DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH

Sample Documentation for Evidence-Based Supported Employment – Case Study of Ken

Ken is a 25-year-old male who is lives alone in the city (his family lives in other parts of the country). He is interested in working, but he does not receive any support from his family to pursue employment. Indeed, Ken's brother and father consistently discourage Ken from attempting to return to work. His family warns Ken that he will lose his SSDI, HUD funded housing, and other entitlements if he tries to work. Moreover, these family members have told Ken to never trust the government or the CMHC and to be satisfied with what he has. Despite being discouraged by his family, Ken wants to work and return to school. Ken is diagnosed with paranoid schizophrenia and his symptoms of paranoia have undermined his ability to work in the past. He understands that he has schizophrenia, but he is not sure if the medication is helpful. Ken usually follows the recommendations of his psychiatrist, but he stopped taking his medications about a year ago, which led to a brief hospitalization (while he was working). He has struggled with interpersonal relationships and functioning in most social situations, is somewhat isolated, and struggles to achieve many of his goals because of his general distrust of people and organizations. Ken has a driver's license, but he is terrified of driving and finds it difficult to filter all the stimulation associated with driving. He is friendly, albeit guarded, and can be described as above average in intelligence, although he is convinced that he is "slow", "stupid", or has "learning disabilities" (mostly through what his father has told him since he was a child). He is handsome, tall, and keeps himself in good physical shape. He enjoys playing street basketball and tennis, but like most activities in his life, he is easily discouraged from participating in these activities if he feels inferior to the other players on the court. Ken approaches most activities with an all-or-nothing attitude, which usually results in complete withdrawal or retreat from the activity. Ken's problems are also related to an extremely low sense of self-efficacy and confidence. He is hypersensitive to criticism and perceives that most people will eventually view him as inferior, stupid, or mentally ill. Ken has had several part-time jobs in the past, but he has not worked since his last psychotic episode, which occurred while working at a fast-food restaurant (approximately one year ago). He is still bothered by the memory of his last psychotic episode while working and is concerned about a relapse if he returns to work. Ken works with Tracey, a case manager at Prairie CMHC. Tracey and Ken recently developed a new treatment plan. The first objective that Ken wanted to work on was learning how to manage his symptoms, which include feelings of anxiety in multiple situations, distrust, and depression. His second objective is to expand his social support system and network of friends. Prairie CMHC works with the Prairie DRS office and has established a milestone contract program. Alex from the DRS office was selected as the liaison and primary vocational specialist who works with the SE team at the CMHC. Alex meets weekly with the SE team and case managers to coordinate a joint-SE plan. Below is a sample of notes collected from Ken's files (not all of his notes are included).

IL-SE Activity or Phase	Employment Specialist at CMHC Marty	Case manager/counselor at CMHC Tracey	DRS Vocational Counselor Alex	Discussion points
Engagement		**September 12. Objective II**: **Expand my social support system**. I met with Ken today to continue working with him on ideas for meeting new friends. Ken reported that he was thinking about work again and that this might help him get out of the house and meet new people. We decided that I would contact Marty, the employment specialist who works with the team, and to refer Ken to SE to him find a job. We agreed to meet again next week. I have updated Ken's treatment upon his request to add the new goal of acquiring a job (Objective III). **Billed as Community Support - *(Medicaid)***		*In Evidence-Based Supported Employment, all referrals to SE are made directly to the employment specialists by a clinical team member (consumers can also self-refer to SE). This is an essential first step in SE because it establishes a working relationship between the clinical and SE elements of the consumers vocational program.* *The CMHC does have a working relationship with DRS, but enrollment in SE typically occurs before a referral to DRS.*
Engagement		**September 19. Objective II: Expand my social support system.** Introduced Ken to the employment specialist, Marty Milton. Ken and I spoke with Marty about Ken's goal of expanding his social support system. Ken expressed interest in getting a job as one place of interest where he could develop relationships. **Billed as Case Management - *(Medicaid)***		*Tracey is linking Ken to a resource to help him meet his treatment goal.*

