution on a post-it and stick it on the wall by the challenge. Learners have five minutes. After five minutes have passed, invite learners back to their seats. No debrief is necessary.

**Trainer Instructions to Learners:** In just a moment, I want you to find your Summer partner. Together, identify a strategy or tool that could be a solution to one of the challenges on the wall. Write your solution on a post-it and stick it on the wall next to the challenge. Take time to review the other solutions added to the wall. You have five minutes.

---


**Engagement**

---

 PPT 25 PG 16


We've gathered and reviewed assessment information and used that information to set goals. Using those goals, we can move forward to engage participants in meaningful activities. Remember, a participant is more likely to succeed and participate in activities when they see the big picture. We can all relate to the 'What's in it for Me' approach to engagement. We can find out what motivates them by engaging in conversations using Motivational Interviewing techniques. Engagement becomes much easier after we know what participants want to achieve and by developing steps toward their goals.

Let's look at some important points of engagement. As we go through these, highlight or circle the point in your Participant Guide that resonates with you, as a FEP, the most. Perhaps it's one you utilize all the time, or something new you want to use or remember back at the office.

 First, you are not alone. You don't need to be an expert on everything, and don't try to solve everything. There are many community resources available with whom you can collaborate. This can include Division of Vocational Rehabilitation (DVR), Aging and Disability Resource Center (ADRC), Comprehensive Community Services (CCS), and other programs local to your community.

**Note to Trainer:** If a learner brings up CCS, this is what it means. Comprehensive Community Services (CCS) is a program that helps people of all ages live their best lives. It focuses on unique needs that relate to mental health and substance use. The program works to stabilize and address mental health and substance use concerns, which include:

- Self-managing physical health and social health.
- Meeting basic needs, such as housing, education, and work.


 Overcoming barriers takes time. A participant's change and progress doesn't happen overnight. Smaller steps to the goals reinforce this. Right now, don't focus on moving from A to Z. Just focus on moving from A to B.


 You are responsible for the process. The participant is responsible for the outcome.

**Ask** What does this statement mean to you?

*Possible Responses:*

- *The participant is a part of this equation.*
- *The participant needs to do the work; I can't do it for them.*
- *Creating a path to success for the participant takes collaboration.*
- *Do due diligence.*

 Ongoing assessments and support are necessary. The participant's situation won't stay stagnant. Change happens, along with progress and regression. It's important for you to assess the participant's current situation. Things that worked or were needed before, may not be what works or what is needed now. Quickly follow up and redirect to assist the participant maintain progress. Help participants identify and use their natural support system, whatever that may look like for them.

 Finally, adjust the process and activities as the situation changes. An Employability Plan is not written in stone. It should reflect the most appropriate goals and activities at the current time. Update the goals, the activities assigned, the hours of participation, and the supportive services provided. Make sure you know and stay on top of any treatment or medical plan changes.

**Ask** Which point resonated with you the most? Why?




*Possible Responses will vary*

---

**Activities**

---

 PPT 26

When it comes to activities, you want to think outside the box.  The W-2 program allows for a lot of flexibility.  W-2 participants can be assigned up to 40 hours a week in activities, and we have so many different types of activities to choose from.  This allows you the opportunity to be creative and think outside of the box when it comes to engagement. Offer the participant choices when possible.

---

**Seasonal Check-in Fall**

---

 PPT 27 PG 18

**Purpose:** Learners interact with another learner to network, share ideas, and strategize how to assign activities.

**Materials:** Index card from previous Seasonal Check-in

**Estimated Length:** 8 minutes

**Directions to Trainer:** Ask learners to find their Fall check-in partner. Together, they share how they strategize and assign activities for a W-2 participant with multiple barriers. After eight minutes have passed, invite learners back to their seats. No debrief is necessary.

**Trainer Instructions to Learners:** In just a moment, I want you to find your Fall partner. Together, I want you to share how you strategize and determine which activities to assign to a W-2 participant with multiple barriers. Share where you have used creativity in activity assignment. Be sure to record new tips and strategies in your Participant Guide. You have eight minutes.

 PPT 28

---

**Activities (Continued)**

---

As we mentioned earlier, you are not alone. Often participants with multiple barriers are working with a wide range of other programs and providers. When it comes to assigning activities, you want to coordinate with those programs. This ensures a unified and comprehensive approach to success and self-sufficiency.

Think back to the scenarios you have been working with.

**Ask** Who are some of the community partners the W-2 agency and participant were collaborating with?

*Possible Responses:*

- *DVR, ADRC, SSA, Probation/Parole, Medical/Mental Health Providers (participant's or family member's), CCS*

**Ask** How does partnering with these other agencies lead to participant engagement?

*Possible Responses:*

- *The participant sees you are working together, and they are not getting pulled in multiple directions*
- *Other agencies have ideas and strategies that I may not have thought of*
- *Working with other agencies means the participant has access to other forms of supportive services and resources*
- *Limits frustration as partnering reduces duplicate activities*

**Ask** What resources can these agencies and community partners provide to the W-2 participant?

*Possible Responses:*

- *Financial assistance or supports for a variety of things (personal, educational, etc.)*
- *Support as the participant navigates their barrier and various programs*
- *Programming that assists the participant with barriers move toward success in completing their goals or reaching self-sufficiency*

One benefit of partnering with other agencies and medical providers is that it helps you and the participant consider all the appointments they have and all the requirements or expectations the other agencies may have. You, the participant, and their other supports can combine the participant's treatment plan with other work, education, and training activities. Working together creates one unified plan.

**Ask** Who would like to share a positive story about partnering with other agencies?

*Possible Responses may vary*

When it comes to partnering with DVR, we recommend reviewing the Technical Assistance Guide found in the W-2 Policy Manual Appendix.

Recognize that one key to success is the connection between the participant's goals and activities. A participant is more likely to follow through and complete the activities if they see the "What's in it for Me." You can create a pathway to successful partnership and collaboration by working with the participant and the other agencies throughout the entire process. Work to establish warm connections, and always follow up with the participant on how those connections are working. Do the same with the community agency.

W-2 is an employment program. We often focus on employment search. Remember, employment search is not just applying for jobs.

**Ask** What might employment search look like for participants with multiple barriers?

*Possible Responses:*

- *Time used to research prospective employers*
- *Researching other types of jobs that utilize their transferable skills*
- *Meeting with a job developer*
- *Attending a structured job search workshop*
- *Contacting prospective employers, whether by phone, in person or via internet, to learn of job openings*
- *Completing applications for vacancies*
- *Preparing for job interviews*
- *Interviewing for jobs*

As you assign activities, justify your rationale behind these activities in PIN comments. Include your action plan for next steps, and how you use the assessment results. As you and the participant try new things, record where the participant has been and where they are going. Document the trials and errors of what the participant attempted. This record helps you see how far the participant has come, and allows you to remind them of their progress. It can help you and the participant celebrate their successes along the way, which can be used as motivation. This record also can help with any documentation for their SSI/SSDI application.

Appendix B of your Participant Guide has other engagement considerations for you to consider, including information on TEMP and SSI/SSDI resources.

### ***One Minute Summary***

 PPT 29

 PG 19

**Purpose:** Learners describe their most important take away from the discussion on activities in one minute.

**Materials:** One piece of flip chart paper per table, markers, timer

**Estimated Length:** 12 minutes

**Directions to Trainer:** Table groups have four minutes to create a one-minute summary for the class on the key points of assigning activities. They can elaborate on one key point, or cover up to four key points, briefly touching on each. They should chart out or draw the key point(s) on the flip chart paper to assist them in their presentations. Table groups then share their one-minute presentation with the class. There is no debrief, as the activity itself is a debrief.

**Trainer Instructions to Learners:** Your table group has four minutes to create a one-minute summary on the key points of assigning activities for participants with multiple barriers. You can choose to focus on one key point, or cover up to four key points. Create a visual, either a picture or words, on a piece of flip chart paper. Your table will then present your one-minute presentation to the class.

---

***Challenges and Solutions Gallery Walk***

---

 PPT 30

**Purpose:** Learners strategize solutions to the challenges identified at the start of class.

**Materials:** Post-it notes

**Estimated Length:** 5 minutes.

**Directions to Trainer:** Learners review the challenges identified earlier in the day. Based on the materials up to now, they strategize as many solutions to the challenges as they can. Learners record their solutions on post-it notes, and stick the post-it notes on the wall next to the challenge. Learners have five minutes. Invite learners to then return to their seats.

