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Introduction

Individual Placement and Support (IPS) is a model of supported employment. IPS was developed for people who have a long-term severe mental illness, such as schizophrenia, bipolar disorder, or major depressive disorder, and who have difficulty functioning in important life domains, including employment. IPS is an individualized approach to helping clients find and keep permanent competitive jobs (also called “open employment”), defined as regular community jobs that anyone could apply for, paying a comparable wage that others receive to perform the same work (at least minimum wage). IPS is based on eight principles that provide guidance for practitioners offering this service. It differs in several respects from most other vocational approaches developed over the past century for people with disabilities. First, IPS is clearly described, with operational definitions concretely explained, in a practice manual and in a fidelity scale consisting of a checklist of specific criteria documenting whether a program is adhering to model principles. Second, the effectiveness of IPS for improving employment outcomes is well established through rigorous research studies. It is a practical, common-sense approach in which employment specialists (the term used for staff on an IPS team) help clients who want to work find jobs that suit their preferences and strengths. IPS does not involve screening for job readiness, nor is there an extended period of training and preparation for employment. IPS services are delivered by a team that typically includes at least two full-time employment specialists supervised by a team leader with IPS experience and sufficient time to provide intensive supervision, including field mentoring in job development. Despite substantial evidence for the effectiveness of IPS and for each of its core principles, several criticisms have been noted in the literature. Important considerations for IPS include its impact on general well-being; IPS implementation, financing, and cost-effectiveness; expansion to new populations; and IPS augmentations.

Introductory Works

The IPS model is well described in many journal publications, book chapters, and books. One source is Becker and Drake 2003, written by the model developers, Deborah Becker and Robert Drake. Swanson and Becker 2013 is the most up-to-date of several manuals written for practitioners. Drake, et al. 2012 is a comprehensive synthesis of IPS research. Druss 2014 and Bond and Drake 2014 provide brief summaries of IPS research and policy implications of IPS. Over the last decade, several journals have published special issues devoted to IPS, offering diverse perspectives written by researchers, practitioners, program leaders, economists, clients, and family members; these special issues are noted in the section on Journals.

Becker, D. R., and R. E. Drake. 2003. *A working life for people with severe mental illness*. New York: Oxford Univ. Press.

This monograph, authored by the developers of the IPS model, is an update of their 1993 book of the same name. Drawing on their extensive experience in implementing IPS programs, this book provides an overview of the rationale for their approach, with case examples.

Bond, G. R., and R. E. Drake. 2014. Making the case for IPS supported employment. *Administration and Policy in Mental Health and Mental Health Services Research* 41:69–73.

This brief report gives a quick overview of the IPS model, the empirical literature supporting its effectiveness and cost-effectiveness, and policy issues regarding the employment of people with severe mental illness.

Drake, R. E., G. R. Bond, and D. R. Becker. 2012. *Individual Placement and Support: An evidence-based approach to supported employment*. New York: Oxford Univ. Press.

This research monograph summarizes the IPS research base. It is the definitive resource for the IPS research literature through 2011.

Druss, B. G. 2014. Supported employment over the long term: From effectiveness to sustainability. *American Journal of Psychiatry* 171:1142–1144.

This editorial summarizes the IPS literature and notes the growing consensus among researchers and policy experts that IPS is cost-effective.

Swanson, S. J., and D. R. Becker. 2013. *IPS supported employment: A practical guide*. Lebanon, NH: Dartmouth Psychiatric Research Center.

This is a practitioner's guide, written by one of the developers of the IPS model and an experienced IPS trainer.

Origins of the IPS Model

The history of vocational services for people with severe mental illness dates back to the 1940s. Black 1988 describes early approaches, including hospital-based programs and sheltered workshops. Traditionally, most vocational approaches have been stepwise, first training clients and then placing them in jobs (“train-place”), based on the assumption that prevocational training and preparation was critical to successful employment. Bond 1992 documented that train-place models did not improve employment outcomes but instead reinforced dependency on prevocational services. In Becker and Drake 1993, Becker and Drake provided the first formal description of the IPS model. The conceptualization of the IPS model was influenced by four sources. One influence was the work of Paul Wehman and other advocates in the early 1980s who developed a new model, which they labeled “supported employment” (Wehman and Moon 1988). Wehman defined supported employment as a “place-train” approach (in contrast to the conventional “train-place” philosophy), targeting people with severe disabilities, minimizing prevocational assessment, placing clients in regular competitive jobs, and providing long-term support. Initially, supported employment programs mainly targeted people with intellectual disabilities, but Wehman’s core concepts were later adapted to programs for people with severe mental illness. A second influence on the conceptualization of the IPS model was the clubhouse model. Pioneered at Fountain House in New York City in the 1950s, it was an innovative approach to helping people with severe mental illness adjust to community living. John Beard, the Fountain House founder, passionately believed that people with severe mental illness had the capacity to work, and that anyone who wanted to