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Engagement	**September 19. Objective III: Acquire a job.** This was an introductory meeting with Ken who is thinking about returning to work. We talked about SE and how I could assist him with his vocational goals. Ken feels nervous about returning to work is extremely fearful about loosing his SSDI and housing. I reassured him that we could work at his pace and that he can take his time to think about returning to work. We decided to meet next week to explore the benefits of and barriers to returning to work. **Billed as Vocational Engagement – *(Non-Medicaid)***	**September 23. Objective I: Manage Symptoms**. Ken called me today extremely upset and anxious after talking to his brother. His brother told Ken that he was going to lose his SSDI and that he can't work, so he shouldn't try. I reminded Ken to use the coping skills we practiced from the Illness Management and Recovery Manual and to separate his brother's threats from the reality of the situation. We also went through the pros and cons of talking to the SE person. After about 30 minutes, Ken agreed to continue talking to the SE person, but he did not want to consider working at this time. I will inform Marty that I will work with Ken for a few weeks to help him manage his anxiety and re-engage with Marty when Ken is ready to approach the discussion of employment. **Billed as Community Support – *(Medicaid)***	**September 25**. I met with Marty Milton at Prairie CMHC during our weekly team meeting informing me of a CMHC client, Ken Ambivalen, who was enrolled in the SE program on 9/19 and to place him in the DRS transitional status until further notice. Marty will notify me when Ken is ready to move into the active phase of the DRS Milestone plan. **DRS paperwork was initiated**.	*Ken is at the contemplative stage of cognitive change in regards to entering the workforce. Because Ken is not ready to work at this point, a DRS case does not need to be open; however, to expedite the process, the DRS office could develop a transitional status code for clients who are now coming up on the radar of the joint SE-DRS working relationship. The CMHC team of Tracey and Marty can continue assessing Ken's readiness for work. Tracey and Marty can focus their activities on helping Ken remove any psychological or sociological barriers preventing him from returning to the workforce. Tracey can help Ken learn how to manage his emotions resulting from conversations with his family members, particularly around the concept of a job. Tracey can also help Ken learn how to communicate assertively with family members. Marty can take Ken down to the SSA office as well as the housing authority to find out what will happen if Ken does return to work.*
Engagement		**October 12. Objective II**: **Expand my social support system**. Ken and I met again this week to continue working on reducing symptom relapse from the IMR manual that will help Ken manage his anxiety and frustration resulting from conversations with his family. We completed a step-by-step cognitive thinking plan for dealing with his frustration and fears that will help him avoid catastrophizing outcomes (e.g., becoming homeless because he is in a SE program). Ken told me that he would like to talk to Marty again about developing an SE plan. I will set up a meeting for all three of us to meet next week. **Billed to Community Support – *(Medicaid)***		*Tracey is helping Ken manage his emotions and feelings. It is okay that Tracey uses work as the goal (i.e., vision) for helping Ken learn how to manage his emotions. Work is the long-term reward that motivates Ken to develop effective coping skills. Nonetheless, these coping skills are universal skills that can be used in multiple situations; therefore, the skills-training sessions can be billed under Medicaid.* *An important element of Evidence-Based Supported Employment is the integration of SE and clinical services. Tracey's activities reflect integration because she is speaking the language of work, even though she is not an employment specialist. Tracey is helping Ken develop skills that can improve his chances of getting and keeping a job.* <u>Interventions that use curriculum and protocols to develop recovery and illness management skills (e.g. cognitive training, Illness Management and Recovery) could also be part of a PSR service and billed accordingly.</u>

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Engagement	**October 19. Objective I: Manage symptoms.**. I met with Ken and his case manager, Tracey. Tracey and Ken shared with me a format for helping Ken manage his emotions when he becomes upset or when someone tells him something discouraging. I will use this plan with Ken to help him acquire a job. Ken is still very concerned about loosing his SSDI and housing when he gets job; so we decided that I would take him to the SSA office and housing authority to see about the various programs that would allow him to earn a competitive income while maintaining his benefits. I will call the SSA office to set up a consultation meeting for next week with Ken. **Bill as Community Support - *(Medicaid)***	**October 22. Objective I: Manage symptoms**. I met with Ken to continue our illness management planning and to see how he was feeling after meeting with Marty in SE. Ken reported that is still okay with the idea of working with Marty. We worked out a plan to call Marty or me within 24 hours of any distressing phone calls