# Employment Options Program Manual

College of Health and Human Development Sciences

HOWARD BROWN HEALTH CENTER.

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Developed and Delivered Through A Cooperative Effort Between:
The University of Illinois Department of Occupational Therapy
The Howard Brown Health Center

Project Staff:
Gary Kielhofner, Principal Investigator
Brent Braveman, Project Coordinator
Lauren Goldbaum, Occupational Therapist
Karen Goldstein, Occupational Therapist
Lynnea Karlic, Employment Placement Specialist
Jane Kumar, Research Assistant

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# Section 1
# Introduction to the Model of Human Occupation:
# Application to Program Design

The Employment Options Program was based upon the Model of Human Occupation (Kielhofner, 1995). The model of human occupation is a conceptual practice model that describes the occupational nature of human beings, articulates the nature of occupational function and dysfunction, and provides for numerous technologies for application (e.g. assessments). While the model of human occupation is explicitly meant to guide the practice of occupational therapists, many of the concepts included in the model are drawn from multiple disciplines of scientific inquiry. For this reason, a brief introduction to the model is provided here, followed by a description of how the model was used to shape program design. Individuals who wish to learn more about the model of human occupation and it's application to people with AIDS or to the worker with an injury or disability, including a number of assessments described later in this manual, are encouraged to access the resources provided in the bibliography.

According to the model of human occupation (Kielhofner, 1995), four main factors influence work behavior. The first three are volition, habituation and performance. Volition refers to the process by which a person experiences, interprets, anticipates and chooses occupational behaviors. Volition is a collection of thoughts and feelings pertaining to ones abilities and effectiveness, enjoyment and satisfaction and what is important and meaningful. Three components make up volition: a) personal causation, which refers to ones sense of capacity and efficacy, b) interests, which refer to what one is attracted to and prefers to do, and c) values, which refer to ones world view and what is important within this world view. Ones sense of self as an occupational being is represented in personal causation, values and interests and these components in turn influence what one chooses to do and how one chooses to behave.

Habituation refers to the processes that maintain a pattern and regularity in everyday life. Two components of habituation, internalized roles and habits, give regularity to occupational behavior. Internalized roles reflect ones positions in the social surround (e.g., being a parent, worker, friend, sibling). Roles provide both identity and

expectations for behavior. Habits evolve from repeated behavior in a particular kind of environment. They enable behavior to be automatic and to fit environmental conditions. Ones daily routine and ones manner of doing familiar occupations are both examples of habits.

Performance refers to ones innate capacities that are the foundation for skilled performance. Impairments, which restrict performance, may prevent or alter how persons engage in occupational behaviors.

The fourth factor influencing occupational behavior is the environment. The environment is conceived as having both a social and a physical dimension. The physical dimension of the environment includes spaces and objects. The social dimension includes the occupational forms (i.e., types of occupations) that persons perform and social groups.

The model emphasizes that all occupational behavior (and in this case work-behavior) is always a result of the interaction of these four elements. Ordinarily, a single factor alone does not sufficiently account for work failure or success. Consequently, the key to understanding how any person performs and experiences his or her work is to examine the intersection of that person's volition, habituation, and performance abilities with the physical and social environment. In the sections that follow we will discuss each of the four factors separately in order to examine their relationship to work. Following this, we will return to an examination of how the factors interrelate to ultimately shape work behavior.

Relevance of the model to the person disabled by AIDS

Most research and rehabilitation of workers with injuries and disabilities focus primarily on performance factors. While the underlying capacity for performance is a necessary condition for doing a given job, it is not a sufficient condition for successfully adapting to work. Different perspectives within the field of work rehabilitation acknowledge that personal and environmental factors affect rehabilitation and return to work (Feuerstein, 1991; Neimeyer, Jacobs, Reynolds-Lynch, Bettencourt, & Lang, 1994; Turk & Rudy, 1991).

The model of human occupation provides a comprehensive theory for approaching such personal and environmental factors. According to this model, volition,

habituation, and performance, along with the environment, are multifactorial influences on work behavior. For example, volitional characteristics such as ones world view, what one likes to do, ones beliefs about personal capacity interact with opportunities and constraints posed by the environment to shape what work one chooses and how satisfying one finds work. Similarly, ones performance capacities and learned work habits interact with social conditions at work and the demands of doing a particular occupational form to affect ones work performance. Such explanations of work behavior and experience could offer a more holistic and effective means of understanding the worker and of developing work-related services.

# THE MODEL OF HUMAN OCCUPATION AND EMPLOYMENT OPTIONS

Each part of the model is addressed throughout the Employment Options program. Every factor, volition, habituation, performance, and environment interact to form a comprehensive program.

## Performance

Many participants faced challenges affecting their ability to go back to work such as: little education and skills; low self-esteem; fatigue; and decreased cognition, strength and endurance. Occupational therapists provided participants with a realistic assessment of participant's abilities. They also gave participants opportunities to learn and test their physical and mental skills. Developing new skills was a part of the program through individual computer training and placement in internships. During the educational sessions and individual sessions participants also learned how to search for a job.

## Habituation

One of most important parts of the Employment Options program was to develop and strengthen good work habits and develop a strong worker role. Just by coming to groups and individual sessions many participants said it felt like they were beginning to begin a scheduled routine and habits. At the beginning of the educational sessions, participants were asked to be on time and commit to the program comparing the program

to a job.  Placing participants in internships and volunteer work was another way the program developed work habits and roles.

Volition

There are many ways that the program-addressed participants' values, interests, and personal causation. By providing knowledge, many of the participants felt empowered and more motivated to return to work.  By giving participants feedback on their skills and abilities, their sense of self became more positive and realistic.  Providing ways to explore new interests allowed participants to become more aware of what work they wanted to pursue.  The staff was aware of participant's values and collaborated together to achieve the participant's goals.  Finally, participants reported that the program increased their motivation to improve their quality of life overall by becoming more productive.

Environment

Knowing about the details of the participants' environment was a vital part of assessment and treatment.  Many treatment sessions problem solving with participants regarding housing, childcare issues, and domestic problems, etc.  The environment of the program itself created a confidential and safe place for participants to educate themselves and feel support from staff and their peers.

**What's in this section?**

- Information on the planning and development of the Employment Options Program

Grossman & Bortone (1986) presented a process to guide occupational therapists with development of clinical programs that includes 4 steps that are:

1. Needs Assessment

2. Program Planning

3. Program Implementation

4. Program Evaluation

Each of these steps will be briefly described as they relate to the Employment Options Program.

**Needs Assessment**

Needs assessment includes:

- Gathering data and problem identification

- Describing your target population

- Identifying resources to meet needs

A first step in describing a target population is demographic analysis using the information collected by most health care or community-based organizations including age, gender, race, employment status, educational level, and income level. Table 1 shows this basic demographic information:

**Table 1: Demographics of Howard Brown Health Center Participants**

| Gender | | Race | | Age | | Income | |
|--------|------|---------|-----|-----------|-----|------------------|-----|
| Male: | 79% | White: | 52% | Under 20: | 10% | <$7.741 | 26% |
| Female: | 21% | Black | 29% | 20-29: | 28% | $7,741-$13,545 | 11% |
| | | Hispanic: | 12% | 30-39: | 25% | $13,546-$19,350 | 6% |
| | | Asian: | 1% | 40-49: | 14%: | $19,351-$25, 115 | 6% |

| | Unknown: 16% | 50-59: 6% | $25,115-$30,960 4% |
|---|---|---|---|
| | | Over 60: 2% | Over $30, 960 20% |
| | | Unknown 15% | Unknown 26% |

Information above and beyond that shown in Table 1 may be necessary to understand the needs of the population you expect to serve. In n the case of persons living with HIV/AIDS who desire to return to work it was relevant to consider both health and social factors known to relate to the specific disease. These included

- Complex medication schedules,
- Side effects of medications
- Co-morbidities such as substance abuse, mental illness, or AIDS related dementia.

In addition, information that was not readily transparent was gained through the use of narrative interviews using the Occupational Performance History Interview (OPHI-II) (Kielhofner et al., 1998) (see Table 3 on page 11 and Appendix A). These interviews alerted us to factors we needed to consider in program such as the fact that a number of participants were working, but "under the table." We also discovered that some participants who resided with life partners had renegotiated roles to replace work related activities with activities related to home management so that they could continue to make a contribution to the home, and that many participants had been provided with incorrect information regarding issues critical to returning to work.

As part of our needs assessment process we also gathered information from organizational staff regarding their perceptions of needs of the target population. Key informant interviews and focus groups were conducted with organizational leadership, case managers and medical personnel.

**Program Planning**

Program planning includes 5 elements that are

1. Defining a focus.

The key to defining a focus of a program is to identify those needs that are a priority for the majority of the target population. In the case of Employment Options (based on the needs assessment process) it was evident that the majority of participants had four concerns

- The impact of returning to work on their benefits (e.g. SSI/SSDI)
- Disclosing their HIV status to potential employers
- Explaining extended gaps in their work histories and
- Managing symptoms such as fatigue while returning to work.

2. Adopting a conceptual model (theory) to guide intervention

In order for a conceptual model to be effective in guiding intervention it must: a) clearly identify its domains of concerns, b) be based upon sound theory, c) describe a view of the nature of occupational function and dysfunction, and d) include technologies for application of its theory base to daily practice. In the case of Employment Options, the Model of Human Occupation (an occupational therapy conceptual practice model) was chosen because it provided a framework for understanding the individuals' occupational function and dysfunction within both the work and home environments. The Model of Human Occupation had been utilized previously both with persons with AIDS and in the study of persons with occupational dysfunction in the worker role (Azhar, 1996; Corner, & Kielhofner, 1996; Corner, Kielhofner, & Lin, 1997; Mallinson, 1995; Munoz & Kielhofner, 1995; Olson, 1998; Pizzi, 1990; Velozo, Kielhofner, & Fisher, 1998;). In addition to the Model of Human Occupation, other frames of reference were utilized to provide guidance for program development and intervention when the Model of Human Occupation did not provide sufficient guidance.

3. Establishing goals and objectives

Goals and objectives should be problem oriented, measurable and described in behavioral terms. These objectives must clearly describe what participants should be able to do once they complete the program (Grossman & Bortone, l986). Table 2 includes sample goals and objectives developed for the Employment Options Program. Goals and objectives must be developed through a collaborative process involving all key stakeholders in the program. Included in the development of goals and objectives for Employment options were key decision-makers including the Head of the academic Department of Occupational Therapy at UIC and the Executive Director of the Howard Brown Health Center.

Members of your target population can and should be involved in identifying and validating planned goals and objectives. To formalize this process, participants should be included on the planning committee or a participant advisory panel.

**Table 2: Sample Program Goals and Objectives**

| | | |
|---|---|---|
| Goal 1: Participants will be educated to information regarding the process of requesting reasonable accommodations under the Americans with Disability Act | Objective 1.1: Identify persons in the community who can act as subject matter experts on the ADA and existing case law related to AIDS | Begin: 9/97 End: 10/97 |
| | Objective 1.2: Develop written materials and worksheets to provide to participants with examples of sample reasonable accommodations | Begin: 9/97 End: 12/97 |
| Goal 2: Participants will be able to self assess current capacities and how the introduction of work related occupations may impact their level of fatigue | Objective 2.1: Identify assessments that may be utilized to evaluate current level of function | Begin: 10/97 End: 12/97 |
| | Objective 2.2: Develop a minimum of 5 agreements with local businesses for part-time internships to allow participants to introduce work activities into their daily lives to evaluate the impact on function | Begin: 10/97 End: 4/8 with ongoing revision |

4. Establishing methods to integrate the program

Integrating new services into an existing pattern of service delivery can create numerous challenges. It is important to pay particular attention during this phase to the establishment of timelines, definition of roles, responsibilities and areas of collaboration with other staff in the environment, the identification of potential obstacles to the implementation of the program and key resources that are necessary for success.

Employment Options was developed via a collaborative effort of the UIC Department of Occupational Therapy and the Howard Brown Health Center and this created both advantages and disadvantages to integrating the program with existing services. The expertise and the wide range of knowledge and skills available to us from the two was a particular advantage. However, a challenge was managing the different short and long-term goals different measures of success that would be used in evaluating the program. As a result, a unique challenge resulted in order to proceed without alienating any key stakeholder. The HBHC was concerned with developing and delivering an effective clinical program on a very short timeline to serve their consumers. While the UICOT was also concerned about effective service delivery, they had the added concerns related to the research agenda of the project and meeting commitments made to the funding agency. Open and direct communication about how to reach each organization's objectives without compromising the objectives of the other, or the program was the key to successfully moving forward and integrating Employment Options within the existing services of HBHC and the UIC Campus.

5. Developing referrals

Developing referral systems includes three primary components:

- Evaluation protocols
- Criteria for entering and leaving each level of the program
- Exit or discharge criteria.

Evaluation protocols: Information from the needs assessment regarding the specific needs of persons living with AIDS and factors previously

demonstrated to predict return to work after the onset of injury or disability informed the process of choosing evaluations. Use of evaluations that allowed investigation of the full range of factors shown to influence return to work after an illness or the onset of disability with each participant was imperative. A brief description of these assessments is included in Table 3. More in depth information on each of these assessments is available through the MOHO Clearinghouse at www.

**Table 3: Assessments Utilized in the Employment Options Program**

| Assessment | Use |
|---|---|
| Occupational Performance History Interview (OPHI-II) (Kielhofner et al., 1998) | Used as an initial assessment to gain narrative information on the participant's occupational performance and history including the participant's roles and physical and social environments. |
| Occupational Self-Assessment (Baron et al., 1998) | Used as part of an initial assessment battery and as part of a goal setting process to assess the participants' level of satisfaction with his/her occupational competence and environment. |
| Assessment of Communication and Interaction Skills (Forsyth et al., 1998) | Used to assess the impact of disease/illness on communication and interaction skills. |
| Worker Role Interview (Velozo et al., 1998) | Used to gathering information on the psychosocial/environmental components during an initial assessment process in conjunction with observations made during physical capacity evaluations or observation of performance of occupations |
| **Work Environment Impact Scale** (Corner et al., 1998) | Used to assess the participants' experience and perceptions of their work environments with individuals who are currently employed or those not presently working but anticipating returning to a specific job or type of work. |

Initially the criteria for entry to the program seemed to be self-evident. The program was being developed for people living with AIDS who were unemployed and it seemed that these two criteria would identify who fit the program and who did not. Participants who admitted to current dependence on drugs or alcohol who were not

actively in treatment for this dependence were deemed inappropriate for the program. Likewise it was assumed that the criteria for discharge from the program included participant employment or nonparticipation.

While these criteria were accurate there were some situations that we did not anticipate that required us to reexamine criteria for entry and exit from the program. For example, calls were received from people who were working, but who considered themselves "underemployed." These individuals were in paid positions but may have returned to work out of necessity in an emergency situation such as to pay their rent to avoid losing their apartment. Depending on the specific needs of each person, he or she was (a) admitted to the program, (b) alternative individual plans of intervention were designed, or (c) referral was made to other services if single element of assistance (such as resume preparation) was required.

**Program Implementation**

During program design and implementation the Model of Human Occupation was used as the organizing conceptual practice model. As previously described the model of human occupation (Kielhofner, 1995), four main factors influence work behavior. These factors are:

- Volition or the process by which a person experiences, interprets, anticipates and chooses occupational behaviors
- Habituation or the processes that maintain a pattern and regularity in everyday life.
- Performance or one's innate capacities that are the foundation for skilled performance.
- The environment including social and physical dimensions.

The model emphasizes that all occupational behavior (and in this case work-behavior) is always a result of the interaction of these four elements. Ordinarily, a single factor alone does not sufficiently account for work failure or success. Consequently, the key to understanding how any person performs and experiences his or her work is to examine the intersection of that person's volition, habituation, and performance abilities with the physical and social environment.

From this view of occupational function/dysfunction, the Employment Options Program was organized in four phases and emphasizes both individual occupational therapy intervention and group education/support sessions. Each of the four phases is described in depth in Appendix B of this manual.

**Program Evaluation**

Program evaluation consists of measuring the effects of a program compared to the goals it is designed to accomplish in order to determine whether or not your program is effective. If it is not as effective as would be expected, steps must be taken to identify that are limiting participant outcomes in order to improve the program. Program evaluation guides the decision making process by providing data that will help determine if programs should continue, be discontinued or changed.

Program evaluation consists of formal and informal strategies to collect and analyze data that will guide decisions about how to improve the program. Formal methods, such as tracking participant outcomes, assisted in measuring the effectiveness of the Employment Options Program. Outcomes tracked to evaluate program success included the number of participants who were enrolled in the program versus those who completed each phase of the program or withdrew from the program. Other formal outcome measures included the number of participants placed in internships, or the number of participants who entered paid employment, formal education or job training programs.

In addition, in the case of Employment Options there were outcomes considered as indicators of success by occupational therapists that did not match the initial goal of the program. One example would be a participant who must face the difficult decision that returning to paid work is not a realistic option. If in the process of the program the participant is able to incorporate other occupations into his or her life and expresses increased satisfaction with their life despite remaining unemployed, this would also denote a "successful" outcome. Through the process of ongoing program evaluation, changes and improvements are constantly being made to the Employment Options Program to deliver more effective intervention for the participants.

**Program Outcomes**

As a result of the Employment Options Program we learned both qualitative and quantitative information about helping people return to work. Examples of program outcomes include.

- We found the following to be critical over the course of the program: comprehensive individualized assessment, ongoing support, and specific information given in a group setting.

- Out of 137 participants who enrolled 90 participants completed the program

- 90 participants who completed Employment Options

- 51 obtained paid employment

- 15 went to school or formal education program

- 34 were placed in internships or volunteer positions. (Some of these of participants are counted in multiple categories. For example a participant may have gone to school part time and worked part time.)

**What's in this section?**

- Considerations related to the stigma of HIV/AIDS

- Program promotion

- Program staffing

- Program development


**Program Name**

When thinking of what to name your program we found it helpful for "HIV/AIDS" not to be a part of the title for the following reasons:


- Some clients have not disclosed to family members or others that they live with, so a discrete name does not reveal their status when leaving phone messages for them.

- There is still a stigma related to HIV/AIDS so disclosure in the workplace is still an issue for many.

- Within certain ethnic and cultural groups there continues to be severe discrimination and "taboo" against people with HIV/AIDS.


# Insert Text Box 3.1 here


# PROGRAM LOCATION


When choosing locations for the program keep in mind the following issues:


- If your organization is known to serve the Gay and Lesbian population, you may have heterosexual clients that may not want to participate either because they feel they may

be the only heterosexual in the program or because of the assumption that having HIV/AIDS and being gay go together.

- Having a program in the community where most participants live is very important for several reasons:
    1. Accessibility
    2. Feeling at ease with one's own community
    3. Ethnic/cultural comfort
    4. Knowledge about the specific problems that people face who live in that area (Taylor, 1994)

# PROGRAM STAFF

The Employment Options Program had a project director, principal investigator, two full time occupational therapists, one employment placement specialist, and a research assistant. The occupational therapists and employment placement specialist were responsible for clinical services and employer relations (see Appendix C).

Having at least one professional clinician on staff is important because of the complex physical and emotional issues involved with people who are living with HIV/AIDS. This program should not be about just placing a person in a job, but instead should help them to find the right kind of productive activity that will best fit with a person's physical abilities and emotional/cognitive abilities. The employment placement specialist should have experience working with both non-profit organizations and for profit corporations in order to develop a wide variety of placement opportunities.