**Trainer Instructions to Learners:** Think about all we have covered so far. What solutions, tips, and strategies can you come up with to address the previously identified challenges? Write down as many as you can think of. Record them on post-it notes, and stick the notes next to the corresponding challenge. Be sure to walk around and look at the other added solutions.

Again, there are some great solutions and strategies coming from this group! You can return to your seat.

**Engagement Activity** PPT 31 PG 29 (Appendix A), PG 20

**Purpose:** Learners strategize engagement activities and opportunities for W-2 participants with multiple barriers.

**Materials:** Engagement worksheet, one sheet of flip chart paper per group

**Estimated Length:** 30 minutes

**Directions to Trainer:**

**Part One:** Learners return to the scenario they have been working on. With their table group, they strategize ways to engage the participant in reaching their goals. This can be through activities, collaboration with other agencies, or additional advocacy with SSI/SSDI. Groups have 18 minutes.

**Part Two:** Learners walk around to review the other groups' engagement flip charts. Learners reflect on action they want to take back at their office. They then complete their takeaway activity. Provide about 6 minutes for this.

**Trainer Instructions to Learners:**

**Part One:** We have worked with some really tough scenarios today. We started by having you review the assessment information and develop goals based on the assessment results. Now, we'll be using all that previous information to engage the participants in meaningful activities to help them reach their goals. This could be assigning W-2 activities, collaborating with other agencies who can assist the participant, advocating with SSI/SSDI, obtaining additional assessments, and any other engagement strategies you feel would benefit the participant in moving forward. Record your strategies on the Engagement Worksheet on page 29 and on a piece of flip chart paper. Hang your flip chart on the wall.

 PPT 32

**Part Two:** Now, I want you to walk around the room and look at all the various engagement strategies and techniques that other groups are using. Think about how you may want to incorporate this information back at the office. After you review all the flip charts, complete the stoplight on page 20. Think about something you want to **stop** doing, something you want to **improve or be aware of**, and one thing you want to **start** doing.

**Debrief:**

Let's hear from some of you.

**Ask** What are your take aways?

*Possible Responses will vary*

Identifying community connections and appropriate activities helps you and the participant determine if and what accommodations are needed. Accommodations allow the participant to fully engage and participate in W-2 activities designed to help them reach their goals.

---

## Accommodations

---

☀ PPT 33

📄 PG 21

Remember, the purpose of accommodations is to allow access to all W-2 activities to all participants, including those with multiple barriers. Accommodations make the opportunity to participate viable for all participants, no matter the extent of their barriers. Allowing all participants the chance to participate and take advantage of all that W-2 has to offer is critical to the success of the program and the success of each participant.

🖱 After determining activities, we must work with the participant in identifying anything that could impede them from fully participating in W-2 activities.

🖱 Thoroughly review what you expect from the participant, and what they can expect to gain from each activity. This will help you identify any accommodations they need to fully participate in and benefit from each activity.

🖱 Make accommodations detailed and specific, and document them on the Services and Accommodations to Help You Do Your W-2 Activities Form (DCF-F-2564-E). The participant needs to see and believe that they can complete the activity if an accommodation is put in place.

🖱 You need to set up accommodations in collaboration with the participant. If a participant has multiple barriers, it is likely they will need multiple accommodations.

**Ask** How do you identify potential accommodations?

*Possible Responses:*

- *Ask the participant to share what is standing in the way of their participation in this activity*
- *Ask the participant what they need to participate in a specific activity*
- *Ask "Can you tell me about your previous experiences in doing this activity or attempting to do this activity?"*
- *Utilize AskJan.com for assistance with accommodations*
- *Review and follow up on recommendations from professionals who completed the formal assessment*
- *Partner with Job Developers to identify employers who are willing to provide accommodations*



- Partner with workshop facilitators to identify what type of accommodations are available

### Seasonal Check-in Winter

 PPT 34

 PG 21

**Purpose:** Learners interact with another learner to network, share ideas, and strategize how to put accommodations into place.

**Materials:** Index card from previous Seasonal Check-in

**Estimated Length:** 5 minutes

**Directions to Trainer:** Ask learners to find their Winter check-in partner. Together, they share how they put accommodations into place. After five minutes have passed, invite learners back to their seats. No debrief is necessary.

**Trainer Instructions to Learners:** In just a moment, I want you to find your Winter partner. Together, I want you to share how you put accommodations into place to assist a W-2 participant with multiple barriers. Record new resources or strategies in your Participant Guide. You have five minutes.

Remember, employment is possible when you offer and provide accommodations.

### Accommodation Blizzard (Or Heatwave) Activity

 PPT 35

 PG 22

 TN Appendix F

**Purpose:** Learners identify multiple possible accommodations for activities the scenario participants are engaging in while revisiting AskJan.org.

**Materials:** Precut snowflakes (suns) 5-8 per table, Previous engagement flip chart, Painter's tape

**Estimated Length:** 20 minutes

**Directions to Trainer:** Learners return to their table groups and review their list of engagement activities. Using AskJan.org, the scenario assessments, and other resources they identify, each group brainstorms possible accommodations that allows the participant to complete/participate in each activity. Groups record their

accommodations on snowflakes (suns), and tape them next to the corresponding engagement activity on their previous flip chart. After they identify the accommodation(s), they discuss and answer the questions in their Participant Guide.

**Trainer Instructions to Learners:** With your table group, take another look at the possible activities and engagement strategies you have identified for the participant you are working with. Now, brainstorm all possible accommodations the participant may need to engage in all their activities. I encourage you to use AskJan.org as one resource for this. Write each individual accommodation idea on a separate snowflake (sun) at your table. Be as clear and specific as possible. Tape your accommodation(s) next to the corresponding engagement activity on your flip chart paper. After you've identified your accommodations, answer the questions on page 22 of your Participant Guide.

**Debrief:**

1. How do the accommodations you provide allow the participant to fully engage in the W-2 program?

*Possible Responses:*

- *Supports are in place for the participant to be able to participate*
- *They provide the avenue in which the participant can modify the activity*
- *Accommodations allow the participant access to all activities in the program*

2. What do you think your next steps moving forward will be when it comes to using accommodations to engage a participant?

*Possible Responses may vary*

We covered a lot of information in our time together. Let's reflect on what you want to take away from today.

### ***What's in it for Me? Poster Activity***

 PPT 36

 PG 23

**Purpose:** Learners identify and reinforce their key takeaway(s) from today.

**Materials:** Flip chart paper, markers, stickers (optional)

**Estimated Length:** 20-30 Minutes

**Directions to Trainer:**

**Part 1:** Provide each table group with a blank piece of flip chart paper. Direct the groups to create a poster that identifies and reinforces their takeaways. Poster prompts are in the Participant Guide, or groups can come up with their own. Groups have 10 minutes.

**Part 2:** Each group shares and describes their poster and takeaways with the class. Debrief as a large group after each group shares their poster.

**Modification:** If time is running out, use the following prompts as sentence stems. Ask each learner to stand. After they complete one sentence stem, they can sit down. Go around the room until all learners are seated.

**Trainer Instructions to Learners:**

**Part 1:** Your task is to create a poster that identifies and reinforces your takeaway(s) from today. Identify your WII-FM; What's in it for Me. Review your notes and your Participant Guide. Design a poster to create a visual, through words or drawings, of the key concepts that you will take with you. Your Participant Guide has a few prompts to get you started; however, feel free to be creative and come up with your own. Be sure to appoint a spokesperson to share your poster and takeaways.

Poster Prompts in their Participant Guide:

- Case Management means \_\_\_\_\_, when working with participants with multiple barriers.
- When working with participants with multiple barriers, I plan to use assessment results to \_\_\_\_\_.
- I'm putting the following engagement techniques \_\_\_\_\_ in my toolbox when working with participants with multiple barriers.

**Part 2:** Now, we'll have each table group share their posters and describe or explain their takeaways.

**Debrief:**

What similarities did you notice?

*Possible Responses will vary*

How might you apply this idea in your current work with participants with multiple barriers?

*Possible Responses will vary*

**Note to Trainer:** Point out evaluations on the table.

Before we wrap up, review your evaluation, and take a moment to add any additional comments and feedback. Leave your course evaluation on your table. We appreciate your feedback. Thank you.

**Closing**

---

 PPT 37

 PG 23

We've come a long way since this morning's opening conversation. Thank you for your participation and the strategies you shared for overcoming the challenges that arise when working with W-2 participants with multiple barriers. The work you do with participants and their families is vital to the health, safety, and security of all families in the state of Wisconsin.

**Appendix A – Camila****Camila's Story**

---

Camila has been enrolled in W-2 for two months and is in a W-2 T placement. She is a 27-year-old woman with a 5-year-old daughter, Luna. They live in Milwaukee.