that he has with family members, particularly when they find out that Ken has decided to look for work. We also worked on a written script that Ken can use when he would like to assert his ideas and feelings in the conversation with his brother or father. We role-played the script while using two phones in the office. Ken plans on using the script with a family member at least once by next week. We will meet next week to review the plan. **Bill as Community Support - *(Medicaid)***		*The employment specialist, Marty, will bill her services to the appropriate Medicaid code because the conversation and the future plans were focused on transferring the skills Ken has learned to manage emotions to a natural setting. Tracey can bill Medicaid because her activities focused on helping can manage his emotions (as well as his subsequent behaviors). Again, although Tracey uses work as a long-term vision, her focus is on helping Ken manage his emotions, which can be used in any situation, including work. It will help Ken if he can generalize the coping skills that Tracey is helping him develop in the work setting. Therefore, Tracey will occasionally remind Ken that these skills can be translated into the work environment. This is another example of how the clinical and SE interventions can be integrated.*
Vocational Assessment	**November 14**. **Objective III**, **Acquire a competitive job.** I reviewed Ken's SSA benefits analysis and reassured Ken that he can work and retain his SSA benefits. Ken seemed to understand that he could make up to $830/month, but he needs ongoing reassurance that SSA will not cut his benefits. We also began exploring possible job ideas. Ken feels that he has limited memory and cannot work, but he was interested in talking about job leads linked to recreation, such as working at the health club or the park service in the summer. Ken is convinced that he is slow that he can't think like "normal" people who don't have schizophrenia. He did agree to meet with me next week to continue this conversation. I also told him that I	**November 18. New Objective IV: Develop confidence in memory, thinking & organization skills (cognitive skills).** I met with Ken after talking to his employment specialists, Marty. Ken is convinced that he is intellectually incapable of working due to problems with memory and following directions. Ken doesn't demonstrate any problems in memory or thinking, but because he perceives this to be true, I told him that we could work on some simply memory tasks that he could generalize to the job when he is ready to return to work. Ken does get anxious easily and this may cause him some problems in memory and thinking. We started on the Illness Management and Recovery chapter of coping with stress. Ken took home some homework assignments that we will review next week. **Billed as Community Support - *(Medicaid)***		*Both Tracey and Marty can help Ken develop skills that can be used on the job. Both staff members continue with the theme of employment, even though Ken hasn't even acquired an application in two months of being opened in SE. There is still is no need to open Ken up in DRS, but because Alex placed him in a transitional status, the opening will be fairly quick when Ken moves into the action stage of job hunting. Tracey can continue to bill Medicaid for her services because she is helping Ken develop functional coping skills that can be used in any situation. She uses work as the target to help Ken focus, but she could easily use another environment as the target, such as school or the rec-center where Ken likes to play basketball. The strength-based model of case management uses the consumers' goals as the target of the plan; with the goal of treatment to help consumers manage the symptoms of mental illness that could undermine or hinder the achievement of their goals. All of which is*

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	would talk to Tracey about helping him work on his memory. **Bill as Vocational Assessment - *(Non-Medicaid)***			*billable to Medicaid.* *Note that Marty is now referencing Objective III, acquire a competitive job, in the progress notes. An integrated CMHC plan includes vocational objectives along with clinical objectives.*
Vocational Assessment and Job Development/ Job Finding	**December 12. Objective III, Acquire a competitive job.** Ken and I completed a job preference list (he is interested in health clubs and fast-food restaurants). Tracey, Ken's case manager, informed me that she and Ken developed a list of activities that Ken can use when he becomes anxious. I told Ken that I will help him use these activities if he becomes anxious while looking for a job (or working). Ken is still anxious about working; so we decided to walk around potential job sites and observe staff working. We practiced a script for Ken to use when asking about a new job or acquiring an application. Ken agreed to pick up one application each week. Today, Ken picked up two applications without my assistance (I stayed in the car). Ken will complete both applications and meet me next Wednesday to submit the two applications and pick up another one. Ken appears to be moving into the determination stage of cognitive change for getting a job; so I will talk to Alex at DRS about opening him up under the milestone contract. **Bill as Job Finding Supports - *(Non-Medicaid)***	**December 15. Objective IV- Develop confidence in memory, thinking & organization skills (cognitive skills).