Volunteers are a helpful part of the program staff who can assist with administrative work, computer training, and peer mentoring.

Cultural diversity within your staff may be helpful to reach this population. In addition, we found it helpful that one of our staff members was HIV positive. The clients were

able to view him as a role model and someone that they could relate to regarding daily schedules, medication management, and discrimination issues.  In addition, having someone who was HIV positive on staff helped the HIV negative staff members to get a better perspective on what it means to work and live with HIV.

# Staff Training/Education

It is very important that staff have basic HIV education such as:

1.  Learning the history of the disease
2.  Learning about the virus itself
3.  How the disease affects the immune system
4.  Transmission of HIV
5.  Medications and side effects
6.  Cultural and societal issues

Staff also needs to be trained on benefits information that is pertinent to your own location.  The staff should have basic knowledge of federal legislation such as the Americans with Disabilities Act (ADA) and Health Insurance Portability and Accountability Act (HIPPA), and the Family Medical Leave Act (FMLA) (see Appendix D for resources regarding staff training).

Staff members should also have basic knowledge of computers so they will be able to teach clients some computer/internet skills and assist them with their job search as needed.

**Program Promotion**

Promoting your program involves:

1.  informing local and state organizations of your services
2.  client recruitment

We used several methods to advertise our program to our population.  At the beginning of the program we took out a few radio and television public service announcements which were not successful.  For example, we had a few calls from people who saw the ads but were not HIV positive.  Print ads in local AIDS service organization newsletter were successful.   However, the best way to gain clients is through case managers and physicians.  We spoke at case manager meetings and at client support groups regularly to let people know what services we offered.

Things to Stress When Promoting your Program:

- Qualifications to be in the program.  For example, in EO, clients had to be HIV positive, over 18 years of age, and not actively abusing drugs/alcohol.
- Commitment to the program:  We found it helpful to stress that this is a program for people who will attend.  People do not have know for certain if they want to go back to work, but they should be willing to attend all of the groups.
- Clients should be motivated to work on personal goals
- Stress and repeat the range of services provided to the clients. Direct placement services were minimal because of disclosure issues. We stressed that we were not a job placement service, and that direct placement was minimal.  It is important for case managers and potential clients to understand the nature and range of the services you will be providing.

Our brochure was the main source of marketing.  Brochures do not have to be fancy.  We created ours on the computer and had it copied and folded professionally.  We had one brochure for client recruitment and one for employers (see Appendix E for example).  After creating the brochure we utilized a community based AIDS Service Directory (publication created by Test Positive Aware Network) and began either calling, sending, or distributing the brochure in person to agencies (see Appendix F for example of letter).

# RESOURCES FOR PROMOTION

When starting a new program it is important to utilize community resources and be able to promote and market locally.

- **Key community leaders** - government officials, (e.g. at the Mayor's Office for People With Disabilities), directors of advocacy groups, executive directors of AIDS Service Organizations.

- **State and Local Organizations -** Office of Rehabilitation Services, AIDS Foundation of Chicago, AIDS Legal Council, State/City Dept. of Public Health, organizations that target the substance abuse population, other AIDS Service Organizations, Gay and Lesbian Chamber of Commerce, Gay /Lesbian Health Centers.

**Program Development**

Our program consisted of groups, individual treatment, and individual follow up.

Rationale for providing groups:

- Efficient ways of educating clients on materials relevant to most.
- Clients' feedback on groups included feelings of increased support and decreased isolation.
- Clients learn from each other's experiences.

We saw clients in groups of 8 to 12.  We had 8 weeks of group sessions, meeting once a week for 2 hours each.  Program staff easily presented some of the group materials. Experts from the community presented more complicated material such as benefits, legal issues, human resources, and insurance.  This not only lent credibility to the information, but also provided resources to the clients for the future.  Our guest speakers were from different agencies and different career backgrounds.  They volunteered their time to provide valuable information to our clients.

Individual treatment is vital for:

- Establishing individual goals and treatment plans

- Assessing someone's physical, cognitive, and emotional status.

- Recognizing that each client's ability to learn is different, and some clients may need more assistance than others.

Post group follow up is important because:

- Deciding whether or not to return to work is a long ongoing process for many clients. They need ongoing support, encouragement, and contact.

- Some clients are just starting to get into placement at the end of the group sessions. Other clients may not be at the point of placement yet and are still deciding what to do - work, internship, volunteer, school.

# __Newsletter__

Part of following clients after the groups was creating a quarterly newsletter (see Appendix G). This was used to update clients on issues, provide useful information such as job fair announcements, and to give program announcements. The newsletter also served as a reminder to clients that staff was available for support and assistance.

## Employer HIV Education

Another aspect of our follow up was to provide employer HIV/AIDS education. We were trained facilitators of the Positive Workplace: Managing HIV at Work, a structured Videotaped-Driven Training Program Produced by the Workplace Resource Center of the National AIDS Fund (see Appendix D for contact information). This was a good way to establish relationships with employers and bring the issue of HIV in the Workplace to employer's attention. HIV is not like other disabilities/illnesses because of the stigma and discrimination associated with it.

# Job Club

We attempted to start a  "Job Club" but it was not successful.  We suggest that you try it: This club would be a support group for clients who have started to work.


*Text Boxes for Section 3*


*Text Box 3.1*

*When a client is placed at an internship or volunteer position co-workers may ask what program placed them.  Participants who wish not to disclose their HIV status will not have a problem when the name of the program does not have HIV/AIDS in the title.*

**What's in this section?**

- Screening potential participants

- Assessing participants

- Documentation

## Screening Criteria

The criteria for participating in the Employment Options Program were:

1. HIV positive

2. Over 18 years old

3. Not actively abusing alcohol or drugs

Occasionally case managers would call us directly with a potential referral and question the appropriateness of their participant for the program.  It is important to do a thorough screening of the participant to see if their needs fit the program services.

**Some screening criteria that we used for case managers were:**

1. *Is the participant working now?*

    If yes:

    - Ask why they think their participant needs help to find work

    - Does the participant need to find out about benefits, insurance, and disclosure issues?

    - Is the participant able to attend the group sessions because of their work schedule.

    - Is the participant satisfied with their job?

- Is the participant able to perform other life activities besides work (self-care tasks, home management tasks, and leisure activities)?

If no:

- Does the participant need job placement only?
- Does the participant have motivation issues and/or will the participant be committed to the program?

2. *Is the participant only looking for job placement?*

   If yes, we would ask what strategies the participant was using to find work. Depending on the answer, we might make several suggestions to the case manager, decide to meet with the participant one time to assist with job search strategies or refer to employment agencies, or other job placement agencies.

If you decide that the participant is appropriate, before you call make sure that you ask the case manager about discretion issues over the phone. This is to ensure that you do not leave a message that would disclose participant's HIV status.

**When a participant calls directly, the following things should be done:** (see Appendix H for example of phone intake form)

- Give the participant a detailed description of the program and what is expected of his/her participation. It is helpful to repeat this information and to ask the participant what their understanding of the program was at the end of the conversation. This is a way to determine a participant's motivation from the start.
- Make sure to discuss contact discretion issues as stated in the above section regarding phone and mail disclosure. For example, some participants live with family members that do not know their HIV status and do not want us to leave phone messages for them or receive mail that would reveal their status.
- Some people that call and listen to our description of the services we provide say they do not need the full program. When this happens it is important to ask specific questions to determine their baseline knowledge. Usually we ask about their benefits, if participants are aware of the work incentives for Social Security and returning to

work they may not need the full program, however we found this to be very rare. Participants were unaware of work incentives related to Social Security benefits, had incorrect information about them and often did not know their rights under the Americans With Disabilities Act (ADA).

**Assessment**

Once we deemed the participant to be appropriate for the program we would meet with him/her individually and begin the assessment process. We found it helpful to meet with the participant before the groups started to gain a detailed life history, establish rapport, and to get an idea of his/her goals.

We used many assessment tools that captured multiple aspects of a person's abilities (physical, cognitive, psychological), and environment (home, family, community). This holistic approach is important because all of these factors affect how successful someone may be in returning to work.

We realize that the following assessment tools are mostly used by occupational therapists, however if other professionals are a part of your program and have their own assessment tools that address similar aspects to gain information about the participant they can be used. We continue to recommend a holistic approach with whatever assessments you use. (Refer back to Assessment Table 3 on page 10).

<u>**Assessing Co-morbidities**</u>

In addition to these evaluation tools, it is important to also look at a participant's other problems and challenges they face. For many participants HIV is just the "icing on the cake". Many participants deal with substance abuse, psychological and emotional problems unrelated to HIV (schizophrenia, bipolar disorder), domestic violence, other medical diagnoses (Hepatitis, stroke, back injury), and homelessness. Participants often see many other health care professionals. It is a good idea to be a part of this team in order to provide the best treatment. You will need to have the participant sign a release

of information form in order to discuss anything about them with other professionals (see Appendix I for example of release of information form).

# Insert Text Box 4.1 here

The assessment process is ongoing because people's circumstances change. It is also helpful to gather information throughout your program to gain feedback and for outcomes data. It is vital to have a well-organized documentation system.

**Documentation**

Confidentiality is an important factor when working with people who have HIV. In our records we used participant's first names and last initial on most documentation. Since our program was a research project we also had to develop codes for identification. It is important to keep confidentiality issues in mind when developing documentation forms.

Each participant in our program had his/her own folder where all documentation was kept. We documented all participant attendance in groups and individual sessions in their folder. For each session or interaction we would write a short paragraph detailing the session (see Appendix I for example of Participant Record form). It is important to record progress and important events so the participant can see change.

For our own records we kept a group attendance sheet. You may want to record what was presented in each group session and any significant interactions between group members. Sometimes it was helpful to look over our notes from the groups to get a good feel for a participant's social/communication skills.

As we have learned, documenting a participant's functional abilities is not only important for your own program but it may help the participant stay on Social Security benefits. Continuing Disability Reviews (CDRS) are reviews done by Social Security to determine whether or not participants are still disabled. We have written several letters of support and sent in assessments on the behalf of participants who have had "CDRs". Some of

your participants may also be in the process of trying to get on benefits and having assessments done by professionals may increase that likelihood.

*Text Boxes for Section 4*

*Text Box 4.1*

*For many participants HIV is just the "icing on the cake".*

**What's in this section:**

- Description of the content of the group sessions.

Groups were two hours each with one 10-minute break. At the beginning of each group we would make announcements such as job openings, and other issues of interest related to return to work.

**Group 1 - Introduction and Fears/Expectations**

1. **Introduction**
   A. Staff introduced themselves by describing their work/professional backgrounds and their role in the program.
   B. Participants introduced themselves:
      a. First name
      b. Why they joined the program
      c. What their goals were for employment
      d. What they wanted to gain from the program
         - *Depending on the size of your group you may want to let participants know that their introductions need to be brief (time concerns). We had some participants who would want to tell their whole life story and needed to be interrupted.*
         - *Participants may not be interested in work, but instead may want to focus on school. Remind group they are welcome to discuss school related issues and those goals are equally important as work goals.*

## 2. Introduction to the program
   A. Brief explanation of how program began

   B. Funding source

## 3. Distribute and explain handbook

*Handbook: We used a three-ring notebook with side pockets. Each topic was sectioned by labeled dividers – Misc., Benefits, Computer, ADA, Search, and Training. In the front of the Handbook we had the table of contents and the group schedule (see Appendix K for example of Table of Contents).*

   A. Explain the organization of the handbook to the participants

   B. Make sure that the participants know that the handbooks are theirs to keep and use in the future.

   C. Some participants (because of disclosure issues) preferred to leave their handbook at the group site instead of taking it home with them.

## 4. Explanation of Phases of the Program

   A. Explain using handout what each phase of the program entails (see Appendix B for example of handout).

   B. Emphasize that each participant does not have to go through each phase and the phases are not necessarily linear.

*Example: All participants go through Phase One (Group Sessions). After the group sessions, one participant may go directly to Phase Three (Paid Work), whereas another participant will move into Phase Two (Volunteer/Internships), and want to pursue a volunteer position.*

## 5. Group process

   A. Emphasize the importance of group participation

B. Emphasize that group members and staff learn from everyone else's experiences

6. **Staff Expectations of Group Members**

   A. **Relate to work behaviors:**

      a. Attendance – emphasize the importance of calling staff if they are not able to come to individual appointments or group sessions

      b. Punctuality – emphasize that you will start the group on time, and therefore you will end on time.

**Insert Text Box 5.1 Here**

*Attendance and punctuality were constant problems. We found that we needed to make sure participants knew that this program was a commitment and we expected certain work appropriate behaviors from them. We related these behaviors for participants to start preparing for employer – employee relationship.*

7. **Setting up Group Ground Rules**

   A. Using a visual aide (dry erase board) have participants think of things that are understandings between group members (see Appendix L for examples of Ground Rules).

8. **Expectations and Fears Exercise**

   A. Using a visual aide ask participants to think of fears they have regarding going back to work

   B. Using a visual aide ask participants to think of what they expect from work/employers and what they expect from this program (see Appendix M for examples of Expectations and Fears exercise).

9. **Homework to Prepare for Group 2**

    A. **Personal Strengths and Potential Barriers Exercise (see Appendix M for example of handout)**

    We found this helpful to assign so group participants were more prepared to discuss the topic the following week.

## Group 2 – Strengths and Barriers

1. **Facilitated discussion of participant's perceived personal strengths and potential barriers/weaknesses**

    A. The focus of this exercise is to start preparing participants for self-assessment and job interviewing techniques

    B. Using visual aide write examples (see Appendix N for examples of strength and barriers exercise).

    C. After each participant gives examples, steer the discussion towards job interviews

    *Example: Participant: "I am always on time for work."*

    *Facilitator: "Give me an example as if you were on a job interview."*

    D. When participants think of weaknesses try to turn these weaknesses into job related strengths, because many interviewers ask the question: describe your strengths and weaknesses

    *Example: Participant: "I can never say no – when I was working I tended to take on too many responsibilities and overworked myself"*

    *Facilitator: "You can turn that around by saying that you are a hard worker, and are dedicated to the job, but you need to know your limits."*

## Group 3 – Benefits

1. **Detailed overview of SSI, SSDI, Medicaid, Medicare**

**A. SSI**

    a. Emphasize that participants will earn more if they work

    b. Illustrate an example of someone who is on SSI and working and how the formula affects his SSI check

    c. Remind participants that their SSI check will reflect a few months prior work earnings – It takes a few months for SSI to take their earnings and apply it to their check

    d. It is important to let the participants know the amount up to which the participant can earn before losing their SSI check

**B. SSDI**

    a. Explain in detail Trial Work Months and Extended Period of Eligibility

    b. Remember that a person on SSDI can earn as much as they want during their trial work months and receive their entire SSDI check.  So participants can strategize to make the most of this work incentive

    c. If participants have worked after they got on SSDI, the first thing they need to know is how many trial work months they have used.  They can get a written statement from SSA by calling an 800 number (see Appendix D).

    d. Remember that after 2 years of being on SSDI the participant will switch from Medicaid to Medicare, so you may have some SSDI participants still receiving Medicaid

**C. Medicaid**

    a. This is a state run program so you need to find out specific information on how Medicaid works according to where you live (see Appendix D).

**D. Medicare**

    a. Federal program

b. Does not include prescription drugs

c. The Work Incentives Improvement Act of 1999 extended Medicare from 4.5 years to 8.5 years for SSDI beneficiaries after they begin work

2. **Resources**

A. For detailed information a great resource is the Redbook on Work Incentives. You can get a copy from your local SSA office or on the website: www.SSA.gov

3. **Helpful Hints**

A. Benefits information is extremely complex. Participants most likely will not understand the information you give them the first time that it is reviewed. It is important to use repetition, clear examples, and simple handouts to supplement the information presented in group. Also, this is an area where even as the facilitator, you may not understand all of the information. It is okay to tell participants that you don't know something as long as you can provide them with a resource of someone who does. Especially in complicated cases, such as someone who has both SSI and SSDI, it is probably to the participant's advantage for you to refer them to an expert. In Illinois, our best resources are the SSI Coalition or AIDS Legal Council (see Appendix D).

B. Participants will enter the program with misinformation related to benefits. Many participants have heard that they will lose their benefit check if they return to work. It is important to remind participants that this is not the case and that they will <u>always</u> earn more money if they work.

C. There may be some participants who do not receive SSI or SSDI, some who receive VA benefits, some on worker's compensation, etc. All of

these programs have different rules regarding going back to work, so it is vital to someone's individual plan to recognize what (if any) benefits they are on and help them research them thoroughly.

D. There are two groups devoted to the topic of benefits. We found it helpful to have the first one as an overview, keeping the information as simple as can be so as not to overwhelm the participants with too much information. For the second group on benefits, we found it helpful to have an expert in the field come in as a guest speaker to answer questions related to more complicated material, help people with individual problems they may have had, and update us on any new regulations that were being implemented.

E. During this first group on benefits, one of the facilitators or a group participant should take good notes on any questions or complex issues that cannot be answered at the time. This way, you will be prepared for the second group when your expert guest speaker arrives.

## Group 4 –Benefits #2

For this second group on benefits, we had our expert guest speaker first briefly review the pertinent information on work incentives for SSI and SSDI. The rest of the group time was devoted to troubleshooting more complex problems and addressing individuals' issues related to their benefits.

**Issues to emphasize:**

1. **Continuing Disability Reviews (CDR)**
   a. This is a review done by SSA to determine whether or not someone is still disabled. SSA will review someone's medical records to determine if they are able to work full time in any capacity, not necessarily only at their previous job. If someone is found to be disabled, their benefits will continue. However, if someone is found to be no longer disabled, their benefits will stop.

b. CDRs can happen at any time that someone is on benefits. It is important for participants to check their original award letters so that they will know when their review date is supposed to happen. In the past, SSA did not do CDRs in a timely manner, but more recently we are seeing more and more participants getting reviewed because SSA has received increased funding to catch up. Consequently, participants may see their CDR occur at a time when they were not expecting it.

c. CDRs are done via a review of someone's medical records. Therefore, it is important for participants to be completely honest with their physicians when describing how they are feeling, any side effects, any functional limitations they are experiencing, etc. Participants can also tell their doctor that they are thinking about returning to work and that their medical record needs to be accurate in case of a CDR. Physicians often are not aware of issues related to Social Security/CDRs, so participants really need to advocate for themselves.

d. If someone is denied benefits following a CDR, they need to decide whether of not they want to appeal. If so, they need to do it immediately.

2. **Organization**

a. It is important to tell participants that they are responsible for their benefits. They need to keep records of all their interactions with SSA. We suggest they keep a notebook and write down the name of the SSA worker to whom they give the copy of their paycheck, and any information given to them. Mistakes do happen, so participants should protect themselves by keeping good records and planning ahead.

b. Participants do have to report all earnings to SSA. Some think SSA will not find out about earnings. If the participant has a job which requires any

tax forms to be completed (W2, W3) SSA will know there earnings.  If a participant should not be getting a check (example during the period of Extended Eligibility) and the participant keeps the money SSA may not catch the mistake for a year.   When they do catch the mistake the participant is responsible for that money.  We have heard of participants owing SSA as much as $90,000.  SSA says that it is the participant's responsibility to know how their benefits work, therefore, if they are receiving money they are not entitled to they must return it.

Homework for Group 5 – ADA Handouts (See Appendix O) In order to facilitate a good discussion on the ADA have participants read about the basics on the ADA.  We also felt a brief written assignment on disclosure was helpful to do before the group.