Camila speaks, writes, and reads English and Spanish. She reports no barriers to language. In fact, Camila wants to use her bilingual skills in a future profession.

She has worked only at one job. Camila was a waitress at Red Lobster for just two months five years ago. She states she doesn't recall much from that experience. Moving forward, she is determined to work as a Spanish Medical Interpreter because she wants to help others.

Camila's FEP has tried to get Camila connected with DVR for additional employment services, but Camila has been reluctant to reach out to them. When the FEP tries to ask about this reluctance, Camila just states she doesn't want to participate in any other programs.

She has her high school diploma. Camila earned three certificates in Music Therapy and Sound Healing, Speed Spanish, and Spanish for Medical Professionals through the Milwaukee Public Library database of Gale Courses.

Camila and Luna live in an apartment. They've been there for three years, and she gets assistance with her rent. Camila indicates she is happy with where they are living and has no plans or desire to relocate.

She uses public transportation. Camila does have a valid driver's license; however, she has no access to a vehicle.

Camila states she is unable to work due to mental health barriers. She reported both physical and mental health concerns. She has asthma, bi-polar disorder, anxiety, and depression. She reported no domestic violence issues or concerns. Her mental health counselor doesn't recommend her to work because of her mental health issues. However, she currently is taking professional development and personal enrichment courses through Milwaukee Public Library database Gale Courses.

Camila also reports that Luna has some mental health issues, but won't disclose much information at this time. Her FEP has tried to engage her in conversation about this to understand more about this concern. Each time the FEP approaches the subject, Camila shuts down or changes the subject.

Camila has no other children, and Luna's father is not in the picture.

Currently, Camila wants to work as a Spanish interpreter, but her healthcare provider does not recommend it. Camila has identified that she would need to complete some

medical terminology classes. Camila feels her strengths are her caring character, bravery, artistic skills, and compassion and patience with people. She wants to improve her time management and her organizational skills.

Camila is working with an attorney to obtain SSDI. She submitted her application to SSA and is awaiting their decision. The FEP has tried to refer her to DVR and ADRC, but Camila is not interested.

Camila is taking Gale Courses to gain learning opportunities in professional development and personal enrichment skills. The agency continues to follow up on her progress on Gale Courses and SSDI status.

Camila's Formal Assessment

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 Camila Martinez		Date of Birth 06 / 10 / XXXX	Social Security Number 025-84-7887	
Name of Professional Provider Angela Garcia, LMHC		Professional Title Licensed Mental Health Counselor		
Office Address 2110 S. 27th Street	City Milwaukee	State WI	Zip Code 53207	

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? One time per week

Regarding current course of treatment, how long have you been meeting with this patient?  
About two years

When is your next scheduled appointment with this patient? Next month

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: N/A

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: ADHD Axis IV: Severe  
 Axis II: General Anxiety Disorder Axis V: Current GAF: 55  
 Axis III: \_\_\_\_\_ Highest GAF Past Year: 55

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

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

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

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

Please describe the progress or lack of progress.

Camila attend all her scheduled appointments and actively participates in treatment.

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

If yes, please list:

Prescribed by other doctors not at this clinic.

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

N/A

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

About two years ago

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

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

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

If so, please explain:

N/A



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				
1.	Restriction of activities of daily living	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme <input checked="" type="checkbox"/>
2.	Difficulties in maintaining social functioning	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme <input checked="" 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 <input type="checkbox"/>	Seldom <input type="checkbox"/>	Often <input type="checkbox"/>	Frequent <input type="checkbox"/>	Constant <input checked="" 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 <input type="checkbox"/>		Once or Twice <input type="checkbox"/>	Repeated*** <input type="checkbox"/>	Continual <input checked="" 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: N/A

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:  
No

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				X
2.	Understand, remember and carry out very short and simple instructions				X
3.	Maintain attention for two-hour segment				X
4.	Maintain regular attendance and be punctual with customary, usually strict tolerances				X
5.	Sustain an ordinary routine without special supervision				X
6.	Work in coordination with or proximity to others without being unduly distracted				X
7.	Complete a normal workday and work week without interruptions from psychologically based symptoms				X
8.	Perform at a consistent pace without an unreasonable number and length of rest				X
9.	Accept instructions and respond appropriately to criticism from supervisors				X
10.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes				X
11.	Respond appropriately to changes in a routine work setting				X
12.	Deal with normal work stress				X
13.	Be aware of normal hazards and take appropriate precautions				X
14.	Deal with stress of semi-skilled and skilled work				X
15.	Perform detailed or complicated tasks				X
16.	Perform fast paced tasks (e.g., production line)				X

16. Is the patient attending scheduled appointments?  Yes  No

If no, please explain and list missed appointment dates:

\_\_\_\_\_

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?  
Mental Health counseling one time per week.

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

If no recommendations, please explain:  
Should be on disability

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations? 0 hours

22. Given your patient's current mental impairments, please specify a date when the recommendations that you have provided should be reviewed: N/A

Name of Professional Provider Angela Garcia	Title LMHC	Telephone Number 414-233-5555
Signature of Professional Provider <i>Angela Garcia, LMHC</i>		Date Signed <i>11/30/xxxx</i>

**Return completed form to:**

Name of Agency Representative		Address		Date Sent
City	State	Zip Code	Telephone Number	Fax Number

---

**Camila's Career Assessment**

---

**Career Cluster Interest Inventory**

**Assessment Results:** Arts, A/V Technology & Communication; Education and Training; and Human Services

**Arts, A/V Technology & Communication**  
**Workers use creativity and their talents on the job**

**Interests**

- Drawing, sketching, or painting pictures
- Performance arts
- Creating original video
- Taking photographs
- Making jewelry, sculpture, or ceramics

**Careers**

- Graphic Artist
- Journalist/Reporter
- Photojournalist
- Musician
- Agents of artists, performers, and athletes
- Commercial and industrial designers
- Desktop publishers

**Career Pathways in Arts, A/V Technology, and Communications*****Audio and Video Technology and Film***

Occupations that manufacture, sell, rent, design, install, integrate, operate, and repair the equipment of audio-visual communications. Includes the presentation of sound, video and data in such venues as offices, convention centers, classrooms, theme parks and stadiums. Also includes workers who edit film and video.

***Journalism and Broadcasting***

Workers who research, write or produce news stories or broadcasts, or present commentaries. Workers also include those involved in publishing and writing. Includes occupations that install, repair and operate digital or electronic equipment used to record and transmit radio or television programs and motion pictures.

***Performing Arts***

Occupations involved in the creation, development and production of theatrical and musical performances. Includes workers at practice halls, studios and performance venues.

***Printing Technology***

Occupations involved in prepress, press and binding, or post-press processes. Workers might transform text and pictures for printing plates, or use digital technology for

graphics, layout or printing. Includes operating and maintaining equipment or computers used in printing process.

***Telecommunications***

Occupations involved in the interaction between computer and communications equipment. Includes workers who install or repair data, graphics, video and digital equipment.

***Visual Arts***

Occupations involved in artistic creation through painting, sculpting, illustrating, fashion, or floral design, and the use of an assortment of materials, including oils, watercolors, acrylics, pastels, pencils, pen and ink, photography, plaster, clay, textiles, plants, and computers.

### **Education and Training Workers guide and train people**

**Interests**

- Helping others draw, write, or read
- Playing games with spelling, reading, or math
- Tutoring others
- Coaching local sports team
- Volunteering at a literacy program
- Literacy Specialist
- Working in social organizations such as Big Brothers/Big Sisters

**Careers**

- School counselor or school psychologist
- Teacher or Teacher's aide
- College advisor
- Day care center director
- Librarian
- Vice Principal or Principal
- Adapted Physical Education Specialist
- Fitness and wellness coordinators

**Career Pathways in Education and Training*****Administration and Administrative Support***

Workers who provide direction, leadership, and day-to-day management and support of educational activities in schools, preschools, childcare centers, colleges, universities, businesses and industries, correctional institutions, museums, and job training and community service organizations.

***Professional Support Services***

Occupations that assist people involved in education and training systems with personal and family needs, mental health assistance, educational goals, and career decision making.

***Teaching and Training***

Occupations that lead or assist in the delivery of instructional materials or lessons in classrooms, workshops, or via online and distance technology. Includes individual and group instruction of children, adults, and professionals.