** Ken and I met today to begin working on improving his memory so he feels more confident returning to work. I told Ken about developing a list of compensatory strategies that can help him follow directions, remember protocols and instructions, and help him organize his activities. I am using the Compensatory Adaptation Training (CAT) manual from Dawn Velligan. Once Ken begins working, I will have Marty and Ken use a vocational cognitive training manual from Susan McGurk and Kim Mueser. I had Ken write down all the things that he struggles to remember and situations where he becomes overwhelmed or confused. Ken listed many issues, including maintaining appointments, staying on track with his thoughts, paying attention in class (he recently took a college course), and recalling/following instructions with multiple steps. Next week we will pick one of these issues and develop a compensatory plan for dealing with it. **Bill as Community Support - *(Medicaid)***	**December 19. (weekly SE-DRS staff meeting at Prairie CMHC)**. Marty at Priarie CMHC informed me that Ken Ambivalen is ready to begin job development activities. I will meet with Ken and Marty next week to complete the DRS assessment and to develop a coordinated vocational plan with the SE program.	*Job development activities are a non-Medicaid service; however, Tracey's services are still billed to Medicaid because she is providing therapeutic support that can help Ken in any situation.*
Job	**December 20. Objective I: Manage symptoms.** Ken and I did not go down to the rec-center for an open interview, as previously planned, because Ken was extremely	**December 21. Objective I: Manage symptoms**. I followed up with Ken today after receiving a phone call from his employment specialist, Marty. Marty informed me that Ken was upset after		*Even though Marty is the supported employment specialist and the initial purpose of the meeting was to find a job, she can bill Medicaid for the session because her activities focused on helping Ken manage his emotions as a result of a*

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Development	upset after talking to his brother on the phone. His brother reminded Ken about the last time he worked and had a psychotic break and that it will happen again. His brother also told him that no one will take care of him if he loses his housing and benefits. I reminded Ken about his stress plan that he developed with Tracey. I had a copy of the plan and walked Ken through a series of steps to help him lower his frustration. Ken wanted to leave the SE program and cancel the appointment with the DRS worker. Ken was able to eventually focus on his stress plan and began to relax. He decided to stay with SE, but he did not want to meet with the DRS worker or attend the open interview today. I told him we could meet next week and that I would have his case manager, Tracey, follow-up with him. **Bill as Community Support - *(Medicaid)***	receiving a phone call from his brother and that he was thinking about withdrawing from SE (and stop looking for a job). Ken was still upset when I met with him and was still thinking about dropping his goal of acquiring a job. I showed Ken a couple of strategies to think through his thoughts and balance his emotions before making a decision. I helped Ken complete a pros and cons list of withdrawing from SE and giving up on his goal of working. I also asked Ken to complete a cognitive restructuring sheet to help rate the actual risk of loosing his SSDI and the probability of having another "psychotic" break. Ken was able to restructure his thoughts and began to realize that the actual risks of becoming psychotic, homeless, or losing his SSDI were low and that benefits of working were still higher. Ken agreed to continue working with Marty and follow-up with the DRS caseworker. **Bill as Community Support - *(Medicaid)***		*conversation with a family member. Because Marty and Tracey coordinate their activities, Marty had a copy of the stress management plan developed by Tracey and Ken. She was able to use the plan to help Ken work through his emotions and find a functional way to lower his feelings of stress. Tracey can also bill Medicaid even though the entire session focused on staying or leaving SE. The actual goal of the session was to teach Ken how to think through his thoughts and balance his emotions before making a decision. Tracey continues to teach Ken how to problem solve and use cognitive behavioral techniques to do so.*