**Group 5 – Americans With Disabilities Act**  *(See Appendix O for handouts)*

1. **Basic information on the ADA**
   A. Definition of the ADA and brief background
   B. Who is protected
       a. Participants will become confused with the definition of disability for the ADA and the definition of disability for their benefits (SSA).  This occurred in every one of our groups.  You must make it clear to participants that SSA and the ADA are totally separate and the definitions of who is disabled are totally different.
   C. Emphasis on Work and HIV
       a. There is so much information contained within the ADA.  The focus for group 5 should be on employment issues.
       b. Give good examples.  The handout on Page give great examples of real life situations.
   D. Reasonable Accommodation

a. When discussing reasonable accommodations make sure to give good examples.

b. Make sure to emphasize that an employer does not have to provide an accommodation if it is an undue hardship. Nor does the employer have to make an accommodation that is suggested by the employee.

c. Our suggestion to participants regarding accommodations before they are hired for a job: If you need a lot of accommodations, the job probably is not a good fit for you. Participants need to look realistically at their job choices and if the requirements do not fit their abilities then the job is probably not right.

**E. Direct Threat issue**

a. Participants still think they should not work in food service or health care due to fears regarding transmission. This is a myth!! HIV cannot be transmitted by food, or casual contact.

b. Having HIV may impair a person's ability to perform certain functions of a job, thus posing a direct threat to the health or safety of others. Example: A bus driver is experiencing severe neuropathy in his legs and hands, which impairs his ability to drive the bus.

**F. Pre-employment Medical Exams**

a. Participants will be concerned that employers test for HIV. No employers except the Armed Services and some hospitals (only for surgeons) test for HIV.

b. If employers ask for a blood sample they most likely will test for Hepatitis, which is much more communicable than HIV.

**2. Disclosure Issues**

**A. Most participants believe that they will have to disclose their HIV status at some point.**

    a. Participants never have to disclose, even if they need to ask for a reasonable accommodation. They just need to have their doctor tell the employer the reason for the accommodation using symptoms rather than a diagnosis.

**Insert Text Box 5.2 here**

    b. If participants decide to disclose they should do it in writing and in a professional setting. Do not do it at lunch or in the break room. Remember to have participants remind their supervisor to keep this information confidential.

**B. Reasons not to disclose and Reasons to Disclose**

Using a visual aide (dry erase board) we had participants brainstorm on these issues (see Appendix O for examples). This was a very valuable exercise for participants.

**C. Medical Records**

    a. Participants are afraid that their employer will find out their status through their medical records/insurance claims. Medical records and personnel records are kept separate. If they are not it is against the law. This is not a perfect system. In small companies the owner of the company may also be in charge of insurance records. In this situation it is more than likely that employer will know about their medical status. This is another opportunity to suggest they work for a large company if they are worried about disclosure.

**Group 6 – Human Resource Issues and Job Search Strategies**

1.  **Beginning the job search**

    During the first part of this group, or if we had time in the previous group sessions, we would use the chart (see Appendix P) and discuss various stages of job searching (self-assessment, exploration, and placement). One of the most important issues of this group to emphasize to the participants is the development of a plan. Many participants do not thoroughly think about the self-assessment phase but instead want to find any job. It is important for them to take a look at all the factors that will affect their performance on a job. It is also important for the participants to look at their abilities and interests in the self –assessment phase.

**Insert Text Box 5.3**

    These examples may seem like common sense, however, many of our participants never had looked for a job or the last job they interviewed for was several years ago and before they had HIV. People living with HIV have many issues to think about which they should consider before they begin the exploration phase of the job search.

2.  **Guidelines for facilitating discussion on job search**

    A.  **Self-Assessment**

        A good way to get the discussion started is to ask the group, "What kinds of things about yourselves do you need to consider before starting to look for a job". This usually stumps the participants. Sometimes you will need to give a few examples such as personal information (things they need to know when filling out an application) or time schedules.

    B.  **Exploration**

A good question to ask participants is "Where do you find a job". This is not difficult for participants to name a few, but usually they leave out networking. Networking happens to be the way most people find jobs. This is a good time to explain the Networking worksheet we created to use to help participants think of people that they can call for jobs or informational interviews (see Appendix P for example of Networking Sheet).

### C. Placement

This is a good time to start talking about the basics of resume writing, cover letters, thank you notes, and interviewing skills (see Appendix D for resources). We encourage you to get books on the job search process – resumes, cover letters, interviewing, and establish a "library" so participants can use these resources themselves.

### 3. Human Resources

It is helpful to have a professional in the human resource field to have as a guest speaker for this next topic. Some of the topics covered by our guest speaker were:

    **A. Do's and don'ts on resumes and cover letters**

    **B. Interviewing Skills**

    **C. What is legal and not legal for employers to ask**

    **D. How to Explain the Gap in your Resume**

    **E. Background Checks**

    **F. Pre-employment physicals**

(See Appendix P for examples of handouts for this group)

### Group 7 – Drug Testing and Health Insurance

For this group, we had two guest speakers to discuss these topics. A pharmacist who specializes in HIV care and an insurance broker each spent an hour talking about their topics of expertise (see Appendix Q for resources).

**Group 8 – Wrap up, Program Evaluation, and Individual Planning**

    A.  Each participant told the group a summary of what they working on, what their goals were, and their feedback on the program.

    B.  Participants filled out a written program evaluation (see Appendix R for example of Program Evaluation).

    C.  Group discussion of program evaluation.  This was really helpful to make any changes for future groups

**Insert Text Box 5.4 here**

    D.  Emphasis on the program not ending even though this was the $8^{th}$ group.  It is important for participants to understand that we would continue to work with them individually although the groups had come to an end.  We think it is crucial to have a program longer than the eight group sessions.  Participants need time to make a plan, think of their goals, and start building skills.  Two months of groups is not enough.  Many participants were not ready to look for a job, internship, or learn new skills immediately following the groups.  However, we would keep in touch with all participants and eventually many participants were ready to go to the next step in the future.

**Text Boxes for Section 5**


**Text Box 5.1**

Attendance and punctuality were constant problems.


**Text Box 5.2**

Example:  A participant is experiencing diarrhea in the mornings because of new medications.  The participant works as a travel agent and works 9 to 5.  The accommodation is for the participant to come to work at 11 and work until 7 while he experiences this problem.  The participant's doctor should write a letter to the employer stating that his participant is on new medications that causes diarrhea in the mornings.


**Text Box 5.3**

Example:  If a participant's most difficult times with side effects is in the morning, the participant should focus on looking for a job that starts late morning or in the afternoon. If transportation is a problem, participants should look for jobs close to home or that is easy to get to with public transportation.


**Text Box 5.4**

Group 8:  Emphasize follow up!

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**What's in this section?**

- Description of Occupational Therapy treatment based on the theoretical Model of Human Occupation

Individual occupational therapy intervention usually begins after the first group session. At that time, participant's long term and short-term goals are established and an action plan is started.

The frequency of treatment can vary tremendously, depending on the participant's needs. Some participants wanted to come in daily to practice computer skills, whereas others only wanted to check in once every two weeks for an update on their job search process.

The focus of occupational therapy intervention could also take on a number of forms. We will present some examples here as they relate to the Model of Human Occupation. (Refer to background section)

# VOLITION

For some participants you will need to start with the very basics. Often they cannot identify what type of work they would like to do, what they are qualified for, or what their interests are. For these participants, you may need to assist them in **clarifying their values**. In other words, what is important to them? What is it that they would like to accomplish by returning to work?

Other participants may feel that they are not qualified to do anything productive. For example, a participant who had no previous paid work experience but had been in charge of the household for 20 years could not think of any job that she was qualified to apply

for.  She had a great interest in cooking, cleaning, decorating and gardening.  For her, treatment began with **building her self-confidence** that she was skillful at these tasks and the progressed to looking for jobs in catering, at a florist, and at a garden center.

Other participants may have significant physical and cognitive impairments that they are unaware of.  They may have unrealistic goals and you may have to do some reality testing.  Some ways to **test limitations** would be to give the participant a challenging task related to his/her goals and together evaluate his/her performance.  Another strategy is to set up an internship or volunteer position before searching for a paid job to see how the participant performs.

Participants may need to **develop or identify interests**.  This may be harder than it sounds for many participants.  A short-term goal for a participant may be to identify one interest in a week's time.  This can be accomplished through brainstorming, and asking participants about what they do in their leisure time.  However, some participants cannot think of anything they do, so you may have to break down their day or offer suggestions such as:  Do you like the movies?  Do you like shopping?  Do you like animals?  You could also use an interest checklist.  Once the participant identifies an interest a treatment goal can be made.  For example, a participant states that he has always loved animals.  You may make a list of places he could work that involves animals, example - the zoo and a pet store.

Participants come in to the program with a multitude of co-morbidities such as substance abuse, mental health issues, family issues, and physical limitations in addition to HIV/AIDS.  An important first step for these participants is to **establish priorities for setting goals.**  Throughout the program we encourage participants to put their health and well being their number one priority before taking just any job.  For example, in order to avoid stress and anxiety that would cause himself to relapse (take drugs again).  One participant decided not to return to paid work until he reached a year of sobriety.

# Habituation

At the beginning of the individual treatment sessions, it is important to get a clear idea of how a participant spends their day. One way is to have the participant create a written **daily routine** or weekly calendar. For a participant who has a very busy schedule it is important to help him/her figure out how work would fit into his/her life. For participants who do not have things to do during the day you may want to encourage them to do more leisure activities or start volunteering to test their tolerance before thinking of going back to paid work.

For most participants, **managing their medications** is a big part of their daily routine. If a participant is having difficulty maintaining their regiment, individual treatment could focus on developing compensation strategies. For example, keeping a chart or checklist or getting the participant a pillbox that has the days of the week on it.

Another important area to address is a **participant's home life**. If a participant's role in the home is to do most of the cooking, cleaning, and shopping the participant may have to think about delegating some of these tasks to other family members when he/she goes back to work. If the participant lives alone, will he/she be able to manage the home if he/she goes back to work?

This issue of **time management** is crucial for participants to think about in order to balance work with other activities in their lives. For example, one participant may say that he goes to the doctor twice a month on Monday mornings, and feels that he would not be able to return to a "9 to 5" job because of that. He may not have thought to ask his doctor's office if they have Saturday hours. Often times a treatment session on time management consists of brainstorming, making lists, and coming up with alternatives to problems that arise.

**Money management** is another skill area in which participants may need to develop good habits. Many of our participants received public benefits as their sole means of

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income. When thinking about returning to work, participants need to take into account any work incentives that may affect their benefits. Often this was the first time a participant needed to think about a monthly budget for him or herself. A treatment session could involve having a participant write down his total income and total expenses, making sure he includes every time he spends money. A participant who does not know where he spends his money may need to take a step back and start by saving receipts for a week. Higher-level participants may need assistance with opening up a checking or savings account.

## Performance

There are many aspects of a person's performance that need to be evaluated when someone is thinking of returning to work. For people living with HIV, major areas to consider are fatigue, endurance, neuropathy, and side effects from medication, cognition and perception. If a participant has deficits in any of these areas treatment can focus on matching their abilities with performance skills and/or utilizing compensation techniques (energy conservation/ work simplification). Also, you can use various treatment strategies (exercise, strength training) to improve fatigue, endurance, and neuropathy.

**Insert Text Box 6.1 here**

Participants may need to **develop new skills or update their old skills** in order to return to work. This is something that they can work on during the individual treatment sessions. Many of our participants wanted to gain or update **computer skills**. We were able to help them by teaching them the basics and referring them to books or Internet websites that they could go to for tutorials (see Appendix D).

Many participants thought that working in an office, as an administrative assistant was an attainable work goal. Examples of treatment sessions could be having the participant help with any office activities such as filing, faxing, and copying that your program

needs. Participants that want to learn how to type may find a computer-typing program, such as Mavis Beacon helpful (see Appendix D).

Some participants may need to improve their **communication skills**. Through role-playing and feedback sessions you can address many issues that involve appropriate workplace communication. For example, a participant often had to repeat himself so others could understand what he was saying because he talked too fast. The therapist gave him feedback on this and suggested strategies he could use to slow down his speech.

**Insert Text Box 6.2 here**

Other workplace skills can be addressed individually by giving participants feedback on their performance in groups. For example, if a participant is consistently late to group you can set a treatment goal for him to be on time to the next two groups. If the participant does not meet that goal it is important to talk about factors that made him late and to remind the participant about workplace behavior. You may also address participant's appearance as it relates to presenting oneself at the workplace. For example, the participants should be aware of basic grooming and dressing standards.

**Job coaching** can be a part of treatment at the participant's job (if feasible) or if they have a volunteer or internship position. This allows the therapist to observe the participant on the job and provide direct feedback and/or assistance as needed. Job coaching can also provide the participant with support and self-assurance because the therapist is on hand.

**Insert Text Box 6.3**

**Volunteer and internship positions** are probably the most effective way for participants to learn new skills. Many of our participants learned advanced computer skills through internships. Internships and volunteer positions give the participant an opportunity to test their tolerance physically, cognitively, and emotionally. Also, they can practice good

workplace behaviors such as communication skills, arriving on time, and dressing appropriately.  Internships and volunteer positions offer participants a comfortable, non-threatening environment where they can practice their skills and not have their paycheck be dependent on their performance.  It is also a good way to have something recent on a resume.

## Environment

In individual treatment sessions a therapist may have to address environmental issues related to going back to work.  One of these issues involves **transportation**.  For example, a participant who recently began using a wheelchair due to weakness and neuropathy was applying for jobs.  He looked for jobs that were located near wheelchair accessible bus lines instead of the subway, which was not accessible.

A few of our participants needed assistance problem solving **childcare issues** if they returned to work.  Treatment included advising the participant on options that were available and working with the participant to look for jobs that would fit within her child's school schedule.

Issues related to a **participant's home environment** and job search process might be addressed individually as well.  For example, when applying for jobs and submitting resumes we would encourage participants to get answering machines or voice mail so that potential employers can leave messages for them.  This may go hand in hand with a budgeting goal.  Also, if the participant lives with other people they need to make sure others know they are applying for jobs and to be sure they take messages and communicate appropriately.  If the participant has an answering machine they need to leave a professional outgoing message.

**Text Boxes for Section 6**

**Text Box 6.1**

Example:

A participant with significant memory impairments was having difficulty with daily household activities as well as tasks that he did as a volunteer. Treatment included using memory aids (index cards with red magic marker) posted on his door and around the house.  This helped him to do things like turn off the stove and also reminded him of things he needed to take to his volunteer position, such as his calendar and driving directions.

**Text Box 6.2**

Example:

The therapist noticed that the participant was consistently interrupting her and others in the group sessions.  This was addressed in an individual session by giving the participant constructive feedback and by relating this issue in terms of workplace behavior.

**Text Box 6.3**

Example:

*The therapist accompanied the participant on the first day of her internship.  The participant was late so she and the therapist discussed the importance on being on time.  She agreed to call her supervisor if she thought she was going to be late in the future.  The supervisor gave the participant her tasks for that day and the therapist gave her feedback on her performance as she did the tasks.  She also provided support and encouragement for the participant during this new situation.*

## Section 7
## Job Placement Assistance

### What's in this section?

- Describe the role of a Job Counselor, Social Worker or a Placement Specialist in job placement assistance.
- Step by step procedure of how to assist clients with a job search and promote self-advocacy

Job placement assistance can be the focus in a group setting as well as individual sessions. Group settings are helpful when clients have goals for work and school and can support each other. Individual attention is helpful when clients need to complete a resume or brainstorm personal goals. This section will focus on one-to one-client meetings.

**Goals**

One of the first meetings with a client involves discussing work or school related goals.

#### Example of questions to explore with clients:

- Does the client want to return to work? (full-time or part-time)
- Is the client interested in returning to school? (full-time or part-time)
- Is the client interested in working in non-paid volunteer position as a stepping-stone to paid work?
- Is the client interested in gaining skills in a paid internship?
- Does the client want to build basic skills for job readiness and feel the best option is a job-training program?

**Barriers**

It is helpful to discuss the barriers or obstacles that a client faces or has faced in the past regarding work or school. When talking to the client about these barriers you can start discussing ways to eliminate the barriers and begin the problem-solving process.

**Example of barriers many clients face:**
- Poor job history/ gaps in resume
- Poor health
- HIV medication side effects interfere with daily routine
- Needs a degree/more education and has not been to school in several years
- Needs extensive training or is under qualified for jobs on the market
- Has been convicted of a felony or has been in prison
- Does not understand how work or school will affect SSI or SSDI or other benefits
- Difficulty in obtaining child care
- Lack of reliable transportation

**Assets**

Many clients do not recognize their assets that they have when they think of going back to work or school. It is helpful to start encouraging the client to begin the process of talking about their abilities because it is good practice for interviewing.

**Examples of assets:**
- Skills from pervious work (paid or unpaid)
- Skills from a hobby (i.e. taking apart electronics or painting)
- Life experience
- Any transferable skills

- A client has a positive, new outlook on life

# DEVELOPING A PLAN

After discussing goals, barriers, and assets with a client, a plan is developed. Collaborating with the client long-term goals (require several steps to complete) and short-term goals (the steps to complete long-term goals) are set. It is important to give a date when the goal should be completed.

**Examples of long-term goals:**

- Client will complete a resume by January 15th, 2001
- Client will obtain at least 5 applications for work by February 20th, 2001
- Client will enroll in community college by March 1st, 2001
- Client will obtain an internship position by April 5th, 2001

**Examples of short-term goals:**

- Client will make a list of all previous jobs by January 1st, 2001
- Client will write down all jobs he/she is interested in gathering information by January 20th, 2001
- Client will call 3 local schools to get written materials on classes and application process by February 1st, 2001

**Resume, Cover Letters and References**

*Depending on the amount of time you have, you may want to refer the client to a non-profit or community agency for assistance. Some clients only need to update their old resume, others only need to look at an example and can do their own. Some may have never seen a resume. Several excellent resume books and resources are available at the library or at a local community college (see Appendix D for resources) If clients' resumes are going to be done in-house it is essential to have access to a computer.*

*Resumes and cover letters are necessary for almost everyone. Based upon a client's goals, an application for a school or work may be more appropriate.*

### 1. Resume meetings can be done with the following format

- A chronological description of work history including unpaid or volunteer work should be brought to the meeting
- Explain the variety of resumes and resume writing/different formats (i.e. chronological vs. functional). Clients can be given hand-outs as examples
- Many clients do not have the means to fax resumes to employers. Suggest mailing the resumes or suggest going to the nearest copy center to have a resume faxed.
- If a client has a significant gap in work history ask if they have done any volunteer work, worked on any hobbies or have been to any training classes/programs. Ask specifically what the client was doing during the period they were not working. It is very possible to build off non-paid work experiences and create a good resume.

### 2. Cover letters can be done with the following format:

- Emphasize the importance of sending cover letters with resumes that are sent out. Hand- outs of examples could be provided
- Many clients do not have the resources to do cover letters for each resume they send. It is important that they write one good cover letter that is personalized. They may have to leave out the date and the name of the person it should be addressed to, but that is better than no cover letter at all.

### 3. References

- Clients need to have three people an employer or school can call to verify information. The references can be previous employers or teachers, leaders from the community, a social worker etc…

- Clients need to call the references ahead of time to ensure they may use them.

- Clients should type the references and bring them with on all interviews

- 

### The Informational Interview

Informational interviews are a way to find out about jobs, build information and assist with a job search. The informational interview is the process of gathering information to enable the ability to make a decision about a career goal and to explore career possibilities.