**Human Services****Workers help individuals and families meet their personal needs****Interests**

- Listening and helping friends with problems
- Delivering food and clothes to people in need
- Planning and making healthy meals and snacks
- Volunteering in a soup kitchen or food shelf
- Providing childcare
- Volunteering in a hospital or nursing home
- Interning at a nonprofit agency

**Careers**

- Childcare worker
- Deaf Interpreter
- Nutrition counselor
- Costume attendants
- Epidemiologist
- Massage therapist
- Mental Health counselors
- Music directors and composers
- Substance abuse and behavioral disorder counselors

**Career Pathways in Human Services*****Consumer Services***

Occupations related to helping individuals with decisions and problems relating to finance, real estate, insurance and consumer goods.

***Counseling and Mental Health Services***

Workers who assist people with personal, family, educational, mental health, and career decisions and problems. Might work in hospitals, clinics, schools, or private settings.

***Early Childhood Development and Services***

Occupations related to the nurturing or teaching of infants and young children in childcare centers, nursery schools, preschools, public schools, private households, and before- and after-school programs.

***Family and Community Services***

Occupations related to helping disabled, elderly, impoverished or other underrepresented populations to secure housing, employment, financial assistance or other social services.

***Personal Care Services***

Occupations provide services related to an individual's physical care, including cosmetic, spa, fitness, and funeral services.

Adapted from

<https://www.vsoc.org/sites/default/files/uploads/Career%20Connect%20resources/Career%20Clusters%20Interest%20Survey.pdf>

retrieved on 1/27/23

**Appendix B – Monica****Monica's Story**

---

Monica has been in W-2 for almost six years. She is a single mom with two teenage children. She lives in southern Wisconsin in a rural location.

Prior to coming into the program, Monica successfully ran her own cleaning business for five years. She turned to the W-2 program after she could no longer perform this work due to the deterioration of her physical health. Monica could no longer bend, lift, carry, and push things. Even with the flexibility to do this work at her own pace, she was unable to continue. Being unemployed eventually impacted Monica's mental health. She felt extremely stressed due to her lack of income. At that time, her counselor referred her to the W-2 program for economic assistance.

During Monica's first two years in the W-2 program, she worked with medical professionals on her physical health issues. Complications from surgery ultimately put her in the hospital and then a nursing home, as she wasn't able to provide even basic care for herself. Due to her health and missed appointments and phone calls with her FEP, she did not complete her six-month eligibility review and was disenrolled from W-2.

After Monica was released from the nursing home, she reapplied for W-2. This was just over two years ago. For the first year she was back, the primary focus was on overcoming her physical and mental health issues so that she could move forward with employment activities.

For the last year, Monica's goal has been to work toward employment while partnering with her primary care providers and specialists to diagnose, treat, and overcome her physical and mental health issues, which are limitations to her ability to work. Monica consistently has been in contact with her care providers, and through medical documentation, Monica and her FEP have identified goals and accommodations.

Monica speaks, reads, and writes English. She has no language barriers.

Monica's last job was six years ago when she operated her own cleaning business. This ended due to her physical limitations. She doesn't anticipate being able to return to this line of work. When she reviewed her career assessment, she was most interested in exploring office type work. However, she has no professional experience in that industry.

She is working with DVR.

Monica obtained her high school diploma and has an Associate's Degree in photography.



Monica owns her own home, but struggles to pay the property taxes. At this time, she is not facing foreclosure and has no plans to move.

She uses her own vehicle and has a valid driver's license.

Her son is involved in Big Brothers, Big Sisters. Her daughter has mental health issues. These issues currently are controlled, and her daughter sees the counselor at the school.

Monica's Formal Assessment

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Family and Economic Security

WME

MEDICAL EXAMINATION AND CAPACITY

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 <b>Monica Johnson</b>		Date of Birth <b>06 , 20 , XXXX</b>	Social Security Number <b>144-66-5555</b>	
Name of Professional Provider <b>Dr. Aaron Levon</b>		Professional Title <b>Medical Doctor</b>		
Office Address <b>2817 New Pinery Road</b>	City <b>Portage</b>	State <b>WI</b>	Zip Code <b>53901</b>	

Dear 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 medical condition(s):

1. How frequently is the patient scheduled to meet with you? 7 times in last year - this is variable  
 Regarding current course of treatment, how long have you been meeting with this patient? 8/8/2017  
 When is your next scheduled appointment with this patient? today + 3 months
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:  
Dr. A. Hanseon - physical medicine, Dr. B. Carver - OB/Gyn, D. M. Miller - psychology, J. Carson, PAC - Neurology, Dr. T. Graham - GI, Dr. F. Giamati - Rheumatology
3. Diagnosis/Condition:  
Borderline personality disorder, chronic sinusitis, lumbar radiculopathy, obstructive sleep apnea, asthma, GERD, panic disorder, polyarthralgia, IBS, Anxiety + Depression
4. Prognosis: (if the patient's condition is related to pregnancy, please enter the expected date of birth)  
Guarded

DCF-F-DWSP2012 (R. 10/2018)

5. When did your patient's symptoms begin (estimate date)? 3 years

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

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

6. What kind of treatment plan is the patient involved in? What is the expected outcome?  
See multiple specialties

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

7. What type of environment or conditions could help this person function most effectively in a variety of daily activities? Minimal stress, flexible schedule due to complex medical needs with frequent flares

8. This individual may have his/her vocational capacity assessed. What, if any, accommodations should be provided for the assessment? See physical and mental capacity

9. Is the patient attending scheduled appointments?  Yes  No

If no, please explain and list missed appointment dates:  
\_\_\_\_\_

Do you attribute the missed appointments to the impairment(s)?

Yes  No She attends appointments keep calendar

10. Identify any psychological conditions that you are aware of:

- Depression
- Somatoform disorder
- Psychological factors affecting physical condition
- Anxiety
- Personality disorder
- Other: \_\_\_\_\_

11. Physical Capacities

Maximum ability to lift and carry on an occasional basis (no more than 2 hours out of an 8 hour day).

No limitation  100 lbs.  50 lbs.  20 lbs.  10 lbs.  Other 5 pounds

Maximum ability to lift and carry on a frequent basis (no more than 6 hours out of an 8 hour day)

No limitation  100 lbs.  50 lbs.  20 lbs.  10 lbs.  Other 5 pounds

Maximum ability to stand and walk (with normal breaks) during an 8 hour day.

No limitation  no more than 6 hours  no more than 2 hours  Other 15 minutes

How many city blocks can this individual walk without rest or severe pain? 1/4 block

Maximum ability to sit (with normal breaks) during an 8 hour day.

No limitation  no more than 6 hours  no more than 2 hours  Other 1/2 hour

For questions 12-14 below, "rarely" means 1%-5% of an eight-hour workday; "occasionally" means 6%-33% of an eight-hour workday; and "frequently" means 34%-86% of an eight-hour workday.

12. How often can this individual perform the following activities?

Activity	Never	Rarely	Occasionally	Frequently
Look down (sustained flexion of neck)		X		
Turn head right or left		X		
Look up		X		
Hold head in static position			X	
Twist		X		
Stoop (bend)		X		
Crouch/squat	X			
Climb ladders	X			
Climb stairs		X		

13. Does this patient have significant limitations with reaching, handling, or fingering?  Yes  No

If yes, please indicate the percentage of time during an 8-hour day that your patient can use hands/fingers/arms for the following activities:

Activity		Never	Rarely	Occasionally	Frequently
<b>Hand:</b> Grasp, turn twist objects	Right	X			
	Left		X		
<b>Fingers:</b> Fine finger manipulation	Right		X		
	Left		X		
<b>Arm:</b> Reaching (include overhead)	Right		X		
	Left	X			

14. If your patient's symptoms interfere with performance of simple work task, please estimate the frequency of interference?

- Never  Rarely  Occasionally  Frequently

15. What is your assessment of this individual's ability to communicate and see?

\_\_\_\_\_

\_\_\_\_\_

16. Is your patient making positive progress?  Yes  No

Please describe the progress or lack of progress. **Multiple medical conditions make this difficult**

\_\_\_\_\_

17. Are the patient's impairments likely to produce 'bad' days?  Yes  No

If yes, 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/or other W-2 activities?

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

18. Does this person's medication(s) or treatment cause side affects that impact his/her ability to participate in a work/education environment (e.g., drowsiness, dizziness, nausea, etc.)?

- Yes  No

If "Yes" specify: \_\_\_\_\_

19. Does this person require any adaptive devices or other accommodations to help him/her function effectively in a work/education environment (e.g., assistive device for ambulation, need to alternate positions frequently, limits on pushing and pulling, operating hand or foot controls, accommodations for bending and stooping, part-time or flexible work schedule, etc.)?