Job Development	**January 8. Objective III: acquire a competitive job.** Ken and I met with Alex at DRS to complete a vocational plan and to coordinate activities. Alex gave us some good ideas of jobs that Ken might be interested in pursuing, including a monitor job at the Franciscan Gym for volley ball and a fast-food job on main street. I assisted Ken in picking up job applications at both sites. We plan to meet next week to submit the applications after we review them. **Bill as Job Finding Supports – *(Non-Medicaid)***	**January 11. Objective IV, Develop confidence in memory, thinking & organization skills (cognitive skills).** Ken and I used today's session to develop a plan for improving memory that can help him on the job as well as in other situations. We also talked about developing a crisis plan for the future when he acquires a job and has to share this information with his brother and father. Ken had already developed a list of memory problems. Ken selected the problem of understanding multiple directions. I helped Ken to practice writing down directions and counting the number of steps that are required in each activity or instruction. I used word problems from a SAT test-taking book as practice instructions for Ken to hear, write	**January 8. Case opening and vocational planning**. I opened Ken Ambivalen to the joint DRS-Prairie CMHC SE program. Ken is interested in finding a competitive job, but after assessing his needs, including extensive support, it will be better if the SE program provides direct SE services and I will provide support when needed.	*Marty's note could be billed to Medicaid or non-Medicaid depending on what she and Ken do after referring him to DRS. Because Marty and Ken pursued job leads after the meeting, it is better to bill the entire activity to non-Medicaid or break down the billing to Medicaid for case management and referral to a community-agency, and Non-Medicaid for Job Finding Supports. Tracey can bill her services to Medicaid because she is helping Ken develop a crisis plan and compensatory strategies for problem solving (again, these strategies can be used in any situation, even though Ken is learning them to find and keep a job).* *Prairie CMHC and the local DRS office developed a protocol and flow chart that determined which agency would take the lead on SE activities. Alex can and does provide direct supported employment services. The DRS office*

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		down, and break down into action steps. I gave Ken several word problems to take home and practice for next week. Ken reported feeling comfortable with Alex at DRS and is still interested in acquiring a job. **Bill as Community Support – *(Medicaid)***		*needs more referrals and the SE program needs funding from DRS to sustain the program. As a result, the two agencies decided to split the CMHC caseload based on the consumers' ability to find a job. Clients who are likely to find a job quickly, receive direct services from DRS and those, like Ken, who need more support, are referred back to SE under the Milestone contract.*
Job Development	**February 16**. **Objective III**, **Acquire a competitive job.** Ken attended a job interview today at Jimmy John's Sub-shop on Main. I assisted Ken in preparing for the meeting by role-playing interview questions and responses before he entered the meeting. I stayed in the car while Ken went through the interview (Ken is not going to disclose that he has a SMI or that he is enrolled in SE). The interview went well and Ken was offered the job. The manager asked him to start on Wednesday for training. After the interview, Ken began to list reasons why he probably won't make it on the job. He is nervous and starting to doubt his ability to keep the job, even though the manager seemed to be impressed with him. I told him that I would meet with tomorrow to develop a support plan around the job and that I would contact Tracey, his case manager, to provide additional support**. Bill as Job Finding Supports – *(Non-Medicaid)***	**February 17. Objective III: Manage Symptoms.** I met with Ken today after Marty from SE informed me that Ken had acquired a job. Ken is already talking about turning down the job because he thinks he will probably get fired anyway. We met to talk about his fears and that he may be catastrophyizing the situation. I had Ken walk through a cognitive restructuring sheet regarding the job and asked him to re-rate the probability of being fired and the worst-case scenario about being fired. We also worked on crisis plan that he could use to stay on the job. The plan includes calling Marty or me during breaks, writing down all instructions for job, and taking the training manual home to study with Marty or me. I called Marty during the session to coordinate support services before and after work for the next few days. Marty will drive Ken into work and I will pick him up. We will both use these sessions to help Ken manage his stress and support him on the job. **Bill as Community Support – *(Medicaid)***	**February 17.** I received an update today from Marty at Prairie CMHC regarding Ken. Ken acquired a job yesterday, but he will need support to keep the job. Marty asked me to meet with her and Ken to develop a plan for sustaining the job. I will meet with Ken next week to explore options for sustaining the job.	*Job support activities usually increase during the early stages of work; so all three individuals working with Ken coordinate services to provide this temporary increase in support. Although Alex from DRS is not providing direct SE services to Ken, she has extensive experience helping people with disabilities return to work and she wants to stay actively involved with all the consumers who are jointly opened under the DRS-CMHC SE program.*