### Preparation for an informational interview:

- Clients should create a list of contacts and employers he or she would like to gather information from (this can be from friends, personal networking such as from job fairs or organizational events etc…)

- Clients should call or write letters to those on the contact list and set up a time for a meeting to gather information or talk over the phone

- Clients should send follow-up notes or thank-you cards to the person he or she interviewed

- Clients should have an introduction in mind explaining why they are contacting the employer and that they are not trying to get hired, but simply gathering information, such as:

- Clients can create a script of what to say and questions to ask such as:

➢ Why are you in this field?
➢ What do you like about your job? Dislike?

➢ Is there any one that may good for me to talk to about this career?

➢ What is the best way to prepare for a job in this field?

**General Work Applications and Problem Solving**

Clients should be prepared to write a chronological description of their work history, including addresses, phone numbers and names of supervisors. We found it helpful for clients to practice filling out applications that we gathered from local businesses. We encouraged clients to bring the application to job interviews as a guide. Almost all employers give a basic application to job candidates when they interview. Discuss with clients the difficulties that may arise with the application.

1. **Conviction of a felony.**
- If a client has ever been convicted of a felony he or she **MUST** tell the truth on an application. Lying is never a good option, as the chances of getting caught are high.
- Employers do background checks. Each employer varies on how many years back they will check. The reason employers do background checks is because they are held responsible for a worker's actions in the workplace and can be held liable for any harm or damage done. A client that has been convicted of a felony still has a chance at being considered for hire.
- A client should **ALWAYS** tell the truth on an application. If a client is unsure if he/she was convicted, they should contact the county or state they were arrested in.

2. **Drug Testing**
- Employers are not testing for HIV/AIDS medications; they are looking for illegal substances.
- A client should tell all prescriptions they are taking to the drug testing company. If a drug that a client has a prescription for shows up as a positive on the drug test, it will **NOT** be reported to the client's employer.
- A client should **NEVER** stop taking medications because of a drug test.

- If a test comes out positive, it is the client's responsibility to clear the positive with the drug testing company in the time frame given (see Appendix Q).

### 3. Reasonable Accommodations

- A reasonable accommodation is a change in a workplace environment that makes it possible for a person to continue with the essential functions of a job

- Some examples of a reasonable accommodation are:

  ➢ Starting at 10am instead of 9am
  ➢ A cashier requesting a stool to sit on
  ➢ Taking additional breaks to take medication.

- Accommodations should be requested after hire. If a client cannot do the essential functions of the job that are required up-front (i.e. begin work at 9am sharp as a front reception when the office opens at 9am) the client should consider looking for a different position.
- Once hired, a client can request an accommodation in writing (see Appendix S for example).
- When an employee asks for a reasonable accommodation, an employer can request medical documentation to verify the disability. A client may obtain this documentation from a doctor. To avoid disclosing HIV status, a doctor can describe the symptoms rather than the HIV status (example: fatigue, diarrhea, neuropathy).
- In the event when a client feels it would be less complex to disclose their HIV status, stress that the client should communicate to the employer that his or her HIV disclosure is confidential (see Appendix O).

**School Research and Financial Aid**

Discuss educational goals with clients for any of the following: GED, Associate's Degree, Undergraduate Degree, Master's Degree, Technical School or Training Program. Clients can brainstorm ideas about the type of environment and schedule they prefer. Things to think about:

- Would they like a small or large school?
- Would they need the school to be close to home or are they willing to move?
- Part Time or Full Time?
- What is the length of the program of interest? How much time is the client willing to commit?
- If a client is on disability, could full time participation affect disability payment award?

Clients should research school options and complete any necessary forms. Clients can do several of the following:

- If interested in a school in the area, visit the school and gather information such as a course catalogue and all the forms that are needed to apply
- Clients should ask questions! They can stop in the admissions office and find out the correct person to talk to deal with their questions
- The Internet is a wonderful resource for researching schools and scholarship information. If a client does not have Internet access direct them to the local library.
- The library is equipped with the resources for a school search. School information and scholarship books are available in the reference section and give detailed descriptions of individual schools as well as scholarships.
- Clients may write the school by hand or e-mail and request information.
- Contact the local Office of Rehabilitation Services to find out more information about school, admissions and funding for people with disabilities.

- If the school of interest requires a record of previous education, the client should contact the last accredited school they attended and request a transcript to be send to the new school. This is usually only needed for degree programs.

Clients need to identify financial resources for most classes, degree programs and certificates. If the type of education desired requires payment there is usually an opportunity to apply for financial aid.

- Clients should pick up all necessary forms at the school or request them through the mail. Usually for degree programs the forms needed are the FAFSA, a free financial aid application as well as the school's own financial aid forms. Clients may also find the FAFSA on the Internet (www.fafsa.ed.gov/entfafsa.htm)
- Everyone should fill out financial aid forms that are available. Even if clients do not feel they will qualify, it doesn't hurt to try.
- It is important that clients **ALWAYS** send in financial aid forms in a timely manner. Most financial aid is first come first serve.
- It is **ALWAYS** important to send any additional information requested, otherwise the application will be delayed.
- If a client is on disability the Office of Rehabilitative Services may be able to assist with funding of school or training programs.

# Section 8
## Skills Preparation and Vocational Rehabilitation Referrals

**What's in this section?**

- Internships and Volunteering

- Job Search Strategies

- Forming relationships with employers

- Interviewing

- Job Acceptance and Negotiation

The client should have an employment or educational goal in mind to be referred to a training program. Sometimes the goal is a means to an end such as taking an ESL (English as a Second Language) course, completing an HIV and AIDS training or working on computer skills.

**Non-profit organizations and government agencies are able to assist clients reach career and employment goals.**

- Training and job placement assistance programs can assist clients to update or gain new skills in such areas as computers, the hospitality industry, the trades, retail, health services etc…

- Refer clients to programs and people that your institution may not have the resources for such as:

➢ Career aptitude tests

➢ Certification to become an HIV and AIDS educator

➢ Intensive career counseling

➢ Direct job placement

➢ Literacy programs

➢ GED classes

➢ ESL classes

➢ Supported work or Job Coach

**Collaboration with Agencies**

It is important to collaborate with other agencies and work together to assist clients with goals.

- Working with other agencies increases the chance of clients being successful because necessary resources to assist the client obtain goals are available

- Research organizations in the community that offer job placement assistance programs that may match well with your clientele.

- Attend networking events hosted by different organizations and gather information

- Join a government leadership team that advocates for people with disabilities. These types of groups can keep you up to date about the law and changes that could affect clients.

- Work with the coordinator of a training program to organize a smooth referral process for the client.

- Designate a contact person for each agency and do a site visit. At the site visit be prepared to ask questions about their programs and services. Other good questions to may be:
  - ➢ What does a client need to do to become accepted into the program?
  - ➢ Do you do follow-up? For how long?
  - ➢ What are the demographics of your clientele?

**Confidentiality**

If a client is directly referred to another organization, confidentiality issues need to be discussed with the client.

- Clients may not want to disclose their status to anyone, even from agency to agency.

- Sometimes the agency you work for could be known as an AIDS organization simply by the name, for example, "AIDSCARE". Be aware that directly referring a client could disclose his or her HIV/AIDS status simply by stating where you work.
- You can take the following steps to respect your client's decision about disclosure:
  - Ask your client how he or she feels about disclosure to the contact person at the other agency.
  - If your client agrees to be directly referred and does not have any issues with disclosure, create a written agreement of whom you are to speak to about the client at the other agency.
  - If your client does not want to disclose, it may be possible that the client can do a self referral or can ask another care provider that is not HIV/AIDS specific to refer them.

**Internships and Volunteering**

Internships and volunteering are steps to paid employment by allowing client to build skills and test their tolerance for full or part-time work. Collaborating with other agencies is an excellent opportunity to build internship and volunteer opportunities for clients. Volunteering is usually on an as –needed basis and loosely structured. Internships are more structured than a volunteer position but more flexible than paid work.

- Volunteering and internships are great resume builders, specifically when the client has a poor work history or has not worked in a long time.
- Internships and volunteer positions are places in which clients are often expected to learn "on the job".
- A client can "test the waters", build self-confidence and see how tolerant they are of a work-type routine without worrying about getting fired.
- Internships and volunteer positions are usually much more flexible than paid work.

- Volunteering and internships are opportunities for clients to learn about their own capabilities and skills
- Internships and volunteer positions can lead to paid work within the organization. There might be paid positions available the client can apply for within the agency that they are interning or volunteering for.

Clients as well as the provider can develop internships and volunteer positions in the following ways:

- Call non-profit organizations and inquire about a volunteer program or any internship available. Many agencies have volunteer coordinators to assist clients with placement in an appropriate position.
- Attend networking events sponsored by organizations of interest.
- Use the Internet as a key resource for searching on college and non-profit web sites that post listings of available positions
- College campuses and local business bulletin boards may have listings posted
- Contact local businesses and ask if they could arrange something for an intern. (If the provider is making the contact, keep in mind confidentiality and disclosure issues.) When calling a business make sure to:

➤ Discuss the length of time and schedule available for an internship or volunteer position
➤ Discuss the possibility of the position turning into paid work
➤ Create an internship contract for the client and the business (see Appendix T for example of contract).

**Job Search Strategies**

When a client is ready to start looking for paid work one of the first steps is to have the client brainstorm ideas about the type of environment and schedule they prefer. Clients should also understand their benefits and what their salary range should be. After basics are discussed the following is a guide to help clients in their job search.

**Clients should research the employer**

- Acknowledge the environment and size of the company or organization. Is the company large enough that they have a human resources department or just one person?
- Look at the employer's web page.
- Walk by the building when people leave work or have lunch and notice the workers (i.e. casual, wearing suits, do people look happy?).
- If possible, call and request information on the employer.

**How to reply to ads**

- Fax, mail or post resume with a cover letter for jobs that are of interest.
- Clients should keep a file of when they responded to a job and the contact person.
- If a phone number is available, the client should follow up on the position a week after sending.
- If an ad says no calls, DO NOT CALL.
- If a person's name is given, or if you can get the name of the specific person the resume is going to, address the cover letter accordingly.

**Forming Relationships with Employers  (on-going)**

Although Employment Options was not a placement program (mostly because of disclosure issues), we worked hard to collaborate with as many employers as possible. Working with employers builds support for the future of people with HIV/AIDS in the workplace. It is suggested that employer relationships be build upon the want for support first and job placement second. Forming relationships with employers requires time and

patience. Do not expect employers who do not know the agency or you to respond to phone calls. It is more important to build solid relationships with employers rather than asking for last minute favors.

**There are several ways to network with employers, gain program support and develop jobs. Some tips are listed below:**

- Attend job fairs and introduce yourself to employers
- Set up a site visit with the employer to gather information and observe the work environment
- Look for a local job developer groups (mostly from non-profits) that share employer information.
- Attend local AIDS organization's functions to network with employers or with people who know employers
- Look on employer web sites and investigate if they have any charity awards. If so call the employer and find out more information
- If you know of any employers that have a reputation for working with community based organizations or on different projects with non-profits contact them and tell them about your program.
- If at all possible, try not to "cold call". Often times, employers are not responsive and it does not give you a change to explain the program. Better options than cold calling is going door to door to network with employers or send a mailing informing employers about a potential partnership (see Appendix E for example of brochure).

**When relationships with employers are formed:**

- Maintain the relationship by sending a newsletter (if available), short update letter, or any other information that may be of interest.
- Offer to do quarterly HIV/AIDS in the workplace training

- Ask to be sent any new job listings monthly and always thank the employer through a quick e-mail or call.

**The Formal Interview**

Clients are often frightened about job interviews because of their HIV status and/or they have not interviewed in a long time. It is important clients are informed about talking through issues of concern such as health status, gaps in the resume, and disclosure. An excellent resource for HIV and AIDS specific interview question and answer is: www.aidsfund.org

**The basics on interviewing:**

- Clients should schedule the interview for a time of day in which they feel their best. *For example: A client that has medication side effects mostly in the morning should schedule the interview for the afternoon.*

- If a client needs to take medication during the interview, they should excuse themselves to the restroom. A client should not miss a dose of medication because of an interview.

- Clients should bring a pen, paper, resume, references and a snack to the interview.

- If a client has medication that requires it be taken with food, they need to know before the interview available break times or the how long the interview may be.

- Clients should be prepared to fill out an application and sign for a permission to drug test.

**Issues not to discuss on the first interview:**

- If a client wants to disclose HIV status to the employer, it best to wait until hired. This way, if the client does not get the job, the client knows he or she was not discriminated against because of HIV status. **Remember, a client never has to disclose HIV status.**

- The first interview is not a place to discuss an accommodation. It is possible to discuss this issue if the client is closer to being hired or on the

2<sup>nd</sup> or 3<sup>rd</sup> interview. However, it may be the best to request an accommodation after hire.

- Insurance, vacation time, and compensation are better left for the second interview.

**Clients need to be prepared to answer interview questions about work history and health:**

- Even if the client did not leave his last job on good terms, he/she should not be negative.
- Some clients fear that employers want to know about illness or want a "good" reason for a large gap in work history. An interview is not the place for personal information or confessions. The client should explanation the situation briefly than focus on the positive and what he or she is doing at present time. Some examples are as follows:
- If the client has a criminal background, they should NEVER lie. They must tell the employer the truth. The client should be brief and positive. For example:

**Closing the interview**

- Clients should prepare to ask questions that are creative and not already answered such as:

➢ *What do you like about your job?*
➢ *What caught your interest about this industry?*

- Ask what the next steps are. Should the client call the employer? Should the client wait for the employer to call?
- The client should remind the employer of their interest in the position.

- The client should send a thank-you note directly following the interview regardless of how the interview went.

**Job Acceptance and Negotiation**

Clients need to know that they should not just take any job if possible. They need to really understand how their benefits (SSI, SSDI, Medicare, Medicaid etc.) work when they go back to work. They need know exactly how their company health benefits work.

**Clients should examine the types of insurance offered before accepting a job**
- Investigate the pros and con's of each job offer and benefits package
- Will the client have to wait for coverage due to a pre-existing condition?

**Package and pay negotiation should be researched and well thought out.**
- The Internet is an excellent resource for looking up average salary ranges in different careers.
- Clients should take in account if insurance is offered. Insurance should be evaluated as part of the salary valued at about 10,000 for an individual.
- The client should evaluate how many personal and vacation days are available. A person with HIV/AIDS may need more personal or sick days compared to someone without a chronic illness and should consider how much time off is available
- The client should ask about any other benefits such as short and long term disability coverage

**What's in this section?**

- Ways to improve future programming

As a result of our ongoing assessment for program improvements as well as participant feedback, the following suggestions should be taking into consideration when developing a new program.

1. **Inclusion of peer educators and mentors**
   A. Participants will find it helpful to have role models and other people who know what it is like to have HIV and work.
   B. While our staff was able to empathize with participants and assist them in their progress, occasionally it was difficult from both perspectives to fully understand some issues because staff did not have HIV.

2. **Consideration of staffing (cultural diversity, Spanish speaker)**
   A. Due to the changing HIV population (women, African-American, Hispanic) it is helpful to have someone from these backgrounds on staff.
   B. It is likely that participants will feel more comfortable with staff from their own background, especially in cultures where HIV is still heavily stigmatized. This also may help when trying to recruit participants.
   C. We had a few potential participants that were unable to attend our program due to the language barrier.

3. **Problems with contacting participants**
   A. Some of our participants were living in transitional housing facilities or in substance abuse programs and did not have access to a phone. Regular contact with these participants was very difficult. There may

be free voice mail access that your participants may be eligible for in your area. It is worth looking into not only for staff to be able to contact the participant, but also, for potential employers.

4. **More Groups**

   A. We found that we could have easily had more than eight group sessions.  There was a lot of information to cover and when everyone was in agreement we would go beyond the 2 hours. However, we do not suggest regularly having your groups longer than two hours due to time commitments, keeping the group focused, and fatigue.
   B. Options include adding more weeks to the group session of the program or adding another day within the week.

5. **Positive Workplace Training (National AIDS Fund)**

   A. It is suggested that members of your staff get the training to become facilitators for the "Positive Workplace" (see Appendix D). If that is not possible we suggest having someone who is a facilitator come and present the workshop to your group. We found that we should have added this presentation to our group sessions so that participants would have a better understanding of it's content and be able to offer it to future employers. Also, many participants did not know the basic issues explained in the presentation themselves.

**What's in this section?**

- Obstacles to providing client services

Over the course of the Employment Options Program we found multiple barriers to providing client services. The following eight items are probably common to many agencies providing services to this population.

1. **Client no shows**

   One of the biggest frustrations with program implementation was when clients did not show up to groups and scheduled individual sessions. Many times clients did not even call to cancel or notify staff. When confronting clients with the issue we explained it as a work behavior and common courtesy, however, with clients who had little or no work history this was a pervasive problem.

   We learned as the program went on to emphasize the commitment to participation when clients were screened for the program. However, expect that this will be a problem that you will have to address.

2. **Clients who have not disclosed their HIV status.**

   We had a number of clients who were either very isolated or had not disclosed their HIV status to family and friends. Confidentiality is extremely vital with these clients. During the first contact with a client you need to ask details regarding leaving phone messages and sending mailings to their home.

   When working with these clients it was challenging because they had no support system and the secret that they were keeping caused extreme stress.

3. **Lack of work history and skills**

   Clients who had little or no work history required more intensive individual sessions. They also needed more help with social skills, appropriate work behaviors, and self-assessment.

4. **Substance abuse and criminal backgrounds**

   You can expect that some of your clients will relapse during the time in your program. We feel that a person who is actively abusing substances is not ready to go back to work. It is important to keep in good communication with a client's case manager and/or substance abuse counselor.

   It is a challenge to help someone find employment who has a criminal record. It maybe helpful to find employment agencies/programs in your area that help people who have prison records find jobs.

5. **Clients with problems with childcare, transportation, and no telephone**

   The time to solve these problems/challenges is before the person becomes employed. You will have to spend time problem solving and using resources in your community. It is helpful to have part of your funding to go for transportation (Bus passes). As the clients progress through the program, working with them on their budget will be of high priority since most employers will not reimburse for transportation.

6. **Keeping group on topic**

   This was challenge for a number of reasons and it was important at each group to keep clients focused on employment related issues.

7. **Clients who have uncommon benefits**

We worked with a few clients who had VA benefits, private disability, and Workman's Compensation, etc. This required more individualized resources specific to the client's needs.

8. **Death of clients**

Unfortunately due to the nature of HIV and related illnesses some of your clients may pass away while enrolled in your program. We established close relationships with most clients and this can be difficult to deal with.

**What's in this section?**

- Rationale for post-group intervention

- Participant feedback

- Strategies for maintaining contact

# RATIONALE FOR POST-GROUP INTERVENTION

The Employment Options Program consisted of 8 weeks of groups. For many participants, this time frame was a period of goal setting, decision-making and problem solving. For this reason, much of the job search process and action steps took place after the groups had ended. It was important to maintain contact with participants following the groups regardless of the phase they were in. Individual treatment sessions usually continued after groups ended, sometimes just as frequently or perhaps less often, so that participants could keep working on their goals.

Providing ongoing support was another crucial aspect of the Employment Options program. We tried hard to have participants understand that just because the groups ended, their participation in the program was not over. Returning to work is a scary process for many participants; especially those who haven't been in the workforce for many years or have never had a paid job. This process can also be a long one for participants, taking months or years to complete. Participants may start out identifying or developing interests, and then move on to learning new skills, volunteering to test their tolerance, applying for jobs, and finally begin working in a paid position.