Yes  No  Unknown

If "Yes" describe what is needed:

\_\_\_\_\_

20. Identify any of the following that your patient is likely to experience:

- Low tolerance for frustration
- Difficulty communicating his/her needs
- Difficulty following instructions
- Inability to work with children
- Difficulty working around other people
- Difficulty controlling anger appropriately due to pain + disorder
- Socially inappropriate responses to situations
- Seizures
- Difficulty engaging in complex tasks that require judgment
- Difficulty maintaining activities of daily living
- Difficulty with decision making
- Difficulty following through on agreed actions
- Panic attacks
- Difficulty with reality interpretation
- Difficulty being in unfamiliar environment
- Difficulty with impulse control
- Difficulty maintaining concentration
- Other: \_\_\_\_\_

21. 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) \_\_\_\_\_
- Treatment and/or counseling (please specify) \_\_\_\_\_
- Advocacy for Social Security Income/Disability \_\_\_\_\_
- Other \_\_\_\_\_

22. Additional Recommendations or Restrictions: Monica is doing everything asked and is limited due to multiple and complex medical conditions.

23. Considering this patient's condition(s) and limitation(s) please indicate below what activities related to work and training you would recommend?

- work/work experience activities
- adult basic education/literacy
- job readiness/life skills workshops
- job skills training
- supported job search activities
- other

If no recommendations, please explain:

3 hour 4 day training and could not concentrate and stay focused

24. Estimate the number of hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations : 1-2 hours at most, depends on day

25. If you have indicated anywhere on this form that this patient is unable to participate in W-2 activities, please explain:

\_\_\_\_\_

26. Given your patient's current medical condition(s), please specify a date when the recommendations that you have provided should be reviewed: 6 months

Name of Professional Provider Dr. Aaron Levon		Title Medical Doctor		Telephone Number 715-425-5555	
Signature of Professional Provider <i>Dr. Aaron Levon</i>				Date Signed 11/23/XXXX	
<b>Return completed form to:</b>					
Name of Agency Representative			Address		Date Sent
City	State	Zip Code	Telephone Number	Fax Number	

---

**Monica's Career Assessment**

---

**WOWI Career Assessment Results**

She is motivated to work with data and things.

**Aptitudes**

- Verbal – ability to read and comprehend words.
- Abstractions – Potential in the area of figuring out problems through a logical procedure. It measures the ability to solve problems by means of size, position, shape, or quantity without assistance from words or numbers.

**Work Styles**

- Isolative – Do you need to regulate your privacy?

**Career Interest Areas**

- The Arts – Integrating personal expression and art concepts, techniques, and processes to develop works that elicit an emotional or aesthetic response.
  - O\*NET Job Family: Arts, Design, Entertainment, Sports, and Media
  - Actors; Art Directors; Coaches; Craft Artists; Editors; Floral Designers; Interior Designers; Interpreters and Translators; Media Programming Directors; Photographers; Technical Writers
- Office & Admin Support – Compiling, recording, communicating, computing, copying, and otherwise organizing information for others.
  - O\*NET Job Family: Office and Administrative Support
  - Bill and Account Collectors; Bookkeeping, Accounting, and Auditing Clerks; Court, Municipal, and License Clerks; Customer Service Representatives; File Clerks; Freight Forwarders; Hotel, Motel, and Resort Desk Clerks; Library Assistants; Office Clerks; Postal Service Clerks; Public Safety Telecommunicators; Receptionists and Information Clerks; Tellers
- Outdoor – Working out-of-doors, which may include contact with plant or animal life.
  - O\*NET Job Family: Farming, Fishing, and Forestry
  - Agricultural Workers; Animal Breeders; Farmworkers and Laborers; Fishing and Hunting workers; Forest and Conservation Workers; Logging Equipment Operators

**Appendix C – Ramona****Ramona's Story**

---

Ramona has been enrolled in the W-2 program for 8 months. She is a 36-year-old woman with one son, Todd, who is 16 and a sophomore in high school. They live in a metro community.

Ramona speaks, writes, and reads English and reports no concerns with language.

Ramona's work experience has been in call centers and some office/reception type positions. Her last job in a call center ended about a year ago and lasted for less than one year. Ramona stated the job ended due to her barriers. She would like to work part-time in patient advocacy if she is able, pending her SSDI appeal.

She currently is working with DVR.

She has her high school diploma and states she was a good student in high school. She took elective courses that focused on health care careers. After high school, Ramona attended a technical college and completed a certificate course in patient advocacy. That certification has lapsed.

Ramona and her son live in an apartment through an affordable housing program. She is not at risk of eviction. Ramona likes her current apartment and feels safe where she is living.

Ramona has a car and a valid driver's license. However, she drives only during daylight hours. She can use the bus. Traveling during daylight hours is the best option for Ramona to get to her activities.

Ramona regularly sees a psychologist for her mental health barriers and a medical doctor for her physical limitations. She has been diagnosed with anxiety due to PTSD and past traumatic experiences. These mental health concerns impact her physical health and her chronic medical condition. She has been offered a formal assessment for her physical limitations, but she has refused. Ramona previously declined a formal assessment for learning and cognitive issues and mental health issues. Recently, she agreed to have her psychologist complete a Mental Health Report. Her psychologist indicated it is very difficult for Ramona to participate in the program. Ramona applied for SSDI due to her physical barrier, and her hearing is next month.

Todd is attending high school and has no personal barriers or concerns.

Ramona has no other children that are not living with her. Todd's other parent is involved in his life. Todd sees his other parent regularly. Ramona co-parents with Todd's other parent.



Currently, Ramona is in a W-2 T placement due to her physical and mental health barriers. She is working with her FEP and Comprehensive Community Services (CCS) case manager to streamline activities and accommodations for W-2 activities, as well as her overall lifestyle.

Ramona is working on life skills, such as scheduling her various appointments and working with multiple government agencies. As mentioned, Ramona also attends mental health counseling and medical appointments weekly to help support her with her barriers. She has not made a lot of forward progress since entering the W-2 program. She is determined to get SSDI, and has refused to work on any other activities to prepare for a potential SSDI denial or a plan B.

Ramona's Formal Assessment

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 Ramona Barker		Date of Birth 10 / 20 /XXXX	Social Security Number 320-44-8740	
Name of Professional Provider Belinda Williams, PhD		Professional Title Psychologist		
Office Address 2110 Elm Street	City Madison	State WI	Zip Code 53953	

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?  
Twice weekly

Regarding current course of treatment, how long have you been meeting with this patient?  
1.5 years

When is your next scheduled appointment with this patient? Next week

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: Dr. M. Randy, MD; Dr. L. Miller, OD; A. Johnson, RT

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: Anxiety Disorder NOS      Axis IV: \_\_\_\_\_

Axis II: \_\_\_\_\_      Axis V: Current GAF: 45

Axis III: \_\_\_\_\_      Highest GAF Past Year: 45

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

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

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

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

Please describe the progress or lack of progress.

Ramona continues to process trauma and improve her understanding of how her mental health symptoms impact functioning. Ramona has also demonstrated improvements in interoception and emotional granularity.

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

If yes, please list:

Ketoconazole, meloxicam, quercetin, irbesartan, fluticasone, montelukast, acetaminophen, melatonin, diphenhydramine, quanfacin, flovent, certerizine, albuteraol

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

Stomach upset, nausea, dizziness, diarrhea, incontinence, lightheadedness, headach, fever, earache, drowsiness, tremors, restlessness, insomnia

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

In childhood; first major trauma experienced at age 6

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

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

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

If so, please explain:

Anxiety causes muscle tension that exacerbates pain, causes sleep disturbances, and reduces the body's ability to heal

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				
1.	Restriction of activities of daily living	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme <input checked="" type="checkbox"/>
2.	Difficulties in maintaining social functioning	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme <input checked="" 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 <input type="checkbox"/>	Seldom <input type="checkbox"/>	Often <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Constant <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 <input type="checkbox"/>		Once or Twice <input type="checkbox"/>	Repeated*** <input type="checkbox"/>	Continual <input checked="" 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: In addition to her mental health symptoms, patient experiences physical limitations due to chronic illness.

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:  
Ramona recently experienced dysregulation due to a triggering of trauma symptoms during an appointment with providers, which resulted in significant dissociation and a loss of ability to function.