Job Support and Retention	**February 18. Objective III: Acquire a competitive job**. I met with Ken today before he began his first day on the job. Ken was nervous and needed reassurance that he will not "screw up" on the job. We role played Ken asking for help	**February 18. Objective III: Acquire a competitive job**. I picked up Ken after work today to see how he felt after his first day on the job. Ken reported feeling okay with the job, but he his anxious about working on the cash register when there is a line of people. Ken informed me that	**February 20.** Met with Marty and Ken from Prairie CMHC to develop a job support plan. I provided Ken with several	*Tracey is helping Marty provide on-the-job support for Ken over the next few weeks. Most of the work is done behind the scenes because Ken does not want to disclose his disability. Nonetheless, Ken is okay asking his boss for help in following directions. One-the-job activities are usually billed as a non-Medicaid service,*

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	or clarification on the job. I gave Ken a small pad and pen so he could take notes while he is on the job. I reminded him to take home the training manual if the manager lets him. I also reminded him to call me on my cell phone today if he needed to talk. Ken did not call me and his case manager picked him up after the end of his shift. **Bill as Job Retention Supports – *(Non-Medicaid)***	there was no manual for training, but that he wrote down some of the directions and instructions that he needs to follow. We reviewed the instructions and re-wrote some of the directions to help guide Ken in making the subs. We also wrote down a series of instructions for handling the cash register when more than one person is in line. I told Ken to ask his boss if he could stay late after work and practice on the cash register or help out when he is no longer on the clock (Ken feels more pressure when he is on the clock). I will pick Ken up again after his second day of work on Friday. **Bill as Job Retention Supports – *(Non-Medicaid)***	recommendations, including a checklist of areas in his work environment that he could use or improve to help him learn the job. For example, I instructed Ken to look for areas where he could post instructions that would help him remember to follow tasks when he gets anxious.	*including those provided by the case manager, Tracey. If Tracey's activities target a specific job, specific job tasks, and support to sustain that job, it will usually be billed to the non-Medicaid code.*
Job Leaving/ Job Termination	**March 18. Objective III: Acquire a competitive job**. I received a call today from Ken who reported that he quit his job today after he was verbally abused by a customer. Ken was upset about the incident, but not so much about loosing the job, which he reported had become too stressful to him (he has not previously reported this increasing level of stress). Ken noted that he could read peoples' minds and that many of the customers in the restaurant were starting to think that he was "retarded" and that one customer decided to tell him how he was "actually" acting. Ken further reported that he talked to the manager about the incident and that the manger did not want him to leave. Ken said that he did not want to work anymore and that he was not capable of the job. I attempted to reassure Ken that the customer was being rude and that he was doing well on the job, but he did not want hear this information and was	**March 19. Objective I: Manage symptoms**. I met with Ken today after talking to Marty, his employment specialists. We practiced using cognitive strategies to help him manage his thoughts and emotions. Ken had quit his job and was upset about a confrontation he had with a customer. Ken talked about how he knew that customers in the restaurant could tell that he had schizophrenia and that it was obvious that he was slower than the other employees. He also reported that he had made several mistakes on the job that proved that he was unable to perform the duties of the job. I had Ken write down each perception or assumption that he had regarding people in the restaurant. I also had Ken write down the number of mistakes that other employees made while he was working. We worked through each perception and examined the reality of each one. Ken was able to change his perception that everyone in the restaurant viewed him as "stupid", to only one or two people probably noticed that he was making some mistakes with their food orders. Ken also accepted the idea that the	**March 25.