People with HIV/AIDS may have emotional or physical setbacks that further lengthen this process. Emotional support is vital in order to increase their chances for success. In

our program, we were fortunate to have funding for 3 years so that we could provide this kind of long term follow up. Program staff and expert guest speakers from the various groups were available as resources for encouragement, advice, information, etc. Also, because our project was a research project, we were able to collect data on participants at regular intervals.

# PARTICIPANT FEEDBACK

*Many of our participants gave us the feedback that the ongoing support was one of the best aspects of the program. They told us that it helped them stay focused on their goals, keep themselves surrounded with positive influences, and gave them a place to turn when they had questions or needed information.*

**Strategies for maintaining contact**

We maintained contact with participants mostly through phone calls, letters, or via email. However, sometimes participants moved, had their phone disconnected, or were just "missing in action." Then it was important to check their "release of information sheet" (see Appendix E) and track them down through case managers, doctors, or other health care professionals who may have been listed on their form.

The Employment Options Newsletter was another way of maintaining contact with participants (see Appendix D). Often, after a newsletter mailing, we would get phone calls from participants who we hadn't heard from in a long time. They were reminded of their participation in the program and of our availability to them, and would call just to check in, to let us know that they had a new phone number or had started working, or perhaps needed some information.

Another helpful strategy would be to have "drop in" days when participants could come into your center/offices without an appointment. It is important to keep this on a consistent day and time each week and communicate it (and any changes) to all

participants. We started this as a "computer lab' day and participants came in to practice their computer/office skills and use the Internet for job searching. Because of staffing and space limitations, however, we were unable to continue this, but we suggest that you try and do so.

A "reunion" for past participants of your program would be a useful way to maintain contact with them. We suggest that a meeting could be held in the early evening, free of charge and with food and beverages provided if possible. You could have a volunteer guest speaker on a topic related to returning to work, and invite all participants to attend.

Lastly, you may be able to visit participants at their workplace; provided you have their permission and you would not be disruptive to their work. We found this to be particularly helpful for participants who were too busy for phone calls or could not meet with us otherwise.

The following is a case study of a 38 year old, male, participant, who entered Employment Options in the Spring of 1999. It describes the assessment process, his goals, and his achievements and obstacles through the program. The case study is written through the eyes of one of the occupational therapists.

*My first contact with Dan was a phone conversation where I described the Employment Options program. Dan was excited to start the program, which he heard about through his case manager. After Dan answered some of my questions and I answered some of his, we made a time for our first meeting, an initial interview.*

Dan was early to the appointment. I gave him the tour of our facility and explained the program before we begin the initial interview. The Occupational Performance History Interview-II (OPHI) is the first assessment that we give to participants in the Employment Options Program. This assessment is a semi-structured interview, which can give a wealth of information about all areas of a person's life history, values, goals, and environment. This is what Dan told me about himself.

Dan was born in a small southern suburb of Chicago. He is the youngest of five children. His family also had a number of foster children living with them at certain times. His father was a strict disciplinarian, which created conflict between them. Dan says that his father would only talk to him when he did something that his father thought was wrong. Dan decided to move to Boulder, Colorado to live with his older sister when he was 16 years old.

At this period in his life, Dan says he was really "wild" due to the lack of supervision he had while living with his sister. Dan says that he never really had true friends. He says that the kids that he socialized with were primarily his friends because he had more freedom because he lived with his sister rather than his parents. He graduated high school in Boulder and then went back to live in Chicago.

Since he was 13 years old, Dan lied about his age and began working in the food industry. He has worked every job position from a dishwasher to a waiter. Dan reports that he enjoyed working in this environment overall. He liked and hated working with

the public.  According to Dan, some customers were nice and treat people with respect and then one customer can come in and spoil your entire day.  In addition, Dan reported that,

> "bosses never stick up for you their employees, there's no loyalty…
>
> I've always thought I've been loyal, but I've never thought that I
>
> have gotten it back or that it has done much good.  I've just
>
> done it because it is a character trait I have, it comes automatic to
>
> me.  It is one of the good things about how I was raised."

Dan said that he feels that he has a good work ethic; he feels that going the extra mile and teamwork are very important.  He also said that he was always prompt, responsible and always helped people.  "I believe in doing what I'm supposed to do and more, to helping anybody else I can, to being in on time all the time, going the extra mile – I think if everybody gave like five percent more that they have to, everybody's job would be easier…"

After coming to Chicago, Dan found work again in the restaurant business in hotels and catering.  Often he would work three part time jobs, which was typical in that work environment.

Dan again decided to follow his older sister and moved to San Francisco where he worked and went to technical school.  His education was video production.  After the program Dan had a paid internship in television.  Dan says that he liked the work, however, he is not interested in that kind of work now because the equipment he learned on is outdated and he would have to start from scratch.

Dan says that he enjoyed biking, running, and walking for leisure activities.  It was difficult to have a busy social life because of the work he did because he would be busy during the weekends and at night.  Also, Dan says work and school took up most of his time during that period of his life.

Dan moved back to Chicago and again worked in food service at a hotel.  In 1997 Dan was working at a restaurant as temporary help during the Christmas season.  During that time he was working almost everyday and long hours.  He started feeling really bad and thought it was the flu.  However, it was much worse than he though and eventually he was hospitalized with Pneumocystis Pneumonia and then was tested for HIV.  The

doctor came into his hospital room told him he was HIV positive and had AIDS and walked out of the room. Dan explains, "I just wanted to turn over and die right then." He says that he was both part surprised and part not surprised. "Part of me always wondered anytime I got sick with anything - because being gay, that's just a part of life… when you see a lot of people around you die…when it really happens to you – you feel like you are not even there."

After recovering from pneumonia he told his mother about being HIV positive. He says that his immediate family knows also. His biggest support comes from his older sister who lives in Idaho. Since Dan could not work and needed help caring for himself and his home, he moved in with his mother.

During the first year of having AIDS, Dan's doctor told him of a support group at a near by hospital. Dan went to one of the meetings and said that all of the members were in the end stages of AIDS and it was too depressing.

When he became ill and diagnosed with AIDS he had just started temporary work at a restaurant, so he did not think he would get benefits. He says that when he first got sick his mother would receive calls from his supervisor saying he would need a doctor's note and Dan reports they basically harassed her. When he was well enough he decided not to call his employer back because he felt that he would never be well enough to work again.

Dan has SSDI, ADAP, and Medicaid. When he was diagnosed and was in the hospital, he did not have health insurance, so his family filled out paper work for Medicaid pending. Up until recently Dan reports that dealing with the public aid system has been a complete nightmare and a significant source of stress. When he was trying to get Medicaid the hospital kept calling him and wanting to pay twelve thousand dollars. Dan says "I don't even have a life anymore, and she (person from the hospital) wants to know when I'm going to pay twelve thousand dollars in hospital bills, I was beyond crying".

Since the time he was diagnosed he was living with his mother in a south suburb in Chicago and continues to live with her. He reports that his home is comfortable and he has enough privacy. However, since he lives in the suburbs, Dan sometimes feels isolated not only from the gay community, but also, from others living with HIV/AIDS.

After his diagnosis he began medications immediately. He takes his meds 4 times per day. Dan says he is taking his medications regularly, however, it was difficult at first. Now he says it is a habit. Some of the side effects/symptoms he experiences now include fatigue, drowsiness, diarrhea, neuropathy, nausea, depression, sleeplessness and sweats.

Dan says that these symptoms are getting better and his good days outweigh the bad. Dan reports that 2 to 3 days a week he is really active running errands, driving his mother places, and doing home management tasks.

Dan does not want to work in the food industry anymore. He reports that he never really enjoyed the work, and now it is much too physically demanding. Dan says, "When you've been on death's doorstep you see things a lot differently." He feels that he has a great opportunity to do something he will enjoy.

As mentioned before, Dan's older sister is one of the most supportive people in his life. She works in the computer industry and has got Dan interested in learning computers. She bought him WEB TV, which gives him access to the Internet and email. He has contacted others with HIV through the Internet chat rooms. Even though Dan was not sure of the field he would be interested in gaining employment, he knows he would like to have computers be a part of his job.

Dan was referred to the Employment Options Program by his case manager. When he told his mother that he was going to this program he could tell she wasn't too happy. "She is really overprotective of me, she freaks when I sneeze". Dan feels that he is ready to go back to work. He stated that he needs a life; he feels better and needs to make money because eventually he may get cut off from his benefits. Dan also wanted to be productive and have something to do with his time.

Dan reported that possible barriers to getting back into the work force would be:

- His HIV status
- Possible discrimination
- His lack of specific job skills.

Some the things that he wanted to gain from the Employment Options Program:

- Learning basic computer skills
- Learning about how employment would affect his benefits

- Learning about the Americans with Disabilities Act
- How to search for a job
- Meeting other people with HIV for support.

This is Dan's story told during the OPHI. Next I gave him the Occupational Self-Assessment (OSA), the Assessment of Communication and Interpersonal Skills (ACIS), and the Worker Role Interview (WRI).

The following chart describes each assessment, what information the assessment can give, what intervention can be provided to a participant, and what the assessment told me about Dan and what intervention was done. The Fatigue Scale, and the WEIS are assessments given later in the program. A discussion of each of Dan's assessments follows the chart.

| ASSESSMENT | Evaluates | Intervention/Results | Dan's Case |
|---|---|---|---|
| *OPHI* | • Comprehensive life history<br>• Participant's values – past/present<br>• Participant's daily routine – past/present<br>• Participant's identity – past/present | • Way to establish rapport with participant<br>• First opportunity to talk about goals<br>• Begin treatment planning and collaborating with participant | • Established rapport<br>• Strong identity and values<br>• Started on goal setting process |
| ACIS | • Deficits in communication – verbal and non-verbal | • If needed, participant can improve communication skills by participating in role-playing exercises or practicing with therapist | • No intervention needed |
| WRI | • Participant's identity as a worker<br>• Participant's worker role | • If needed, participant can improve work habits<br>• If participant has a weak work role/identity, a placement in an internship is a good way to start | • Strong worker identity and role<br>• No intervention needed with work habits |
| *Role Checklist* | • Participant identifies roles in past/present/future<br>• Participant evaluates how he values these roles | • Helps in goal setting | • Future roles identified<br>• Set goals |
| OSA | • Participant assesses performance in daily tasks | • Most useful way to set goals | • Improvements needed in physical performance and |

| | | | |
|---|---|---|---|
| | • Participant assesses environment<br>• Participant prioritizes things he wants to improve | | endurance<br>• Feelings of isolation<br>• Set goals |
| Fatigue Scales | • Participant assesses performance and feelings mainly focusing on fatigue, cognition, emotional well-being and HIV | • Assess participant's physical, cognitive abilities and how their daily routine is affected<br>• Assesses participant's emotional status especially regarding feelings about having HIV | • Fatigue, stress, and memory loss significantly impact's daily routine<br>• Discussed ways to reduce stress<br>• Discussed work simplification/energy conservation techniques |
| WEIS | • Evaluates participant's work environment | • Allows discussion on work environment<br>• Helps with problem-solving | • Discussed good and bad aspects of job<br>• Helped Dan problem-solve |

The first assessment I completed was the rating scale for the OPHI. Dan's scores on the occupational identity scale of the OPHI were fairly high. Dan is able to identify goals and has motivation to work towards those goals. Even though he is not able to identify specifically what area of work he would like to find, he knows that he is interested in learning computers. Dan recognizes his physical limitations and is able to see himself being successful in realistic terms. Dan identifies that one of the barriers to getting work for him now is that he does not have competitive job skills. Therefore, his plan is to gain computer skills before looking for a job. In addition, Dan has strong values and abilities especially in the worker role. He thinks it is important to be responsible, hard working, and considerate to customers and co-workers when on the job. Dan has always been a worker. Although he did not find the most satisfaction within the type of work he did, he is aware that work was a valuable part of his identity.

The competence and environmental portions of the OPHI illustrated that Dan's role as a worker, and home maintainer was significantly affected by his health. At the time of the OPHI, Dan's health was better than when he was first diagnosed with AIDS, however, his physical abilities to work and take care of his home since that time had been significantly impacted. Before he was hospitalized Dan lived independently and worked full time. At the time of the OPHI Dan was not working and lived with his mother. Dan did take on somewhat of a caregiver role to his mother. Dan helped her out with difficult

household tasks and drove her to appointments and ran errands for her. Dan expresses that he needs to be working in order to fulfill his life goals. He says, "I just can't sit around the house anymore, I need to be productive."

The ACIS is another assessment that I gave during the initial interview. It involves observing the participant and focusing on communication skills. Dan's scores were extremely high. He was able to articulate, appropriately use body language, ask relevant questions, follow the conversation, and express his thoughts and views in an open manner.

The WRI looks at various aspects of a person's past work experience. Dan scored mostly 3 on a 4-point scale (4 being strongly supports participant returning to job). The areas where his scores were the highest were the "roles", "values" and "habits" sections. Dan's habits of being well organized, responsible, and prompt caused me to give him 3's and 4's on this assessment. As mentioned before, Dan also has a strong work history and worker role identity, which I felt, deserved high scores on the WRI.

After completing these various assessments, Dan surprised me by sending me an email thanking me. This was the first example of Dan's courteous nature. Dan also demonstrated a concern for others throughout the group sessions. Dan was early to the first group and brought in magazines geared towards HIV education/issues for us to place in the clinic so other participants could read them. In addition, Dan actively shared information about all types of topics that were important to the group members such as information of job fairs and nutrition.

Dan proved that his values towards work and life in general continues to hold true. Dan had mentioned that it was important to him to always be on time, go the extra mile, and to help others. I have already discussed Dan's willingness to help others, now I will give examples of how Dan consistently showed how his values contributed to his success in the program. Dan had perfect attendance for all eight groups. He also was on time for every group, but usually came in hours prior to group to work on the computer. On the rare occasion he had to cancel a one to one appointment with me he always called in advance.

Dan worked diligently to learn how to use the basic programs on the computer and took advantages of the opportunities we gave him. He participated in the Internet

Workshop given by a colleague at the University's Library. Dan did not stop there, but he made follow up appointments with the instructor to further his education. Dan basically taught himself Word, Excel, and Access within a few months by using an Internet tutorial and books that he purchased. Dan came into the clinic at least 2 to 3 times per week to work on the computer.

During the first month of the groups, participants meet with me one to one and complete the Occupational Self-Assessment, the Role Checklist, and long and short-term goals. First I will discuss the OSA. This assessment is gives the participant's understanding of their own performance with a variety of activities and how their environment impacts their performance. Dan identified four activities as a problem:

- Physically doing what I need to do
- Having a satisfying routine
- Doing activities I like
- Effectively using my abilities

Dan reported that he needed to get in better physical shape and "I need to sharpen my mind and body". Dan identified four problem areas in his environment:

- People who support and encourage me
- People who do things with me
- Opportunities to do things I value and like
- Places where I can go and enjoy myself

Dan stated that his family was not real supportive, and he felt isolated where he lives.

Dan also completed the Role Checklist, which identifies major roles in a person's life including roles that you had in the past, have at the present time, and wish to have in the future. Dan indicated roles, "Student", "Worker", "Volunteer", "Care giver", "Home maintainer", "Friend", "Family member", "Hobbyist" applied to his past. Whereas in the present Dan only marked three roles that applied to him, "Care giver", "Home maintainer", and "Family member". In the future Dan hopes to regain his roles in his past.

Using the OSA and the Role Checklist, Dan and I worked together to identify goals. Dan had three long-term goals.

1. Dan will improve his health by participating in a consistent exercise program for at least two months.
2. Dan will learn Word and Excel within four months.
3. Dan will work in an internship in order to gain computer skills within three months.

Dan met goals 2 and 3 and partially met goal 1 by participating in an exercise program for 2 weeks.

After the 8 group sessions I meet with every participant for a follow up interview. The interview is done in order to gain specific feedback about the program by the participants and to update participant's goals. Dan felt that the most helpful part of the group sessions was all the information given regarding benefits, legal issues, and job search strategies. When Dan first met with me he did not know what direction he was going in terms of returning to work or school. After the groups he did make a decision to get an internship instead of going back to school. Dan reports that he learned through the groups and one to one meetings with me, that for what he wants to do it is not necessary to go to school to get the skills needed at this time. At this time Dan reports that his physical status seems better. He says, "I think it's because I just like make myself get up and this (the EO program) makes me get up at least a couple of days… It's sort of like a job". Not only did the program help Dan feel better physically, but also he says the program helped him manage his time more efficiently.

Dan's goals at this time were to begin an internship and continue to improve his computer skills. Even though Dan felt he was ready to move into the next phase, Dan continued to identify some remaining challenges when he thought about returning to work. He was concerned that he would not be able to physically go back to work full time; he was afraid that his benefits would get "screwed up" if he went back to work part time; and he was concerned that he would not find a job with a good health plan. I assured Dan all of these challenges are valid and I would be there to help him throughout the process.

As I mentioned earlier, Dan taught himself Word, Excel, and Access and wanted to start an internship. However, when he was about to interview for the position he developed shingles. He suffered with shingles for a few weeks. Before he was

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completely over shingles he managed to go in for an interview at an insurance broker's office. Dan started interning for the broker the next week. He was going to work half days, three times a week.

I had one job coaching session with Dan the first week of the internship. Dan seemed to be doing well. He was well organized and wrote instructions down. Dan was a little nervous and needed some encouragement. I also gave him a few suggestions such as, when he needed help to ask his supervisor as soon as possible, and we problem-solved a few work efficiency tips such as placement of equipment and time management.

Shortly after this visit Dan contacted me and said the internship was going really well and that his supervisor had given him a lot of responsibility that he felt good about. Also, Dan had suggested to his supervisor that he do some things at home so he could work at his computer because the one that he used in the office was not up to date. His supervisor loved the idea.

After the second month of his internship I met with Dan for a follow up interview and assessments. I gave him the Work Environment Impact Scale. This assessment involves semi-structured interview topics, which covers how the participant's work environmental feature impacts job satisfaction, performance, participant's needs, and participant's physical, psychological, and social well-being. After the interview I completed a rating scale ("4" meaning the environmental factor strongly supports the participant's work performance and satisfaction, whereas a "1" denotes the environmental factor strongly interferes with a participant's work performance and satisfaction).

Dan mostly received scores of 3's and 4's. I gave Dan a score of 2 on two environmental factors. The first one was "appeal of work tasks". Dan reported that some of the things that he had to do were tedious and sometimes boring. Dan said he was not sure if the type of work he was doing was challenging enough in the long term. However, he also said that his supervisor sometimes handled challenging tasks that would rarely occur because it would take him too long to train Dan for a task that may never come up again, at least while Dan was interning at the site.

The other factor was "properties of objects: the physical, cognitive, or emotional demands/opportunities of tools, equipment, materials, and supplies". One of the main

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complaints that Dan identified about the internship was the computer at his desk was very out dated. Dan said that he would be able to do much more if the computer was updated and had more programs.

At this same meeting with Dan we discussed what he wanted to do after the internship ended. Dan said that his supervisor alluded to a possible paid position that he may offer to Dan. Dan had some reasons that he would want to stay at this job and some reasons why he may not. Some of the reasons why he would stay were that the schedule was very flexible, he was comfortable working at a place where his supervisor knew he was HIV positive, and he felt that he had a good relationship with his supervisor. Some of the reasons why he may not continue to work for the company include: the job would not offer health benefits because he would be the only employee besides his supervisor, his pay would not be very high, sometimes he felt that he was not challenged, and the work was often tedious.