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			X	
2.	Understand, remember and carry out very short and simple instructions			X	
3.	Maintain attention for two-hour segment				X
4.	Maintain regular attendance and be punctual with customary, usually strict tolerances				X
5.	Sustain an ordinary routine without special supervision				X
6.	Work in coordination with or proximity to others without being unduly distracted				X
7.	Complete a normal workday and work week without interruptions from psychologically based symptoms				X
8.	Perform at a consistent pace without an unreasonable number and length of rest				X
9.	Accept instructions and respond appropriately to criticism from supervisors			X	
10.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes			X	
11.	Respond appropriately to changes in a routine work setting				X
12.	Deal with normal work stress				X
13.	Be aware of normal hazards and take appropriate precautions		X		
14.	Deal with stress of semi-skilled and skilled work				X
15.	Perform detailed or complicated tasks				X
16.	Perform fast paced tasks (e.g., production line)				X

16. Is the patient attending scheduled appointments?  Yes  No

If no, please explain and list missed appointment dates:

\_\_\_\_\_

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?  
Patient is engaged in relational psychotherapy to process trauma and develop skills to assist with self-regulation and stress reduction. Patient will increase her ability to function and experience a reduction in symptoms.

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

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) \_\_\_\_\_  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? A calm and flexible environment free of potential triggers of patient's trauma, with support available for many tasks.

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

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

If no recommendations, please explain:  
Patient is not able to effectively participate in any of the above activities.

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations? Less than one hour daily

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

Name of Professional Provider Belinda Williams, PhD	Title Psychologist	Telephone Number 608-232-5555
Signature of Professional Provider <i>Belinda Williams, PhD</i>		Date Signed 02/03/XXXX

**Return completed form to:**

Name of Agency Representative		Address		Date Sent
City	State	Zip Code	Telephone Number	Fax Number

---

**Ramona's Career Assessment**

---

**O\*NET – My Next Move Career Assessment Results****Interests**

- **Artistic** – creating, designing, and making your own rules
  - People with Artistic interests like work that deals with the artistic side of things, such as acting, music, art and design. They like creativity in their work and work that can be done without following a set of rules.
  - Art Therapists; Education Teachers; Nannies; Training & Development Specialists
- **Social** – helping people, teaching, and talking
  - People with Social interests like working with others to help them learn and grow. They like working with people more than working with objects, machines, or information. They like teaching, giving advice, helping and being of service to people.
  - Acute Care Nurses; Art Therapists; Crossing Guards; Customer Service Representatives; Exercise Trainers; Hosts & Hostesses; Nannies; Occupational Therapy Aides; Recreation Workers; Tour Guides & Escorts; Ushers, Lobby Attendants, & Ticket Takers
- **Investigative** – ideas, thinking, and figuring things out
  - People with Investigative interests like work that has to do with ideas and thinking rather than physical activity or leading people. They like to search for facts and figure out problems.
  - Animal Scientists; Clinical & Counseling Psychologists; Industrial Engineers; Respiratory Therapists; Web Developers

**Careers that match Work Interests**

- Music Therapists
- Art Therapist
- Education Teachers
- Substance Abuse and Behavioral Disorder Counselors
- Mental Health Counselors
- Speech-Language Pathologist

**Work Values**

- **Good Working Conditions** – Occupations that satisfy this work value offer job security and good working conditions.
  - Corresponding needs are Activity, Compensation, Independence, Security, Variety, and Working Conditions
  - Landscaping and Groundskeeping Workers; Food Preparation Workers; Locksmiths and Safe Repairers; Floor Layers; Hearing Aid Specialists
- **Independence** – Occupations that satisfy this work value allow employees to work on their own and make decisions.
  - Corresponding needs are Creativity, Responsibility, and Autonomy

- Fishing and Hunting Workers; Baristas; Cooks, Fast Food; Maids and Housekeeping Cleaners; Food Service Managers; Nannies; Spa Managers
- **Recognition** – Occupations that satisfy this work value allow employees to work on their own and make decisions.
  - Corresponding needs are Creativity, Responsibility and Autonomy
  - Farm Labor Contractors; Chefs and Head Cooks; Chemical Engineers; Lawyers
- **Achievement** – Occupations that satisfy this work value are results oriented and allow employees to use their strongest abilities, giving them a feeling of accomplishment.
  - Corresponding needs are Ability Utilization and Achievement
  - Door-to-Door Sales Workers; Pressers, Textile, Garment, and Related Materials; Bakers; Fashion Designers; Photonics Technicians; Accountants and Auditors

### Careers that match the first three Work Values

- First-Line Supervisors of Policy and Detectives
- Aerospace Engineers
- Financial Managers
- Civil Engineers

### Work Styles

- **Interpersonal Orientation** - Job requires being pleasant, cooperative, sensitive to others, easy to get along with, and having a preference for associating with other organization members.
  - Social Orientation – Job requires participant to work with others rather than alone and being personally connected with others on the job
  - Art Therapists; Tutors; Skincare Specialist; Substance Abuse and Behavior Disorder Counselors, Lodging Managers
- **Social Influence** – Job requires having an impact on others in the organization and displaying energy and leadership.
  - Leadership – Job requires a willingness to lead, take charge, and offer opinions and direction
  - Social and Community Service Managers; First-Line Supervisors of Retail Sales Workers; Medical and Health Services Managers; Food Service Managers; Chefs and Head Cooks
- **Achievement Orientation** – Job requires personal goal setting, trying to succeed at those goals, and striving to be competent in own work.
  - Achievement/Effort – Job requires establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks
  - Library Science Teachers, Actors; Special Education Teachers; Film and Video Editors



**Appendix D – Tiana****Tiana's Story**

Tiana has been enrolled in W-2 for five months. She is a 24 year-old woman with three children, Lashawn 4 years-old, Trey 2 years-old, and Aries 8 months-old. They live in an urban area.

Tiana speaks, reads, and writes English. However, Tiana states she has a barrier that makes it difficult for her to read.

Tiana has never had a job or volunteered as an adult.

Tiana has not yet obtained her high school diploma. She is working on her HSED online through Community Partners, a community organization sponsored by a national organization. Her program is online through Zoom, and she can go at her own speed. Tiana can get a lot of one-on-one help through Community Partners. They are helping her reach her goal of obtaining her HSED.

Recently, Tiana, her boyfriend, Lashawn's other parent, and Trey's other parent all were living together. They lost their home due to being unable to pay rent, as only Trey's other parent was working. Now, all of them are living with other family members until they can get an apartment of their own again. However, many apartments won't rent to four adults who are not related.

Tiana cannot drive due to her barrier. Trey's other parent has a vehicle. When they all were living together, he would drive and run all the errands. Now that Tiana is temporarily living with other family, she doesn't go anywhere and is feeling isolated.

When Tiana entered the W-2 program, she reported that she was unable to work due to mental and physical health issues. She was not following up with her doctor for the assistance and care that she needed. Tiana was not committed to getting ongoing care from her medical providers. Due to not staying on top of her appointments and medications, Tiana has been in and out of hospitals. Tiana says she cannot do anything. She is not able to read, do physical tasks, or use a computer. Her Medical Examination and Capacity form lists a diagnosis of PTSD, anxiety, and nonepileptic seizures. Tiana's provider said she is able to do online workshops and activities for short periods of time, as long as she doesn't need to leave the home or drive.

Tiana told her FEP that she is working on getting SSI with an SSI attorney, but she has not provided any documentation of this or contact information for the attorney.

Lashawn is enrolled in a 4K program. Tiana is partnered with Birth to 3 and WIC. None of the children are experiencing barriers at this time.

Tiana has no other children. Lashawn and Trey spend time with their other parents. There is no child support order in place at this time.

Currently, Tiana is working with Community Partners. The FEP has suggested getting connected with the Aging and Disability Resource Center and DVR to assist with Tiana's case for SSI and/or to help find employment opportunities that she can do. At every appointment, Tiana refuses to make these connections.

Tiana's Formal Assessment

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 Tiana Washington		Date of Birth 12 / 14 / XXXX	Social Security Number 980-64-5404	
Name of Professional Provider Jacquie Aberdeen, PhD		Professional Title Psychologist		
Office Address 1523 N. University Ave. Suite 203	City Beaver Dam	State WI	Zip Code 53916	

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?  
1-2 times per week

Regarding current course of treatment, how long have you been meeting with this patient?  
2.5 years

When is your next scheduled appointment with this patient? Next Tuesday

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: Dr. J. Jameson, MD - primary physician managing pain

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: Anxiety, PTSD/Trauma      Axis IV: \_\_\_\_\_  
 Axis II: \_\_\_\_\_      Axis V: Current GAF: \_\_\_\_\_  
 Axis III: \_\_\_\_\_      Highest GAF Past Year: \_\_\_\_\_

Participant experiences non epileptic psychogenic seizures

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

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

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

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

Please describe the progress or lack of progress.