** I met with Ken and Marty today upon the request of Marty at Prairie CMHC. Ken had quit his first job and was still upset about what happened on the job. Ken is convinced that he is not capable of working and that his disability stops him from being like other people. I talked to Ken about the job loss and that his disability does not prevent him from working. I also reminded him that he had lasted for 30 days on the job and that this was a successful learning experience for him. I congratulated him on	*Job leaving/termination support is an important element of Evidence-Based Supported Employment. Marty's activities are billed to the non-Medicaid code. Marty's intervention was job-specific and supportive. It was not the time to focus on developing a generalizable illness management skill. Tracey, on the other hand, focused more on general adaptation issues with Ken, using the situation at work as an example of how to manage his feelings (e.g., worthlessness and low self esteem). Ken projects his feelings of low self esteem onto other people (i.e., they know I'm mentally ill or they think I'm stupid). Tracey helps Ken work through his perceptions and challenges his cognitive distortions (a common technique in cognitive behavioral therapy). Tracey's activities are billed to Medicaid, even though the trigger event occurred while Ken was working. Tracey can bill for a Medicaid service because the session focused on helping Ken manage his feelings and thoughts and not to sustain the job or get another job. (Of course, Marty, Alex and Tracey will help Ken look for another job and learn from this experience). Alex continues to be involved in Ken's vocational plan and helps Ken transition through the loss of the job and into the next job (an important*

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	becoming more agitated while I tried to debate his perspective. I told him that I would meet with him in the morning and that I would call his case manager to check up on him. **Bill as Job Leaving/Termination Supports – *(Non-Medicaid)***	customer who verbally abused him was being rude. He also noted that he has a difficult time dealing with people who are mean and does not understand why people act that way. We agreed to continue this conversation next week and to develop a plan for dealing with rude or mean people in the future. **Bill as Community Support – *(Medicaid)***	his job and that this will lead to better jobs in the future.	*feature of Evidence-Based Supported Employment). Alex and Marty will move as fast as Ken wants to move into another job.*
Engagement	**April 4. Objectives I & II: manage symptoms and expand my social support system.** I met with Ken today to keep him engaged in the idea of working in the future (Ken has identified getting a job as one way to expand his social support system) and to help him apply a stress management tool in the community. Ken is still not interested in looking for a job at this point, but he is interested in learning how to manage his stress, which could help him in the future when he returns to work. Tracey shared with me a stress management plan and cognitive distortion sheet that she and Ken developed to help him navigate through stressful situations. We practiced the stress management plan by having Ken ask for help and directions from a store clerk in a crowded grocery store. Ken was able to follow the directions without my assistance. We agreed to meet again next week to try another "stress test" at a library with computers. **Billed as Community Support – *(Medicaid)***.	**April 7. Objective IV: Develop confidence in memory, thinking & organization skills (cognitive skills).** Ken and I met today to work on his self-confidence. Ken is afraid of making mistakes, any mistakes, in any situation. Today we focused on the unrealistic concept of being mistake free on the job or any other situation. We reviewed Ken's last job and examined the number of times that he made a mistake on the job. I asked Ken to record how many times he noticed other people making the same mistake. I then had Ken write down any rules of human behavior that applied to his co-workers, such as being human or it is okay to make mistakes, but don't apply to him. We then examined what rules don't apply to him and why this may be. I asked Ken to explain the logic behind his all-or-nothing thinking, which he does not use when evaluating his co-workers. Ken began to notice the discrepancy in his thinking and that the goal of perfection is unrealistic and always a set up to fail, just like what happened at his last job. We agreed to meet next week to talk about developing new cognitive strategies for evaluating Ken's behaviors. **Billed as Community Support – *(Medicaid)***	**April 14.** I met with Ken and Marty today to review his status in the SE program. Ken is still open in the milestone program, but he has been hesitant about returning to work after his last job ended in March. I mentioned to Ken that the rec center would be hiring staff for their summer leagues and that he could go down to the center and watch what staff members do in their job. Ken seemed to be interested in this idea and Marty said that she would take him next week.	*Marty and Tracey are keeping Ken engaged in the idea of a job without pressuring him to look for a job. Both Tracey and Marty can bill Medicaid because their activities are focused on helping Ken manage his feelings and thoughts. It is okay to use Ken's last job as a reference point, even though the activities are Medicaid billable. Ken has been isolated from society as a result of his mental illness (and other issues); so he struggles to manage the normal stressors of the workforce and society in general. Tracey and Marty can help Ken develop better coping skills or stress management skills that they hope he can translate to the next job. Alex at DRS knows that Ken can return to job hunting; so she helps plant seeds in his head for working and, indirectly, keeps him engaged in the conversation of work.*