

A Randomized Controlled Trial of Supported Employment Among Veterans With Post-Traumatic Stress Disorder

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RESEARCH HIGHLIGHTS:

- Although most veterans with PTSD have some college education, many have difficulty finding suitable employment and almost 40% are impoverished. Therefore, it is important that researchers investigate the impact of supported employment programs for veterans with PTSD.
- Veterans with PTSD who participated in the Individual Placement and Support (IPS) program were found to be 2.7 times more likely to gain competitive employment, worked 42% more weeks and made more in income than veterans who participated in a Veterans Administration VRP.
- The evidence-based IPS program resulted in better occupational outcomes for veterans with PTSD, suggesting that it would be highly beneficial to make the IPS program more widely available to all unemployed veterans with PTSD, perhaps as a preferred intervention.

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ABSTRACT:

Objective: Post-traumatic stress disorder (PTSD) is a potentially disabling mental illness that can cause occupational dysfunction. Although vocational rehabilitation is often prescribed for patients with PTSD, standard vocational services are far from adequate in helping them obtain and maintain competitive employment. This study is the first to examine the outcome of evidence-based supported employment for veterans with PTSD.

Methods: Unemployed veterans with PTSD were randomly assigned to either individual placement and support (IPS) supported employment (N=42) or a Veterans Health Administration Vocational Rehabilitation Program (VRP) treatment as usual (N=43). Employment rates and occupational outcomes were followed for 12 months.

Results: During the 12-month study, 76% of the IPS participants gained competitive employment, compared with 28% of the VRP participants (number needed to treat=2.07; $X^2=19.84$, $df=1$, $p<.001$). Veterans assigned to IPS also worked substantially more weeks than those assigned to VRP (42% versus 16% of the eligible weeks, respectively; Mann-Whitney z test $p<.001$) and earned higher 12-month income (mean±SD income of \$9,264±\$13,294 for IPS versus \$2,601±\$6,009 for VRP; Mann-Whitney z test $p<.001$) during the 12-month period.

Conclusions: Veterans with PTSD who received IPS were 2.7 times more likely to gain competitive employment than those who received VRP. Because work is central to recovery, these results should assist stakeholders in planning improved services for veterans with PTSD.”

Implications

FOR PRACTICE

Consistent with prior research showing that IPS employment programs are beneficial to other samples of veterans, the results of this study showed IPS programs to be almost three times more effective than the traditional VRP. These results may be due to the individualized nature of IPS programs, which involve the participant's choice and interest in competitive work, the IPS specialist's integration into clinical or PTSD treatment and the IPS specialist carrying out all phases of the vocational services. Veterans and their families should be well-educated on the successes and drawbacks of various employment programs, including improved employment rates, employment longevity and increases in income. Community advocates should discuss the importance of the involvement of vocational specialists with veterans pursuing employment. The availability and dissemination of this information throughout military communities is vitally important for veterans in order to choose the best program for their vocational needs. Community-based organizations and advocates for veterans and military families should also consider the benefits of more individualized employment programs, perhaps adopting these characteristics for their own employment assistance programs.

FOR POLICY

Policy makers may wish to revisit policies on vocational rehabilitation for veterans, opting to expand the availability of IPS programs to veterans with PTSD and perhaps even suggesting IPS as the preferred program rather than traditional VRP. The IPS program shows a significant impact on employment outcomes of veterans with PTSD, and would be greatly beneficial if made available to all veterans, especially those with a variety of mental health diagnoses upon their return from deployment. To ensure the best possible outcome for returning veterans, clinicians and VA administrators should work together to create policies that facilitate the provision of services tailored to individual veterans' vocational goals and mental health needs.

FOR FUTURE RESEARCH

As this study was limited to veterans who received services in the Tuscaloosa, Alabama, VA Medical Center and planned on remaining in that area for the next year, the results from this study are likely not generalizable to the national veteran population. Future research should use a diverse, national sample of veterans to examine whether the success of the VRP program varies depending on geographic area and availability of resources at the state and county level. The selection criteria in this study also excluded veterans with a variety of conditions, including severe traumatic brain injury (TBI), schizophrenia and bipolar disorder. Veterans living with these issues have specialized needs, and future research including these veterans can offer insight into potential policy and program solutions to meet these needs. In addition, future research can shed light on the effects of multiple diagnoses for veterans' career trajectories. For example, PTSD is often co-morbid with a substance abuse disorder or with TBI; veterans with both PTSD and TBI may have very different outcomes in VRP and IPS programs. Future studies should focus on using larger sample sizes and multi-site trials as well, to provide further insight into the effectiveness of supported employment programs across the country.

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