We need to work to help control episodes and cope with her issues. Then she will be able to reach for goals and successfully provide for her family.

6. To the best of your knowledge, is the patient on prescribed medications?  Yes     No  
If yes, please list:

\_\_\_\_\_

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

Fatigue and loss of energy

7. When did your patient's symptoms begin (estimate date)?  
Not known

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

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

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

If so, please explain:

Tiana's PTSD/trauma causes physical pain

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				
1.	Restriction of activities of daily living	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme <input type="checkbox"/>
2.	Difficulties in maintaining social functioning	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme <input checked="" 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 <input type="checkbox"/>	Seldom <input type="checkbox"/>	Often <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Constant <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 <input type="checkbox"/>		Once or Twice <input type="checkbox"/>	Repeated*** <input checked="" type="checkbox"/>	Continual <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: Tiana's anxiety makes it difficult for her to leave home. She cannot drive due to her PTSD.

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:  
\_\_\_\_\_  
\_\_\_\_\_

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				X
2.	Understand, remember and carry out very short and simple instructions		X		
3.	Maintain attention for two-hour segment				X
4.	Maintain regular attendance and be punctual with customary, usually strict tolerances			X with limits	
5.	Sustain an ordinary routine without special supervision			X	
6.	Work in coordination with or proximity to others without being unduly distracted				X
7.	Complete a normal workday and work week without interruptions from psychologically based symptoms				X
8.	Perform at a consistent pace without an unreasonable number and length of rest				X
9.	Accept instructions and respond appropriately to criticism from supervisors			X	
10.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes				X
11.	Respond appropriately to changes in a routine work setting			X	
12.	Deal with normal work stress				X
13.	Be aware of normal hazards and take appropriate precautions		X		
14.	Deal with stress of semi-skilled and skilled work			X	
15.	Perform detailed or complicated tasks			X	
16.	Perform fast paced tasks (e.g., production line)				X

16. Is the patient attending scheduled appointments?  Yes  No

If no, please explain and list missed appointment dates:

\_\_\_\_\_

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?  
Tiana participates in psychotherapy 1-2 times a week. She also sees her medical provider for health treatment.

If schedule for treatment plan is known, please include below or attach:  
Therapy schedule can vary throughout the week. But, we try to most often stick to morning appointments.

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) \_\_\_\_\_  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? See below

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

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

If no recommendations, please explain:  
Participant should continue 1 hour a day of activities she is doing. Anything more than that will be too much for the stress and anxiety. She experiences verbal and physical induced non-epileptic psychogenic seizures and PTSD episodes when stressed.

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations? Continue 1 hour a day of activities in total and maintain her doctor appointments.
22. Given your patient's current mental impairments, please specify a date when the recommendations that you have provided should be reviewed: 6 months

Name of Professional Provider Jacquie Aberdeen, PhD	Title Psychologist	Telephone Number 920-715-5555
Signature of Professional Provider <i>Jacquie Aberdeen, PhD</i>		Date Signed 03/31/XXXX

**Return completed form to:**

Name of Agency Representative		Address		Date Sent
City	State	Zip Code	Telephone Number	Fax Number

**Tiana's Career Assessment**

---

**WOWI Career Assessment Results****Aptitudes**

- **Verbal** – Ability to read and comprehend words.
- **Organizing Skill** – Potential to perceive and utilize language and numbers in a specific way. Ability to concentrate and perform sequential reasoning using alpha and numeric symbols.

**Work Styles**

- **Repetitive Work** – What is your preferred task cycling rate?
- **Isolative** – Do you need to regulate your privacy?

**Career Interests**

- **Bench Work** – Stringing, fitting, embroidering, assembling, adjusting, matching, decorating, gluing, cutting, polishing, soldering, threading and adjusting, as well as examining and inspecting.
  - O\*NET Job Family: Production
  - Assemblers and Fabricators; Bakers; Etchers and engravers; Fabric and Apparel Patternmakers; Food Processing Workers; Helpers – Production Workers; Laundry and Dry-Cleaning Workers; Machinists; Packaging and Filing Machine Operators; Team Assemblers; Tool and Die Makers



## Appendix E – Terry

### Terry's Story

Terry is a 43-year-old woman with two children, Kyle age 4 and Brenna age 5. Terry first enrolled in the W-2 program two and a half years ago. At that time, she was living with her mother in a rural town, having moved home from South Dakota where she left an abusive partner earlier in the year.

At that time, Terry's work history was mainly full-time employment in manufacturing and production settings. Most of these jobs were short-term, lasting about a month before she either quit or was fired due to attendance issues.

She disclosed a history of AODA and substance use, a diagnosis of PTSD stemming from a history of domestic violence in her previous marriage, and depression. Terry and her FEP discussed formal assessment and the Medical Examination and Capacity form. Although Terry thought her AODA issues had a significant impact on her ability to gain or maintain employment, she had no established mental health provider, and ultimately felt capable of working full-time hours and participating in the program without any accommodation. She reported no cognitive/learning issues, and no physical health conditions. She agreed to take both XYTE and TABE.

Her initial goals were to return to full-time employment in a manufacturing setting, and to maintain sobriety.

Terry gained full-time employment in a manufacturing position and was placed in a CMF+ placement within a month of being in W-2. She completed the Career Assessment and the Practical Cognofile. She did not complete the TABE prior to finding employment. When the FEP attempted to verify her hours and wages, the employer informed the FEP that Terry was no longer employed. She worked for three weeks before ending the job. Attempts to contact Terry were unsuccessful for a couple of weeks until she contacted her FEP to say she went to treatment and was no longer staying with her mother. She was staying in a transitional housing shelter for victims of domestic violence in the next town.

Terry was referred to the Comprehensive Community Services (CCS) program for mental health services, and the FEP obtained a ROI to coordinate services. Terry was attending medical appointments, but still was on a waitlist for mental health services. She identified two providers to complete the Medical Examination and Capacity form. The providers referred the FEP to Terry's primary physician, as they were specialty care.

Terry gained employment twice and lost both employments due to transportation issues. There's no bus or cab service in the area. Terry went to treatment again, this time at an out of state facility with her children.

Terry is now back in the W-2 program.

She speaks, writes, and reads English and reports no concerns with language.

Terry would like to work as a peer specialist, as a skills trainer, or in an office setting. She says she “wants more,” and believes she has more to offer a potential employer.

Terry is working with DVR.

She has a high school diploma. Right after high school, Terry attended two semesters at a technical college studying accounting before leaving school due to pregnancy. She expressed some interest in further education, but has no concrete plans to return to school.

She currently is staying in a shelter for victims of domestic abuse. Terry has applied to and been accepted to a subsidized housing complex, but is unable to move, as she doesn't have the proper identification. Her social security card has her married name, and her birth certificate has her maiden name. Both documents need to have the same name. She is working with the director of the shelter to get divorced, so she can obtain the documents and be accepted to the subsidized complex.

Terry has a car she could borrow, but no valid driver's license. She has four convictions for DUI. She disclosed a felony conviction for drugs.

After returning to the W-2 program, Terry continued employment search and completing work experience at the shelter where she is staying. During a weekly meeting with her FEP, she disclosed she was actively hallucinating and had delusional thoughts. She couldn't get the voices in her head to stop telling her the people in her town had been replaced by “lizard people.”

Terry still is connected to CCS, and she said her CCS worker sent a referral to have her seen by a psychiatrist awhile back, but she hasn't heard anything. The FEP contacted the CCS worker and advised her of the situation. The CCS worker expedited the referral.

Terry has been diagnosed with schizophrenia by the CCS mental health provider. Terry has connected with an AODA counselor and is seeing them regularly. This provider believes Terry's diagnosis is methamphetamine induced psychosis due to extensive drug use spanning multiple decades. Her primary physician has referred her for neurological testing. He believes she has a brain injury following a head injury she received in a domestic violence incident at some point prior to her W-2 enrollment. He completed a Medical Examination and Capacity form limiting her participation to six hours a week in the W-2 program with a reassessment in six months. Terry doesn't agree with the diagnosis of schizophrenia. She is resistant to medication, as she feels she is “enlightened, and you don't need medication for enlightenment.” She wants to complete neurological testing, as initial tests indicate she does have some neurological impairment. She wants to focus on her recovery and stability for the near future.

She has applied for DVR services as well as for SSI/SSDI.