Dan and I also talked about his health and tolerance for work. Dan reports that he continues to have fatigue, although it has improved significantly since he began the program, he feels that he still could not handle a full time job. He feels that he could increase the hours that he works at this time, but not to 40 hours a week.

Dan completed another set of self-assessments called the Functional Assessment of Chronic Illness Therapy (FACT), which is divided into 2 sections: Functional Assessment of HIV/AIDS (FAHI) and Functional Assessment of Chronic Illness Therapy – Fatigue (FACIT-F) These assessments are self reports which participants evaluate a variety of areas such as: social well-being, cognitive functioning, physical well-being, emotional well-being, functional well-being, and fatigue. Participants read a statement and circle a number that corresponds to how true that statement is to the participant during the past 7 days. The numbers are from 0-"Not at all" to 4 "Very much".

Here are some of Dan's significant findings. With the FACIT-F scale which involves questions regarding fatigue, Dan answered 4 to these statements: "I need sleep during the day", "I am frustrated by being too tired to do the things I want to do", and "I have to limit my social activity because I am tired". It is clear that Dan feels that fatigue continues to affect his daily life and he is concerned about this. Dan also identified these items as "quite a bit" true for him: "I feel listless (washed out)", and "I have trouble

finishing things because I am tired".  Again Dan feels that he is sometimes unable to complete tasks due to fatigue.

In the cognitive functioning section of the assessment Dan identified that he had difficulty remembering things.  He rated this item a 3, which stands for "quite a bit".  Dan reports that he always was forgetful, but it seems to be worse now.  He gave me examples such as when he is learning new things or sometimes when he misplaces items.  Strategies he uses to deal with these problems are he always tries to write things down and keeps his environment organized.

In the physical well-being section of the evaluation Dan again identified items involving fatigue as being a significant problem.  He also marked the item, "I am bothered by side effects of treatment" as a 3 "quite a bit".  Dan reports that the side effects such as nausea, and diarrhea have improved since the beginning of the program, however, he occasionally continues to have diarrhea.  The fatigue still is a problem to him.  In addition, he feels that he has gained too much weight.

In the section called emotional well-being Dan identified the item was "I worry about the effect of stress on my illness" as being "very much".  Dan has always been concerned about finding a job that he enjoyed and was less stressful emotionally and physically that his previous work experience.  Dan tends to become anxious when faced with new challenges such as when he first met with me (he later told me) and when he began his internship.  Dan seems to need encouragement to get through these stressful times, however, he is able to identify that he is stressed and has good coping mechanisms.  Dan says that talking to someone like me or his sister usually helps and taking deep breaths and relaxing also works well.  Through my observations with Dan, I feel that he only goes through this stress for a short period of time and is able to become comfortable fairly quickly in these situations.

Dan marked 3 "quite a bit" for the following items: "I worry that my condition will get worse", "I am unhappy with my appearance", "It is hard to tell other people about my infection", "I am concerned about what the future holds for me", and I am embarrassed by my illness".  The stigma about HIV still exists.  Dan is concerned about what other people will think if they know about his condition.  Again, Dan would like to work in a place that he feels comfortable in knowing that his supervisor knows his HIV

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status and will support him regardless. Dan also is concerned about getting sick again. This is a concern with everyone in our program. It is something that will never go away no matter what occurs in a person's life when dealing with an illness like HIV. The only thing that I feel that I can do as a therapist is to stress to Dan and other participants the importance of finding things in his home life, and work life that will not cause physical or emotional stress. For example, if Dan did not recognize on his own that he could no longer work in the restaurant business because the work was too hard on his body, I would have acknowledged this point. I also feel that it is important to educate participants about preventing illness through medication, regular doctor visits, nutrition, exercise, and rest.

The final section of the assessment deals with functional and global well-being. Dan has several items marked that show he still has areas in his life that need improvement. Dan marked 0 "not at all" for the following items: "I am enjoying the things I usually do for fun", "I am content with the quality of life right now", and "I feel sexually attractive". Again I feel that these problems partially exist because Dan is isolated from the gay community and is not able to take part in leisure activities because of lack of friends and lack of money. Living in the suburbs and being a caregiver to his mother are obstacles that Dan will need to address in order to feel better about himself.

During this meeting with Dan he also informed me that he was going on his first real job interview this week. He heard about this position through his case manager and applied for the job. Dan said that he was a little nervous about interviewing, however, he has been practicing answering interview questions and has been looking over the materials from the program.

A few days later Dan called me and told me that the interview went well, but he was not sure that the job was what he was looking for. Dan also said that his supervisor at his internship had offered him a paid position.

A week later Dan found out he did not get the job he interviewed for and decided that he would take the job at the insurance broker's office. He felt that he this was a good opportunity to slowly get back into the work environment. He felt comfortable because his boss knew about his HIV status, the work schedule was flexible, and he would learn more skills now that he was a permanent employee. The drawbacks were that he would

not get health benefits, the pay was not great, and sometimes the work was not as challenging as Dan would like.

Dan worked at the insurance brokerage for about 5 months. He had to stop working because of severe neuropathy in his hands and feet. He was not able to handle the long commute the distance from the southern suburbs to downtown.

Two months after leaving his position, Dan was feeling a little better and decided to try to do volunteer work at a local AIDS organization. Dan became very involved in support groups and other activities. He also made numerous friends with the staff and participants. I got the impression that Dan was finally feeling less isolated and seemed to be doing something that he enjoyed. Dan also took on a role of a leader in the organization. He used what he learned in the Employment Options Program to educate others about benefits, the Americans With Disabilities Act, and health insurance. He initiated and helped organize a presentation to recruit participants for The Employment Options Program for two of the organizations he was involved with. At the first presentation Dan stated that he was ready to look for a part time job, however, closer to his home. We were planning to meet in the next month to work on revising his resume. Unfortunately, Dan could not attend the second presentation that I did because he was sick. Two months later Dan passed away suddenly of congestive heart failure.

Dan's loss affected us deeply. I take comfort that I know that we helped Dan to improve his quality of life the last few years of his life. By providing him with information, encouragement, support, and resources, Dan was able to gain new skills, work, and become less isolated. Without our program and occupational therapy services he may have never achieved these things before he died.

# OUTLINE FOR OPHI-2 INTERVIEW

1. **Purpose of interview**

- We're going to talk about your employment options…so discussion will center on your educational background, work history, factors that affect people's success in that process.
- Other issues – health status, health history, social support, daily routines and habits, your specific goals for returning to work, your home environment, leisure time
- If there's anything you want to talk about, feel free.

2. **Tell me a little bit about yourself**

- **Where you grew up**

- **Education**

- **Work history**
  - Likes and dislikes about work in general/about that particular job
  - What did you get out of working?
  - What kind of worker are/were you?
  - Physical challenges
  - Stress/psychological challenges
  - Typical day at work
  - Disclosure on the job
  - Reasons why you left the job

- **Home life**
  - Who do you live with?  Where?  Describe environment—safe, clean, privacy, neighborhood.
  - Who are the important people in your life?
  - How are things (stressful, happy, organized, chaotic, etc) at home?
  - Is there anyone at home or in your family that makes life difficult or stressful for you?

3. **When were you diagnosed?**

- How did this affect your
  - Work
  - Relationships w/ family/friends/partner
  - Supportive?  if you go back to work?
  - Leisure time
  - Roles

- Since you were diagnosed w/ HIV/AIDS,
  - What has been the best period of time in your life?
  - Worst ?

4. **What type of benefits are you receiving?**

   - Awareness of limitations on income if return to work---trial work periods if on SSDI, etc
   - ADA
   - Health insurance, etc

5. **Daily routines**

   - What is a typical day like for you during the week?  How is this different from when you were working?  Before you got sick?
   - Are you satisfied with this? Are there changes you'd like to make?
   - What is the most important thing for you to get done during the day?
   - What do you do for fun?  To relax?  W/ whom?  Do you have enough time/energy to relax?
- Who does the laundry, cleans, grocery shopping, etc.?
  - If you go back to work, will you have time/energy to do these things?  If not, who will do them?

6. **What meds are you taking?**

   - Schedule
   - Adherence
   - Side affects
   - How does taking your meds fit in w/ your day?  How would you manage them if you are to return to work

7. **Health status**

- Are you currently experiencing any symptoms?  How do you deal w/ them? How do you see them fitting in w/ a work schedule?
- Any accommodations that you would want/need to ask for?
- Doctor's appointments
- Given your health status, are you sure of what you'd be able to do (physically, stress) on a job or do you feel like you need to test your limits?

8. **Tell me about your goals that you have for yourself over the next year.**

   - What would you like to see happen in terms of work? School?
   - What are any barriers?  Strengths?

- Reasons why you want to get back to work?
- Full time vs. part time


9. **Have you thought about approaching a new/previous employer?**

- Gap in resume
- Disclosure
- Accommodations
- Benefits/health insurance
- Time off for appointments?
- Skills training/updating


10. **What would you say would be the best time in your life?  Worst?**


11. **How do you deal w/ difficult/stressful times/situations?**


12. **What do you want to get out of this program**? How can we help you in your efforts to return to work?

# APPENDIX B

- Employment Options Program Phases

# EMPLOYMENT OPTIONS PROGRAM PHASES

Client participation in the Employment Options Program is organized into four phases.

The first phase lasts eight weeks. The remaining phases have no distinct time frames.

For example, a person may start the program and already be a volunteer. In that case,

after the eight weeks of groups in phase one, he or she would transition to phase three of

the program.

### Phase One

Group sessions meet once a week to discuss the following:
- Evaluating health insurance options
- Public benefits (SSI, SSDI, ADAP)
- Private Disability
- Americans with Disabilities Act (ADA)
- Vocational planning
- Resume writing and interviewing

Phase one also includes individual occupational therapy sessions and job skills training.

### Phase Two

This phase involves volunteer, temporary paid work or internships, and also includes on-

site job coaching and support.

### Phase Three

This phase involves placement in permanent employment with ongoing support.

## *Phase Four*

This phase involves continued support form occupational therapists and the job

placement specialist as needed.  Also, clients will be reassessed individually for research

purposes.

# Appendix C

- **Employment Options Staff Job Descriptions**

**Job Descriptions for Employment Options**

**Principal Investigator**
This person was responsible for oversight of entire project. He collaborated with the co-investigator to lead the team in development and implementation of the services in the program and presided over program evaluation.

# PROJECT DIRECTOR

This person was in charge of managing timelines and tasks involved in the project and supervised three staff members.

# VOCATIONAL SPECIALISTS

The two vocational specialists assisted with program development, provided services directly to clients, and were in charge of marketing and recruitment tasks.

# EMPLOYMENT PLACEMENT SPECIALIST

This person provided services directly to clients and set up volunteer and internship placement positions by working closely with local employers. She also developed and maintained relationships with local job training facilities.

# Appendix D
## Resources

·Chicago Area Resources


Employment and Training

·Calor
3220 W. Armitage Ave. Chicago
773-235-3161
Job placement assistance and HIV case management and several other programs that
target/serve the Latino HIV impacted community

·Chicago Women's AIDS Project
5249 N. Kenmore Chicago
773-271-2242
Women's support services, Working support groups, buddy program, massage and
referrals

·Chicago Women in Trades:
1657 W. Adams Street Suite 401,Chicago
312-942-144
Training Program for women interested in obtaining and apprenticeship in the trades.

·El Valor
1924 W. 21st Street Chicago
312-997-2030
Job training and placement assistance for lower level clients who may need supportive
work or who have developmental disabilities

·Enterprising Kitchens
4545 N. Broadway Chicago
773-506-3880
Job preparation program that hires women to make soap and learn self-sufficiency
strategies.

·Greater West Town Community Development Project
2045 W. Fulton Chicago
312-563-9028
Job training and placement in woodworking, trades

·Health Works Theatre
3171 N. Halsted St. Chicago
773-929-4260
Volunteer Opportunities for a theatre troop that educated youth about HIV

·IAM CARES
3333 W. Arthington

Suite 139 Chicago
773-265-3302
Offers job training programs and placement for people with disabilities. Must have a documented disability (have an ORS case manager, be on SSI or SSDI) to qualify for services

· Illinois Employment and Training Centers
Several different sites across the city -
1. Northwest Center (at the old Wright College campus) 773-736-5627
2. Pilsen Center - 312-243-5100
3. Westside Center 773-227-7117
4. Mid-South Center 773-538-5627
5. Southwest Center 773-8847000
Excellent resource for resume writing (has a computer lab) and job search. Open to the public. More intensive job training services are available if needed and client must qualify.

·Inspiration Café
4554 N. Broadway Chicago
773-878-0981x205
Excellent Resource for volunteer placement and food training program, in which clients receive food and sanitation certificate. Case management services and educational seminars also available.

·Jane Adams Resource Corporation
4452 N. Raveswood Chicago
773-728-9769
Job training and placement in drafting (clients receive free computer classes with this) and the trades. Also offers computer training classes (i.e. Microsoft, excel) at prices cheaper than Community College (-$50 -$100per class)

·Jewish Vocational Services
2020 W. Devon Ave. Chicago
773-761-9000
Evaluate skills and prep clients for placement with different skills training

·Jolt
773-265-3300
Contact IAMCARES for details
Chicago area job developer's meeting to create networking opportunities and resources among social service workers

·Mayor's Office for People with Disabilities
2102 W. Ogden Ave. Chicago
312-746-5743
Good resource for job links and training programs. Client must qualify

·New City YMCA LEED Council
735 W. Division Street Chicago
312-266-5400
Job placement and training for the retail (Crate and Barrel, Walgreen's) and the trade
industries.

·Prologue Adult learning Center
1105 W. Lawrence Chicago
773-728-8120
Excellent Resource for GED program, ESL and tutoring. Also, Excellent resource for
volunteer opportunities staff is very open and staff are willing to train volunteers.

·Spanish Coalition for Jobs
2011 W. Pershing Road Chicago
773-247-0707
Employment network links and school.

·Women Employed
111 N. Wabash Ave. Suite 1300 Chicago
Job training programs for displaced homemakers (women). Individual career consulting
available as well as access to a job bank. Membership organization - so a fee of about $20
to join.

City Colleges of Chicago

Richard J. Daley College
7500 S. Pulaski Road
773-838-7500

Kennedy King College
6800 S. Wentworth Ave.
773-602-5000

Malcolm X College
1900 W. Van Buren St.
312-850-7000

Olive Harvey College
10001 S. Woodlawn Ave.
773-2916100

Harry S. Truman College
1145 W. Wilson Ave
773-878-1700

Harold Washington College
30 E. Lake St.
312-553-5600

Wilbur Wright College
4300 N. Narragansett Ave.
773-777-7900


AIDS Legal Resources

·Legal Assistance Foundation of Chicago, HIV AIDS Project
312-347-8309
Legal assistance for low income, HIV positive Chicago residents

·AIDS Legal Council of Chicago
312-427-8990
Legal issues assistance and work topics that affect people with HIV

·SSI Coalition
312-223-9600
www.ssic.org
A non-profit organization that assists people with SSI and SSDI issues and court
representation


Public Benefits

·Illinois Department of Human Services
1-800-720-4166
Call to contact the closest office to report income, process Medicaid applications and
appeal.


Internet Resources

·       www.aidslegal.com
AIDS Foundation of Chicago
Learn about how to get a case manager or general AIDS info
312-922-2322


·       www.npo.net
An excellent resource of non-profits throughout Chicago; volunteer opportunities and job
postings

·       www.state.il.us/ins/healthinsurance/HIPAApre-ex.htm
IL department of Insurance-HIPPA
National Resources

## Job Search Internet Sites

·       www.monster.com
·       www.hotjobs.com
·       www.usajobs.opm.gov/index
·       www.career.yahoo.com
·       www.headhunter.net
·       www.socialservice.com
·       www.nmac.org/about/jobs/jobsbank.asp
·       www.careercity.jobcontrolcenter.com/search

## AIDS Related Internet Sites

·       www.aidsfund.org.
Essential resource for HIV/AIDS back to work information. Especially good on topics of interviewing, and explaining the gap in resumes

·       www.thebody.com/pos_work/ADA
Americans With Disabilities Act html

·       www.medscape.com/Home/Topics/AIDS.html
Medical HIV/AIDS Information

·       www.ama-assn.org/special/hiv/hivhome
Jama HIV/AIDS Resource Center

·       www.niaid.nih.gov
National Institute of Health

## School or Training Resources

·       www.fafsa.ed.gov/entfafsa.htm
Apply for undergraduate financial aid

·       www.lgta.org
Land Grant Training Alliance - on line computer lessons

·       Mavis Beacon -typing tutorial

Public Benefits

·        Social Security Administration
1-800-772-1213
Call to contact the closest office to report work, obtain application and make appeals


HIV/AIDS Training

·        Work Positive, Inc. (The positive Workplace)
930 N. Palm Ave., Suite 235
West Hollywood, CA 90069
Phone: 310-657-6898
Fax: 310-657-6888
Email: info@workplace.com


Job Search Resource Books

·        Job Search Secrets by D. Lussier and T. Noteman
·        The Only Job Hunting Guide You'll Ever Need by Kathryn and Ross Petras
·        Job Interviews Made Easy by Marler/Mattia


Computer Resources Books

·        "For Dummies" Series for Access, Excel and Word

# HOW CAN I GET MORE INFORMATION?

**To Inquire About Referrals**

If you would like more information, please contact either:

**Lauren** or **Karen** at the Employment Options Office **(312) 996-9653**
or
**Tracy Lewis** at the UIC Family Center for Immune Deficiency & Infectious Disease **(312) 996-2408**
or
**Howard Brown Health Center**, Employment Options Program **(773) 388-1600**

Enrollment occurs four times a year. Please call for the next enrollment date.

# EMPLOYMENT OPTIONS

*A program designed to assist people with HIV/AIDS who are interested in returning to work*

**HOWARD BROWN**
**HEALTH CENTER**

**College of Health and Human Development Sciences**
*hhds*

At the University of Illinois at Chicago Department of Occupational Therapy

EOptions

# What Services Does Employment Options Offer?

Weekly Education & Support

Sessions cover topics such as:
- Evaluating Health Insurance Options
- Public Benefits (SSI, SSDI, ADAP)
- Private Disability
- Americans with Disabilities Act (ADA)
- Vocational Planning
- Job Search Strategies
- Resume Writing/Interviewing

Individual
Occupational Therapy
Sessions assist clients with:

- Adjusting Daily Routines and Habits
- Stress Management
- Coping Skills

Job Skills Training
Sessions cover areas such as:
- Computer Skills
- Assessing and Improving Tolerance for Work
- Managing the Workplace

Assistance With
Gaining Employment
Through the use of:

- A Job Club
- On-site Job Coaching and Support
- Volunteer Work/Internships
- Contacts with Local Businesses
- 

# Who is Eligible for the Program?

Participation is open to anyone diagnosed with HIV/AIDS who is **unemployed**, over 18 years of age and currently not abusing substances.

# What Can You Expect From Employment Options?

An initial assessment by an occupational therapist, which will take approximately 1-2 hours
Weekly group sessions lasting approximately 2-3 hours each
An individual program tailored to meet your needs

# Where is the Program Offered?

## The Program will be Offered At two Locations

- Howard Brown Health Center 4025 N. Sheridan, Chicago (Sheridan/Irving El Stop)
- The University of Illinois at Chicago Medical Center Campus (Polk Street El Stop)

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# APPENDIX F

- **Sample Letter to Agency**

February 25, 1999

Mr. Smith
Agency Name
Agency Address

Dear Mr. Smith,

We are pleased to provide you with the enclosed information regarding the Employment Options Program.  Briefly, this program is the product of a federal grant from the US Department of Education. It is a vocational rehabilitation program for people with HIV/AIDS, and is offered at two Chicago locations- Howard Brown Health Center and the UIC Family Center for Immune Deficiency and Infectious Disease.  The program was designed to assist people with HIV/AIDS who are interested in returning to work.  The goal of achieving and maintaining employment is facilitated through weekly education and support groups, individual occupational therapy sessions, relevant job skills training, and assistance with gaining employment.

- Weekly sessions cover topics such as insurance options, benefits, the ADA, resume writing, and job search strategies.
  - Individual therapy sessions and skills training will be provided as needed and can address

areas such as coping with stress management, endurance training, computer skills training and more.

- Relationships with local businesses will be established by a full-time vocational placement specialist, who will also provide client with on-site job coaching as necessary.

It is our understanding that your facility serves clients who may be able to benefit from our services. We ask that you please review the enclosed materials and contact our grant office at (312) 996-9653 if we can provide you with any additional information about the program or possible referrals.

Sincerely,



Alisa Schwulst
Project Coordinator

Enclosures

# Appendix G

- **Employment Options Newsletter**

# EO Quarterly

**Volume 1 Issue 3**   *The Employment Options Quarterly Newsletter* **Summer 1999**

## About this newsletter...

W elcome to the third issue of the Employment Options newsletter! Our goal is to keep everyone informed about the program, its progress, and current issues surrounding HIV/AIDS and returning to work. New ideas and suggestions are always welcome. Please see the last page for details.

## GRANT *Announcements*

R ecently, the second group of clients under the new grant award "graduated" from the educational portion of the Employment Options program—one group each at the Howard Brown Health Center site and the UIC Family Center for Immune Deficiency and Infectious Disease site.

The two groups each met weekly for educational sessions led by program staff. In addition, clients participated in individual occupational therapy sessions during which long and short-term goals were set. Depending on need, some clients also worked on specific skills training and other relevant activities in order to help them to meet their own personal goals.

In getting to know the most recent group of participants, a number of similarities between clients were realized. For instance, this past session's Howard Brown group found over half of its members with a background in the fine arts. Additionally, in both groups, nearly all participants expressed a need for instruction in computer skills.

In response to this growing need, a new computer has been added to the UIC site fleet, and computer "drop in" times are being arranged at both sites during which participants can receive individualized assistance with computer training. Please see subsequent sections of this newsletter for details.

Employment Options is also proud to share some of the successes that various group members are achieving. From the most recent groups, four clients are now working full time, four are working part-time, three are completing internships, one has started a new schooling program, and one has begun a professional development class. In addition, three clients are coming in regularly for computer training at UIC. Congratulations to all!

We would also like to send a big "thank you" out to program volunteer Kevin O'Connell, who has graciously donated his time in order to help us to improve upon our group materials. Thanks to Kevin, we now have a new client handbook, which is being utilized by both groups throughout the program.

## COMPUTING NEWS

On April 14th, Employment Options was proud to offer an Internet Workshop through the UIC Library of Health and Human Sciences. Ms.

Lora Gault, MS, M Ed, led the workshop, and has even been kind enough to develop an Employment Options website. The site can be found at www.uic.edu/~lgault/classes/options. The site offers a variety of HIV and employment related links. Another great resource that Lora has pointed us to is the Land Grant Training Alliance's On-Line Lessons, which can be found at www.ag.ndsu.nodak.edu/lessons, and offers a variety of on-line computer lessons on topics such as Microsoft Word and others. Employment Options has also been lucky enough to acquire two additional volunteers in the area of computer learning. John Chaplain, coordinator of graduate programs and assistant to the head of our own UIC department of occupational therapy, and his partner Ed Barth, a systems analyst at Bank One, have offered to volunteer their time for EO clients. Both have extensive backgrounds and knowledge in computing, and are available for assistance with such things as basic Word, internet skills, web research, resume writing, and even web design and home office set-up. Participants with all levels of experience (or inexperience!) are welcome and encouraged to take advantage of this opportunity. John and Ed will be available from 6:30 to 8:30 pm at the Howard Brown computer lab, however appointments are required. In order to schedule an appointment, please call *John Chaplain* at **(312) 996-3051.**

# *Useful Websites*

As a follow-up to our last installment of websites that we found helpful, we have come up with another brief list of useful Internet sites for HIV/AIDS information, employment issues, and just for fun. If you know of any websites that you think we should include here in future issues of the newsletter, please let us know so that we can share these great resources with all of our readers.

## Benefits:
Social Security On-line:
www.ssa.gov

SSI Coalition:
www.ssic.org

## HIV/AIDS:
Nova: a program that looks at the cutting edge of AIDS research; first aired on Nova on Feb. 2, 1999
www.pbs.org/wgbh/nova/aids/

## Employment and Training:
Q & A and the workplace:
www.thebody.com/cgi/workans. html

Monster Board:
http://monster.com

Tribune Career Section:
http://cgi.chicago.tribune.com/
career

Chicago's Preferred Jobs:
www.chicago.preferredjobs.com/ index2.asp

The Definitive Chicago Area Job and Career Guide:
www.chicagojobs.org

Directory of City Services:
www.ci.chi.il.us/worksmart

## Museums and other interests:
Art Institute of Chicago:
www.artic.edu

Museum of Contemporary Art
www.mcachicago.org

Chicago Historical Society:
www.chicagohs.org

Chicago Architecture Foundation:
www.archtecture.org

Field Museum of Natural History:
www.fmnh.org

## *Legislative News:*
**The Work Incentives Improvement Act**

In the last newsletter, we reported news of the Work Incentives Improvement Act (WIIA), which had been recently unveiled by

President Clinton.  Briefly, the act has been proposed in order to increase opportunities for the eight million disabled people of working age in this country who are receiving Federal cash benefits.  The bill would help disabled individuals to return to work by creating ways for these individuals to maintain their health care coverage.  If passed, the WIIA will work to:
Improve access to health care by expanding states' ability to provide a Medicaid buy-in to people with disabilities who return to work;
Extend Medicare coverage for people with disabilities who return to work;
Create a new Medicaid buy-in demonstration to help people with a specific physical or mental impairment that is not severe enough to qualify for health assistance, but is likely to lead to a sever disability in the absence of medical treatment;
Modernize the employment services system by creating a "ticket" that will enable SSI or SSDI beneficiaries to use a range of public or private providers for vocational rehabilitation.  If the person goes back to work and achieves substantial earnings, providers would be paid a portion of the benefits saved;
Create a Work Incentive Grant program to provide benefits planning and assistance, facilitate access to information about work

incentives, and better integrate services to people with disabilities working or returning to work.
(From the Work Incentives Update Listserv)
On June 16th, this bill was *passed* by the U.S. Senate with a vote of 99 to 0, and the House is reported to also be close to passing similar legislation!
As quoted in the New York Times, Daniel Zingale, executive director of the AIDS Action advocacy group stated, "This is a huge victory for people with HIV."

## *Issues Regarding*
# Social Security
Social Security is raising the limit on substantial gainful activity.  On July 1st, the SSA raised the limit from $500 per month to $700 per month.
This means that if you receive SSDI and return to work, after your trial work period you are able to earn up to $700 per month and still keep you full SSDI check.  Again, prior to this change, the amount was set at $500 per month.
Keep in mind, the rule for what qualifies as a trial work month has not changed.  A trial work month is still considered to be any month in which you make more than $200.
If you receive SSI and return to work, the amount of your SSI check will continue to be dependent on how much you earn.  There has been no change in reductions to SSI checks following return to work.
*Information provided by the AIDS Legal Council of Chicago and the SSI Coalition for a Responsible Safety Net.*

# JOB SEARCH
## *Secrets*
In case you missed it, the job section in the June 27th edition of the Chicago Tribune featured an article entitled, "Secrets of a headhunter."  The article outlined several rules to follow when searching for your next job, as told by highly successful headhunter Nick Corcodilos.  Here are just a few we thought we'd share:

# 1

Rarely is your resume what gets you inside a company.  The reason for this is that resumes focus on your past, which tells employers little because it can't demonstrate what you can do NOW  in terms of the work the hiring manager needs to get done.  Corcodilos recommends including a section in your resume like, "Value Offered," where in a couple sentences you can state why you would be valuable to that particular employer—though you will likely have to change this section in order to tailor it to each company you approach.

# 2

Avoid going to Human Resources (HR) whenever possible.  According to Corcodilos, trying to obtain a job through HR will only

slow you down, and it requires that you compete with several other candidates. Instead, he recommends taking a short-cut around this department and going straight to the manager who will ultimately be doing the hiring.

# 3

Know what the job entails before going to the interview; never go to an interview for a job you are not qualified to do. This requires some research, and the best way to get information about a particular job is to talk to the people who work there. Corcodilos says that even if you find that you don't quite match up with a particular company, "That's a good thing, because when you do find the right fit, you'll walk into an interview having already decided that this is a company that you want to work for."

# 4

Remember, attitude is important. "If you convince yourself that the hiring manager wants to hire you, then you'll have a positive attitude when you walk into the interview," explains Corcodilos. Even more, this positive attitude might influence the manager's feelings about you as a candidate in a very beneficial way.

Want more tips? Visit Nick's online site at: www.asktheheadhunter.com, or check out his book entitled, "Ask the Headhunter."

# EO *Client Profile*

The Employment Options Program saw its first group of clients in January 1999. In the short time since, there have been many success stories. "Noel" came to the program in April and has now found full-time employment at a job he really enjoys. In speaking with him, we found out a little about his experience as a person with HIV trying to make the decision about going back to work.

**What was your previous employment experience?** I worked at a publishing company for sixteen years. I began as Assistant Manager in Customer Service. When I left, I was Market Research Analyst.

**Why did you stop working?** I left due to my health. I had developed full-blown AIDS with a T-cell count of 65. My doctor said I had 3-6 months to live and it was all I could do to keep going day by day. It was challenging mentally, physically, and spiritually.

**How long were you not working?** October 1995 through June 1999… nearly four years.

**What did you do while you weren't working?** Joined discussion groups to help me with the mental and spiritual challenges I was facing. I started working out at the

gym to maintain body tone due to the effects of the disease. I also did HIV/AIDS courses for the American Red Cross and spoke at Jobs for Youth, high schools, and community agencies.

**Why did you begin thinking about returning to work?** Basically from need. Although I was on SSDI, I had lost my COBRA and my Medicare didn't cover prescriptions so I needed to find a good job with benefits to maintain optimal health. I also wanted to be able to continue receiving out-of-pocket services such as acupuncture and massage, both of which I found very beneficial to my total health.

**What fears did you have about returning to work?** I wasn't certain I could physically maintain a full-time position of 40 hours. I also didn't think I could get a good paying job after being disabled for such a long period of time.

**What is your current job?** I'm the Office Manager of a wellness center that serves the African-American community.

**Why did you decide to change careers?** After living with HIV and volunteering at various agencies, I saw a need for more African-Americans to be there for brothers and sisters that were being infected and affected by the illness.

**How did the Employment Options program help you?**

It was exactly what I needed to assist with the transition from being totally disabled to gainfully employed. I received the information, support and encouragement necessary to get back to work. One of my biggest obstacles was that I had never really interviewed for a position before and the program prepared me for the first job interview I had faced in sixteen years.

**How are you handling the transition back into the workplace?** I'm feeling great about it. My direct supervisor says I'm getting good reports all around. This position also allows me to use all of the work experiences I've had over the years, which makes it a job I really enjoy.

**Do you have any advice for someone who is thinking about returning to work?** Participating in a program like EO is a great way to prepare for the transition. The information is what is needed so when someone is ready to return to work, they'll feel better prepared for that task. Knowing the staff of the program is available as a resource even after I secured work also gave me a sense of security. I'll never forget what a good friend once told me: "There are two kinds of people with HIV; those who are preparing to die and those who have decided to get one with their lives." The year after his death I realized I wanted to be one of the ones who lived.

# *Referral Information*

In order to inquire about referral information for either yourself or someone you know, please contact:

**The Employment Options Program - Grant Office**
**(312) 996-9653**
UIC Dept. of Occupational Therapy
M/C 811
1919 West Taylor Street
Chicago, IL 60612

**Tracy Lewis** at the UIC Family Center for Immune Deficiency and Infectious Disease
(312) 996-2408
or
The **Howard Brown Health Center** main number
(773) 388-1600
**and ask for Social Services**
The UIC Family Center for Immune Deficiency and Infectious Disease clinic is located at 840 South Wood Street, Lower Level Red 5. Howard Brown Health Center is located at 4025 North Sheridan.

# *Incidentally...*

Just to avoid any confusion, Employment Options Project Coordinator, Alisa Schwulst, was recently married. Finally, Alisa has found an easier last name to spell, and is now using the surname of Shea.

# Future Issues

Our next newsletter will be published in late August of 1999. We hope to include updates on new services and developments as well as announcements of interest to program participants and referral sources. If you have information you would like included in our next newsletter please send it to:

**Alisa Shea, OTR/L**
**Project Coordinator**
**M/C 811, Department of OT**
**1919 W. Taylor Street**
**Chicago, Illinois 60612**

Fax: (312) 413-0737
Email:aschwu1@uic.edu
(that's a "one," not the letter "l")

# Appendix H

- **Sample Program Intake Form**

# EMPLOYMENT OPTIONS REGISTRATION

**Name:**_____**Date:**_____

**Address:**_____

**City:**_____**Zip Code:**_____

**Phone: (** _____ **)**_____

**OK to leave message saying I'm calling from HBHC?  Yes**_____ **No**_____

**When were you last employed and what type of work was it?**




**Was the job part-time or full-time?**_____

**How long have you been HIV positive?**_____

**Are you currently receiving any public benefits?  If so, what?**



**Please bring the following information with you to your initial assessment:**

1.  **Your complete written job history and most recent resume if you have one.**
2.  **A listing of all the benefits you are currently receiving including health benefits, income assistance, drug assistance, or housing assistance.**
3.  **Be ready to discuss your goals for returning to paid or volunteer work in the next 12 months.**

# Appendix I

- **Release of Information Form**

# EMPLOYMENT OPTIONS
## RELEASE OF INFORMATION


I, _____ give permission to the Employment Options Program

staff to discuss relevant information with the following people:

_____

_____

_____

_____

Signature _____

Date _____

Witness _____

# Appendix J

- **Participant Record Form**

# EMPLOYMENT OPTIONS PROGRAM
## CLIENT PARTICIPATION RECORD

**Name** _____

**Date**

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**Date**

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**Date**

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**Date**

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# APPENDIX K

- PARTICIPANT HANDBOOK TABLE OF CONTENTS

### *Miscellaneous*

- Employment Options Phases
- Initial Needs Assessment
- First Homework – Strength and Barriers
- Drug Testing Information
- Transportation Assistance

# Computers and the Internet

- Basic Introduction to Word
- Practice to Learn Word
- Internet Glossary
- Beginning to Surf the Web
- Useful Websites

# Social Security and Benefits

- SSI Coalition Booklet "Returning to Work" in pocket
- White SSA Booklet, in pocket
- HIV and Public Benefits, AIDS Legal Council, in pocket
- HIPAA Information
- Health Insurance information
- Continuing Disability Reviews
- AABD Cash Program
- Spend downs
- 1619A and 1619B Fact Sheets

# The Americans with Disabilities Act

- "Accommodations at Work", AIDS Legal Council
- ADA Homework Exercise

# Job Searching, Interviews, and Resumes

- Job Search Strategies
- Networking Log
- Cover Letters
- Preparing for the "Big Interview"
- Interview Preparation
- "How do I Explain a Gap in My Resume?"
- Chart for Interview Preparation
- Local Schools and Job Training Programs

# Appendix L

- **Ground Rules for Group Sessions**

# Examples of Ground Rules

- Members will show mutual respect
- Members will maintain confidentiality
- What is said in the group stays in the group
- When you see another member outside of the group, respect his/her choice to acknowledge you or not
- We will start on time, and end on time
- Respect each other's opinions
- Create a safe place for mutual sharing
- Everyone has the right to say what they feel – all opinions are valid
- Try not to interrupt others
- Leave your ego at the door
- Call if you will late to groups or individual sessions
- Try to stay on topic
- There aren't dumb questions

# Appendix M

- Examples of Client Expectations

Examples of Expectations (what clients expect from the program)

- Easy transition into improved productivity
- Develop routine
- Motivation/support
- Tools/skills needed to deal with obstacles
- Information/knowledge about benefits
- How to market personal skills/talents
- Information regarding disclosure
- Employment referrals
- Time management
- Foundation/strategies to finding jobs
- Employer contacts/interviews
- Realistic assessment of abilities
- Computers/other skills training
- Support from staff and all group members

Examples of Expectations (what clients expect from employment/employers)

- HIV sensitive work environment
- Certain amount of money to live on – job is financially advantageous
- Get independence/dignity back
- Contribute to society
- Find something rewarding/worthwhile
- Interact with people
- Be able to have flexibility in a job
- Respect from employer and co-workers
- Knowing duties of job
- Being able to communicate with employer
- Be happy in job
- Gain marketable skills

# Appendix N

- **Strengths and Barriers Exercise**

# Personal Strengths and Potential Barriers

1. Identify at 3 personal strengths and/or resources that will help in going back to work.

2. Identify at least 3 problems and/or fears that may interfere with going back to work.

# Example of Personal Strengths

- Hard-worker, see things get accomplished
- Team player
- Well educated
- Responsible – punctual
- People skills
- Respectful of workplace
- Loyal to employer
- Good attitude
- Able to take experience as a disabled person, allows me to help other disabled people
- Good interpersonal/communication skills
- Organizational skills
- Care about people I work with
- Able to educate others
- Able to assist and manage others
- Able to prevent potential problems in the workplace
- Willingness to be flexible and learn more

# Example of Potential Barriers

- Getting sick or disabled again
- Not being able to perform job due to side effects, illness, stress, emotional issues
- Disclosure issues
- Fear of failure
- Not having appropriate clothing for interviews/job
- Lack of knowledge and skills
- Poor work history
- Background checks
- Over-qualified/underemployed in past
- Gap in work history
- Being too negative
- Age, HIV status, sexual orientation
- Low self-esteem
- Losing benefits
- Change in daily routine

# Appendix O

- **ADA Handouts**

## ADA HOMEWORK (The Americans With Disabilities Act)

1.  What are some reasons you might want to disclose your HIV status to an employer?

2.  **What are some reasons you might have, not to disclose your HIV status to an employer?**

3.  **What reasonable accommodations you might have to ask for when you are working?**

# ADA Information Sheet

### 1. What is the Americans With Disabilities Act?  Why is it important?

The ADA is a federal law that makes it against the law to discriminate against people with disabilities. Employers with *15 or more employees* are prohibited to fire, demote, or refuse to hire people with disabilities.  In other words people with disabilities should be treated the same as people without a disability.  The ADA makes it illegal to discriminate during all employment practices such as:
- Recruitment
- Promotion
- Lay-off
- Job assignments
- Training
- Pay and benefits
- Leave

In addition, the ADA protects people who are associated with a person who is HIV positive, or people believed to be HIV positive.  EXAMPLE:  If you are fired because your boss thinks you are HIV positive because he finds out you are gay.