Terry's children have no diagnosed barriers. Formal assessments were not requested for either child. The children are involved in family programming through the domestic violence shelter. The shelter can provide some child care when Terry is involved in shelter programming; otherwise, her mother helps with child care when she can. Both children are involved in early childhood education.

Terry has no other children living with her. Neither Kyle nor Brenna sees their other parent. Kyle's other parent is not involved. Brenna's other parent does pay child support.

Terry's FEP reduced her work experience to five hours a week. Her goal has shifted from full-time employment to part-time employment. Her FEP also removed work search from her plan. Terry admits feeling pressure to "go out and get any job," but knows she would not be successful maintaining employment, which is supported by her past attempts at employment while in the W-2 program.

The CCS facilitator organizes monthly meetings with all providers via Zoom. This includes her CCS facilitator, her AODA counselor, her mental health mentor/skills trainer that she meets with twice weekly, and her probation/parole officer. Terry's mental health clinician and the director of the domestic violence shelter also are invited and attend regularly.

Terry was assigned online classes in soft skills on the computer, but she did not feel they were helpful. She didn't think she was really gaining much information, and found the website not very "user friendly," which ultimately frustrated her. Her formal assessment supports that she has memory impairment.

Currently involved agencies: CCS, DV advocacy Group (Bolton House), DVR, Social Security, Probation and Parole.

Terry's Formal Assessment

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 Terry Larson		Date of Birth 02 / 23 / XXXX	Social Security Number 785-66-4870	
Name of Professional Provider Dr. Andrew Nelson		Professional Title Family Medicine Doctor		
Office Address 900 College Ave. W.	City Ladysmith	State WI	Zip Code 54848	

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? 1-2 times a week

Regarding current course of treatment, how long have you been meeting with this patient? 2 years

When is your next scheduled appointment with this patient? Next week

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: Sees other mental health providers for therapy and attends support group.

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: \_\_\_\_\_  
 Axis II: \_\_\_\_\_ Axis V: Current GAF: \_\_\_\_\_  
 Axis III: \_\_\_\_\_ Highest GAF Past Year: \_\_\_\_\_

Participant has stimulant use in early remission with stimulant induced psychotic disorder.  
 Anxiety disorder  
 Memory loss  
 Traumatic brain injury

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

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

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

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

Please describe the progress or lack of progress.

She remains absent of stimulants. Her greatest barriers are memory impairments, hallucinations, and paranoia.

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

If yes, please list:

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

7. When did your patient's symptoms begin (estimate date)?      30 years ago

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

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

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

If so, please explain:

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				
1.	Restriction of activities of daily living	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input checked="" type="checkbox"/>	Extreme <input type="checkbox"/>
2.	Difficulties in maintaining social functioning	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme <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 <input type="checkbox"/>	Seldom <input type="checkbox"/>	Often <input type="checkbox"/>	Frequent <input type="checkbox"/>	Constant <input checked="" 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 <input type="checkbox"/>		Once or Twice <input type="checkbox"/>	Repeated*** <input checked="" type="checkbox"/>	Continual <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: Hallucinations and paranoia can make expressing self in a understandable way very difficult. Frequent meetings interrupt work day.

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:

Yes. She has recurrent episodes due to stimulant use. Reducing stimulant use, may help the symptoms.

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				X
2.	Understand, remember and carry out very short and simple instructions				X
3.	Maintain attention for two-hour segment			X	
4.	Maintain regular attendance and be punctual with customary, usually strict tolerances			X	
5.	Sustain an ordinary routine without special supervision				X
6.	Work in coordination with or proximity to others without being unduly distracted				X
7.	Complete a normal workday and work week without interruptions from psychologically based symptoms				X
8.	Perform at a consistent pace without an unreasonable number and length of rest				X
9.	Accept instructions and respond appropriately to criticism from supervisors			X	
10.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes			X	
11.	Respond appropriately to changes in a routine work setting			X	
12.	Deal with normal work stress				X
13.	Be aware of normal hazards and take appropriate precautions		X		
14.	Deal with stress of semi-skilled and skilled work				X
15.	Perform detailed or complicated tasks			X	
16.	Perform fast paced tasks (e.g., production line)				X

16. Is the patient attending scheduled appointments?  Yes  No

If no, please explain and list missed appointment dates:

\_\_\_\_\_

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?  
 Neuropsychologic testing next month. Plan to start antipsychotics - patient declines until testing is complete.  
 Therapy 1-2x a week. Group support from Women Together.

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

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) \_\_\_\_\_  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? Will likely require an environment with limited interaction with strangers and limited distractions.  
 Frequent breaks every two hours of at least 15 minutes.

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 type="checkbox"/> job skills training
<input type="checkbox"/> adult basic education/literacy	<input 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? 2 hours a day/3 days a week

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

Name of Professional Provider Dr. Andrew Nelson	Title MD	Telephone Number 715-623-5555
Signature of Professional Provider <i>Dr. Andrew Nelson</i>		Date Signed 01/26/XXXX

**Return completed form to:**

Name of Agency Representative		Address		Date Sent
City	State	Zip Code	Telephone Number	Fax Number



---

**Terry's Career Assessment**

---

**Xyte Career Assessment Results****Description of the Practical Cognofile**

This cognofile is a master at bringing order to unorganized facts and details about practical and tangible things. This makes us very adept in understanding applied sciences, mechanics, and the properties of materials. With non-theoretical interests, we use the same general principles to understand the meanings surrounding our environment. Although we are more interested in why mechanical things work, we will observe and analyze life with a detached curiosity and flashes of sarcastic humor. Even though we can be engrossed in the details, we like to see the big picture and how everything fits together for a tangible object.

The easy way to picture our Practical Cognofile is the local artisan, mechanic, plumber, or electrician who quietly goes about his/her work. People skills and customer service are not our priority because we think that doing a good technical job is what matters most. Besides, our work does not talk back to us.

**Work Behaviors**

***The work behaviors that come naturally are the real assets that you bring to your job and make you a valuable employee. The organization can build on your competencies and develop a team that is mutually beneficial and grows together.***

**Typical professions:** In choosing a profession, it is important to utilize your talents and competencies as outlined in this section of your Cognofile report. You will be more satisfied if you are using your talents and competencies for the majority of the workday. There are many professions that can use your talents. The following are a few examples: Mid-management administration, market analyst, sales, securities, statistician, craftsman, masseur, sculptor, construction worker, and efficient general manager.

**Work mode and behavior:** This Cognofile is a holder of tools that uses their hands with deft ability – (showing skill in handling things).

**Drive behavior:** They explore things in the world around them while developing a holistic sense.

**Drive to produce:** They think efficiently while their hands deal with tangible things.

**Response to measurable goals:** They respond to goals set by others.

**Competitiveness:** They tend to be very competitive and want to win for the sake of winning.

**Service-orientation:** They enjoy doing things for others one-on-one.

**Team player / leader:** They make good team players and leaders of small groups.

**Idealism:** This cognofile represents realists, based on facts.

**Independence:** They can be independent thinkers, but need to have others around to carry a project through to completion.

**Confidence:** They are on the shy side and need to have a few successes to build their confidence.

**Dependability:** They are dependable and will deliver.

**Punctuality:** They are usually on time, but have a more relaxed attitude about time, which may cause some delays.

**Commitment to delivery of task/project:** They will commit to a project, but the task may not get accomplished on time.

**Commitment to training others:** They believe in training others, but do not have great people skills.

**Commitment to self-renewal:** They do not mind learning new things, but with their relaxed attitude, self-renewal may not be top on their list.

**Change:** They see things in a larger context; although they do not like major changes, they understand the need for minor changes.

**Flexibility:** They are flexible and try to work with others, even though they do not understand peoples' emotions well.

**Adaptability:** They adapt well with their relaxed attitude.

**Time management:** They like to be efficient with their time and look for ways to direct others for efficient means.

**Career goals:** Their relaxed attitude prevents them from reaching lofty goals, but they often are found in middle management.

**Competency** is investigating and being practical with hands.

**Talent** is organizing and prioritizing things.

### ***Work Environment***

***The ideal work environment rarely exists. We have to adapt ourselves to each situation. People able to cope and modify their behavior can be more comfortable in a variety of environments. Satisfying some of our preferences will reduce frustration and stress. Of course, these conditions need to be coordinated with your physical work mode according to your Cognofile.***

### **As a Practical**

- You dislike a structured work environment
- You dislike responsibilities
- You like to work on your own and know what is expected of you
- You like routine work
- You do not plan ahead well
- You think about real and physical things
- You generally keep a messy environment
- You like to experience things
- You like a loose management style

Appendix F – Snowflake and Sun