Another important part of the ADA is that it gives you the right to a "reasonable accommodation" at work so you can keep working.

### 2. Are HIV and AIDS considered disabilities under the ADA?

Yes, the ADA covers all individuals with HIV, however, laws change, it is a good idea to check with an attorney concerning the specifics of your case.  The definition of a disability according to the ADA is any physical or mental impairment that substantially limits a major life activity.

### 3. What is a reasonable accommodation?

Any change in you workplace or work routine that makes it possible to due the duties of your job is a reasonable accommodation.

Examples:
- Starting work at 10 a.m. instead of 8 a.m.
- Taking one afternoon a month off for doctor's appointments (make up the time or taking vacation/sick time)
- Additional breaks to take meds  (make up the time during lunch or stay late)
- Being reassigned to a less demanding position, if available

### 4. Are you entitled to a reasonable accommodation?

A person who has a disability is entitled to a reasonable accommodation if he/she can perform the "essential functions of the job".  If you meet the requirements for the job (skills, experience, or

education) and if the accommodation will allow you to perform all of your major job functions, you are entitled to that accommodation.

If the employer has less than 15 employees or if an accommodation causes "undue hardship" to the company, an employer may refuse to grant a reasonable accommodation.

If an accommodation is too expensive, extensive, or disruptive to an employer it is considered to be an "undue hardship".

**5.  How do you get a reasonable accommodation?**

You have to ask for it – suggested in writing and at a formal meeting with your supervisor or human resources personnel (see Appendix S for example of letter).

Your employer does not have to give you the exact accommodation that you request.  You may have to compromise and you must be realistic.  Example:  You suffer from chronic fatigue and ask to be allowed to come into work any time between 9 a.m. and 11 a.m.. Your employer may have the right for a more regular schedule, so a compromise is made and you come to work at 10 a.m.

6.  Do you have to disclose your disease/illness (HIV status) to request a reasonable

   accommodation?

The employer has a right to ask for medical documentation to verify the existence and nature of a disability.  Most likely it will be a letter from your doctor.  The doctor only has to give the disabling condition – not the disease.  Example:  The doctor does not have to say HIV is causing fatigue or nausea.  He can just say that you have a medical condition that under the Americans with Disabilities Act allows you an accommodation because you suffer from fatigue and nausea.  If you decide to disclose to your employer remember to tell your employer that the information is to be kept confidential and it is against the law for him to reveal your status to anyone without your permission.  (it is good to put everything in writing and kept in your personnel file.

# REASONS TO DISCLOSE

- Honesty and open communication with employer
- In case of illness, client won't have to explain an absence
- More sympathetic employer
- Less stressful because not "hiding something"
- In order to obtain a reasonable accommodation under the ADA, need to disclose "a disability", but don't have to name the illness/disease itself

# REASONS NOT TO DISCLOSE

- Risk of blatant and/or subtle discrimination
- Legally not obligated to disclose
- Being treated differently; getting special privileges while co-workers do not, they may become resentful
- Overly sympathetic employer
- Fear of revealing status to co-workers, friends, family members
- Fear of losing health benefits

# Appendix P

- **Job Search Handouts**

# Networking Sheet

## Friends

| Name | Address | Phone | Date<br>Or contact | Comments | Date<br>For Follow-up |
|------|---------|-------|--------------------|----------|-----------------------|
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |

## Relatives

| Name | Address | Phone | Date<br>Or contact | Comments | Date<br>For Follow-up |
|------|---------|-------|--------------------|----------|-----------------------|
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |
|      |         |       |                    |          |                       |

**Community Contacts**

| Name | Address | Phone | Date<br>Or contact | Comments | Date<br>For Follow-up |
|---|---|---|---|---|---|
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**Work or School Contacts**

| Name | Address | Phone | Date<br>Or contact | Comments | Date<br>For Follow-up |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
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# COVER LETTERS

## Why write a cover letter?

The purposes of writing a cover are simple:
- Introduce yourself
- Request an interview

## Key parts of a cover letter:

1. The salutation:  cover letters should be addressed to a specific person be name whenever possible.
2. A demonstration of your knowledge of the employer.
3. Mention of a specific position for which you are applying.
4. Why you are appropriate for the position.  Answer the question that the manager will be asking, "What can you do for me?"
5. A request for a meeting.

## Cover letters should be:

1. Professional **and** warm and friendly.
2. Interesting to read **and** short and to the point
3. Enthusiastic and assertive **but** not pushy or begging for the position.

# HINTS

1. Address your cover letter to the "decision maker" who is typically not someone in personnel but a manager in the organization.
2. Make sure you have the correct name, correct spelling, and correct title.
3. Your cover letter should include in one sentence why you are the perfect person for the job and what you can do for the employer.
4. Do some investigation and homework about the company (needs, products, contracts, partners, etc.)
5. Get right to the point.  State who referred you or how you came to be aware ofan opening or the company.
6. End with a call for action ( I will call you…)
7. Proofread!  Proofread!!  Proofread!!
8. Have three other people read you cover letter, get their feedback and evaluate whether or not you wish to heed their advice.

# ADVANCED PREPARATION

1.  <u>Your interview begins with you first voice-to-voice contact with anyone at the company.</u>
    - o Limit calls/contact with the company, and be prepared (make lists of questions etc.)
    - o Don't leave messages on voice mail or with office staff.
    - o Make sure you can be reached.  If you have voicemail or a machine, leave a professional outgoing message.
    - o Make sure that if other people are answering the phone that they know that you are expecting employment related calls, leave a pad and pen by the phone, give them instructions on taking messages.

2.  <u>Do your homework</u>
    - o Find out as much as you can about the employer.
        - Visit the webpage.
        - Obtain an annual report
        - Stop by and take note of people's dress, interactions, etc.
        - Talk to someone who works there if you can

    - o Be knowledgeable about the employer's products, outputs, customers, and plans.

    - o Try and find out about the interview process.
        - Who you will meet with?
        - How long will the interview last?
        - When will a decision be made?

3.  <u>Practice for the interview.</u>
    - o Rehearse answers toa range of questions especially the tough ones.
    - o Use you network to find out about current issues, challenges facing your field of work, typical skills required, and turnover and competition.

# PREPARATION FOR THE DAYS BEFORE

1.  <u>Plan your dress.  Dress for an interview regardless of how people dress in the organization on a day-to-day basis.</u>
    - o Have two dress shirts/outfits ready form the dry cleaner or ironed.
    - o Check every detail twice (polish shoes, socks with no holes, make sure that your tie matches, plan for the weather, etc.).

2.  <u>Plan you transportation.</u>
    - o Know how you are going to get to your interview.
    - o Have an emergency plan if you ride falls through etc.
    - o Know how long it will take to get to your interview.  Can this time be impacted be weather, traffic, etc.?

3.  Be well rested and focused.
    o   Get a good night sleep.
    o   Plan time to review and prep the day before but "all nighter" aren't a good idea.
    o   Don't book anything immediately before the interview so you can focus and arrive relaxed and ready.

4.  Make a checklist for interview day.
    o   Extra copies of resumes
    o   Reference lists with complete information
    o   Two pens
    o   Portfolio or pad of paper
    o   Examples of work, etc. if appropriate
    o   Interview address, name of people to meet, office number, etc.

# PREPARATION ON THE DAY OF THE INTERVIEW

1.  Plan your day around the interview.
    o   Think about meals and medication.  Do you need to bring a snack or alter your normal mealtime to accommodate for medications or an interview that lasts longer than you planned?
    o   Is it possible that your interview might include a meal?  Does that have any implications for your medications?
    o   Do you have any side effects form a medication?  Can you plan to accommodate for the side effects?
    o   Within reason, have a normal day.  If you normally drink coffee, do so, but not too much. Exercise if you have time and that helps you relax and feel energized.

2.  Pay attention to the details.
    o   No perfume or cologne
    o   Use your checklist
    o   Double check your look before you leave your home

3.  First impressions count
    o   Leave extra time and get to the organization/employer's building ½ hour early.
    o   When you arrive, find a restroom, check the details (hair, teeth, etc.)
    o   Find the office (don't think that the address is enough) but don't go in until 5 minutes prior to the arranged time.  Be overly early is as bad as being late.
    o   Find a place to sit and relax.  Use you stress management techniques.
    o   Treat office staff as if they are part of the interview team.  They may be; and may certainly pass on feedback about rude, unprofessional or odd behavior.
    o   Practice your salutation.  Smile but don't be overly "perky".  Shake hands if offered, but let the interviewer cue you and take the lead.
    o   Endear yourself to the interviewer.

# How Do I Explain a Gap in My Resume?

1. It's a good idea to explain a gap in your resume in your cover letter. By doing so, you've brought it out in the open even before you meet a potential employer face to face. You should also have a prepared answer to this question.

2. You should highlight your strengths, experiences, and skills that relate to the job for which you are applying.

3. DO NOT LIE – If you lie to an employer and it is discovered that you lied no matter how long you have worked at the company, your employer has the right to terminate you.

4. If you decide to explain that your absence form working was illness-related, do it quickly and then move on to your strong points.

5. Remember that your goal in an interview is to show the employer that you are the right person for the job. There is no need to focus on the past.

6. If you need to explain what you did while unemployed, describe things you did that were productive, such as caring for children/others, volunteer work, membership in charitable organizations, religious activities, or other community activities.

7. Possible answers include:

- "I took a leave for personal reasons, and it helped me realize exactly what kind of work I want to do."
- It was time for a break, and now it's time to get back to work".
- I was on a medical leave of absence, but now I'm healthy again and ready to get back to work, I can be an asset to your company because…".
- I needed to take tine off for an illness, but I'm ready and motivated to work. I'm fully capable of performing the job duties that will be required of me".

***Adapted form "Returning to Work with HIV: Your Legal Rights". AIDS Legal Council of Chicago

# JOB SEARCH STRATEGIES

| SELF-ASSESSMENT | EXPLORATION | PLACEMENT |
|---|---|---|
| ❖ **Personal Information** <br><br> ❖ **Time Schedule** <br> • Availability <br> • Commitments <br><br> ❖ **Attitude** <br><br> ❖ **Know Yourself** <br> • Sell Yourself <br> • Previous Work Experiences <br> • Qualifications <br> • Strengths <br> • Limitations <br><br> ❖ **Networking** <br> • Write down all the people you know who may help you find job leads <br><br> ❖ **Motivation/Energy** <br><br> ❖ **Goals and Aspirations** | ❖ **Know your workplace** <br> ❖ **Networking** <br> ❖ **Employment Agency** <br> ❖ **Newspapers (Want Ads)** <br> ❖ **Cold Calls "Hitting the Pavement"** <br> ❖ **Internet** <br> ❖ **Yellow pages** <br> ❖ **Head hunters** <br> ❖ **Unemployment agencies** <br> ❖ **Government Agencies** <br> • IL Dept. for Disabled Workers <br> • DHS <br> • City Hall/Village Hall <br> ❖ **Temp Services** <br> ❖ **Postings** <br> ❖ **Job Lines/Hotlines** <br> ❖ **Trade Papers/Journals** <br> ❖ **Job Fairs** | ❖ **Initial Contact Person** <br> • Interview starts with the first person you speak with <br> ❖ **Transportation** <br> • Know how to get to the job and interview (cost and time) <br> ❖ **Resume/Application** <br> • Always bring a resume or a listing of past jobs and person information <br> ❖ **Interview** <br> • Research the company <br> • Job description <br> • Be prepared for questions to answer and to ask <br> • Practice <br> • Appearance <br> • Bring pen and paper <br> • Be enthusiastic <br> • Smile <br> ❖ **Thank You Note** <br> • Always write a note after the interview |

# Appendix Q

- **Handouts on Drug Testing**

# Drug Screenings

- **Employers are NOT testing for HIV/AIDS medications – they are looking to see if you have ILLICIT drugs in your system (examples are cocaine, marijuana, and codeine).**

- **You should be HONEST about your prescriptions – examples are Tylenol with codeine, Marinol, sleeping pills. If a drug shows up positive in your system that you have a prescription for, it will NOTG be reported to your employer. You do not need to report your medications that your taking for HIV/AIDS.**

- **Do NOT stop taking your HIV/AIDS medications because you are having a drug test.**

- **You can only be asked to take a drug test <u>with or after an offer</u> of employment. Anyone may be subject to a random, unexpected drug screening <u>after</u> hiring.**

- **Most employers are using urine tests. Samples are sent to an outside lab – the employer itself is not doing the test. A hair test is more expensive, but substances can be detected 90 days after use.**

- **Studies have shown that cocaine increases the replication of HIV.**

- **If you use an over the counter "remedy", or something that tries to "get rid" of a substance from your system. The drug testers will be able to tell that your urine is altered. Because you cannot be classified as positive or negative for drugs, they will probably report you as "indeterminate", which is just as bad as being reported positive for drugs.**

# Employer's Health Benefits

**Questions to Ask:**

1. When do benefits begin for new hires?

2. Is your plan HMO or PPO?

3. What is the deductible and does your plan give credit for deductible I've met on my current plan?

4. What is the basic level of employee life insurance (15,000), 1x or 2x salary, etc.)?

5. Can additional life coverage be purchased without evidence of insurability?

6. Is Long Term Disability an included benefit in your package? If yes, what is the benefit period, waiting period, and benefit amount (60, 66, 0r 70%)?

7. Is your benefits package contributory or non-contributory? If contributory, what is the employee cost?

**Upon Leaving Employment the following should be considered and/or determined:**

1. Is my employer COBRA eligible? If yes, what does this mean?

2. Only medical, dental and vision benefits follow the employee under COBRA. Life insurance does not continue.

3. Illinois State Continuation only mandates that medical coverage continue, and no ancillary benefits. 9 months is the maximum.

4. Can any of my group life insurance or long term disability be converted to an individual policy? Yes to most life policies. LTD depends on the contract, but most will not have this privilege.

5. Am I eligible for HIPPA CHIP individual medical insurance? What are the eligibility requirements.

6. Most LTD group contacts have recurrent disability provisions in them.

# MEDICAL PLANS

HMO:  Health Maintenance Organization
Managed care health plan requiring employee to choose a Primary Care Physician form a designated panel of providers.  PCP then authorizes and refers to specialty care.  Not following the referral path through the PCP can result in loss of benefits.  HMO's have lower out of pocket costs to the insured, and lower premiums as well.  HMO's have no deductibles.  HMO's have no pre-existing condition waiting period.

PPO:  Preferred Provider Organization
Managed care health plan with freedom to choose any doctor, any hospital.  Choosing from a panel of providers enhances benefits and lowers out of pocket costs to the insured.  Plans typically have a deductible and coinsurance that must be satisfied by insured.  Most PPO plans have pre-existing condition waiting periods (refer to HIPPA legislation).

POS:  Point of Service Plan
Managed care health plan similar to HMO in that choosing a PCP is required, and authorization and referral from PCP to specialist is required.  Different in that care can be accessed from outside the network of doctors and hospitals.  Care outside requires a deductible and coinsurance with high out of pocket expenses to the insured.

Indemnity Plan:  Traditional medical insurance with no panel of preferred providers and freedom to choose own doctor, own hospital.  Typical plan requires insured to satisfy a calendar year deductible first, then plan pays 80% of next $5,000 in covered medical charges.  Still dominant in rural areas, but begin replace with PPO and POS plans in major markets.

# COMMON TERMS

## *Deductible*

The dollar amount of covered medical expenses which must first be paid by the insured before benefits begin to be paid in part or in full by the insurance company.

## *Coinsurance*

The shared expenses between an insurance company and the insured, paid immediately after deductible is satisfied, and until the out-of-pocket maximum is reached (80/20 to $5,000, which results in the insured paying an additional $1,000 after deductible).

## *Pre-existing Condition*

A medical condition diagnosed or treated with 6months of the enrollment date in a plan.

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## COBRA

Consolidated Omnibus Budget Reconciliation Act – Federal law providing for continuation of medical benefits upon termination of or change of employment. Applies to employees of companies employing 20 or more employees. Generally allows 18 months of continued coverage (former employee paid).

## Illinois State Continuation

Similar to COBRA. Allows for 9 months continuation and applies to employers in IL with less than 20 employees in the previous calendar year.

# Appendix R

- **Program Evaluation Form**

# Program Evaluation Form

For each topic, please rate how well you feel we have addressed each of the following topics.  Please circle a number OR not applicable (N/A).

**1 = very unsatisfied  2 = unsatisfied   3 = neutral   4 = satisfied   5 = very satisfied**

1.  Public Benefits (SSI, SSDI, Medicaid, Medicare)

    1       2       3       4       5       N/A

2.  **Private Benefits (private disability insurance, private health insurance)**

    1       2       3       4       5       N/A

3.  **The Americans with Disabilities Act**

    1       2       3       4       5       N/A

4.  **Cover Letters**

    1       2       3       4       5       N/A

5.  **Resume Preparation**

    1       2       3       4       5       N/A

6.  **Resume Preparation**

    1       2       3       4       5       N/A

7.  **Interviewing**

    1       2       3       4       5       N/A

8.  **Stress Management**

    1       2       3       4       5       N/A

9.  **Medication Management and Return to Work**

    1       2       3       4       5       N/A

10. **Drug Testing**

1        2        3        4        5        N/A

**11. Human Resources – Understanding the Employer's Perspective**

1        2        3        4        5        N/A

**12. Group Meetings (format, tone , usefulness of discussions)**

1        2        3        4        5        N/A

**13. Individual Meetings with Occupational Therapists**

1        2        3        4        5        N/A

**14. Individual Meetings with Job Placement Specialist**

1        2        3        4        5        N/A

**Please feel free to make any suggestions for additions, improvements, or changes to the program:**

# Appendix S

- **Sample Letter to Request a Reasonable Accommodation**

# Reasonable Accommodation Sample Letter

*It is always a good idea for a client to request a reasonable accommodation in writing and make a copy for themselves*

The Date

Dear (employer),

I want to inform you that I have a disability protected under the Americans With Disabilities Act. This law gives me the right to a reasonable accommodation. I am requesting (describe the accommodation) as a reasonable accommodation.

I seek this accommodation so that I can continue being a productive employee. I am fully capable of performing the essential functions of my job. Please contact me as soon as possible to discuss this issue.

Sincerely,


(Name)

# APPENDIX T

- Sample Letter of Agreement for Internship

# • Employment Options Program

## Letter of Agreement

Howard Brown Health Center, Department of Special Events, agrees to partner with the Employment Options Program at Howard Brown Health Center and the University of Illinois at Chicago by providing internships to program participants.

The Employment Options Program assures that the following criteria are met when referring a program participant to Howard Brown Health Center:

- Referrals will be pre-screened to ensure they are an appropriate placement
- A minimum time commitment of two months will be secured from participants before referral
- Employment Placement Specialists and Occupational Therapists will be available to consult with Howard Brown on any placement or workplace issues pertinent to the program goals and objectives

Howard Brown Health Center assures that the following criteria are met when accepting a participant referral:

- An accurate job description is available including necessary qualifications
- Time requirements are negotiated with participant and a structured work schedule is determined
- A participant's medical background or program participation is to be kept strictly confidential
- With reasonable notification, program staff can perform workplace assessments and/or on-site job coaching with participant
- By request, reasonable transportation costs will be reimbursed to participants

Internships can be terminated at will at any time by the participant or by Howard Brown Health Center in compliance with the "American's With Disabilities Act".


_____          _____
Employment Options Staff Member                    Date


_____          _____
Howard Brown Health Center                              Date


_____          _____
Employment Options Program Participant            Date