work deserved a chance and should be helped to achieve that goal (See Beard, et al. 1982). At Fountain House, rehabilitation revolved around the “work-ordered day,” according a central role for work in the lives of clubhouse members, which was (and is) a radical contrast with the passive patient role that mental health treatment fosters. A third influence was the team approach as practiced throughout health care. The assertive community treatment model exemplifies the team approach in mental health (Stein and Test 1980). Developed by Leonard Stein and Mary Ann Test, assertive community treatment provides clients with severe mental illness with intensive support in their home and in community settings. A multidisciplinary treatment team that meets frequently to address client needs is crucial for integrating treatment and rehabilitation. A fourth influence was the “choose-get-keep” model developed by Karen Danley and William Anthony (Danley and Anthony 1987). This model prioritizes client preferences, incorporating shared decision making in all aspects of the vocational process.

Beard, J. H., R. N. Propst, and T. J. Malamud. 1982. The Fountain House model of psychiatric rehabilitation. *Psychosocial Rehabilitation Journal* 5.1: 47–53.

This paper articulates the meaning of employment for people with severe mental illness and describes the clubhouse model, which was the first psychiatric rehabilitation approach to make employment the central goal of rehabilitation programs.

Becker, D. R., and R. E. Drake. 1993. *A working life: The Individual Placement and Support (IPS) Program*. Concord, NH: New Hampshire-Dartmouth Psychiatric Research Center.

This manual provides a brief history of vocational services in the United States, the core principles of the IPS model, and numerous case examples illustrating the key elements of IPS services.

Black, B. J. 1988. *Work and mental illness: Transitions to employment*. Baltimore: Johns Hopkins Univ. Press.

This is the definitive treatise on vocational programs both in the United States and worldwide, with extensive descriptions of hospital-based programs and sheltered workshops, which were the prevailing models prior to the emergence of supported employment.

Bond, G. R. 1992. Vocational rehabilitation. In *Handbook of psychiatric rehabilitation*. Edited by R. P. Liberman, 244–275. New York: Macmillan.

This book chapter reviews the history of vocational models for people with severe mental illness, and their effectiveness for people with severe mental illness. Published prior to the emergence of IPS as an evidence-based practice, its conclusions about the limitations of traditional vocational approaches are still valid.

Danley, K. S., and W. A. Anthony. 1987. The choose-get-keep model: Serving severely psychiatrically disabled people. *American Rehabilitation* 13.4: 6–9, 27–29.

This was an early formulation of a career counseling approach aimed at attaining successful and satisfying employment. It stressed the fundamental role of client preferences and primacy of client choice in all aspects of the vocational process, including the initial decision to seek vocational services, and in the job search, acceptance of job offers, choice of work environments, and decisions to disclose mental illness.

Stein, L. I., and M. A. Test. 1980. An alternative to mental health treatment. I: Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry* 37:392–397.

This was a pioneering study of a team-based approach to helping clients with severe mental achieve successful community living through intensive community support, including frequent home visits. This model has been a dominant force in designing community treatment services since the 1970s.

Wehman, P., and M. S. Moon, eds. 1988. *Vocational rehabilitation and supported employment*. Baltimore: Paul Brookes.

This edited book surveyed the emerging field of supported employment as program models were developed for different disability groups. It included chapters on policy, human resource issues, and implementation. The book's underlying premise was that supported employment could be a more effective, humane, and cost-effective alternative to sheltered workshops.

IPS Principles

The IPS model follows eight principles, all of which have empirical support. A key article supportive of each principle is cited below: (1) Goal of Competitive Employment: Agencies providing IPS services are committed to regular jobs in the community (competitive employment) as an attainable goal for clients with serious mental illness seeking employment (See Penk, et al. 2010). (2) Zero Exclusion/Eligibility Based on Client Choice: Every person who is interested in work is eligible for services regardless of symptoms, substance use disorders, treatment decisions, or any other issue (Anthony and Jansen 1984). (3) Attention to Client Preferences: Services are based on clients' preferences and choices, rather than providers' judgments (Becker, et al. 1996). (4) Rapid Job Search: Employment specialists initiate a job search usually within a month after a client expresses interest in working, rather than providing lengthy pre-employment assessment, training, and counseling (Drake, et al. 1996). (5) Integration of Rehabilitation and Mental Health Services: IPS programs are closely integrated with mental health treatment teams (Cook, et al. 2005). (6) Personalized Benefits Counseling: Employment specialists help clients obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements (Tremblay, et al. 2006). (7) Systematic Job Development: Employment specialists build an employer network based on clients' interests, developing relationships with local employers by making systematic contacts (Leff, et al. 2005). (8) Time-Unlimited and Individualized Support: Follow-along supports are individualized and continued for as long as the client wants and needs the support (Bond and Kukla 2011).

Anthony, W. A., and M. A. Jansen. 1984. Predicting the vocational capacity of the chronically mentally ill: Research and implications. *American Psychologist* 39:537–544.

In this landmark article, Anthony and Jansen documented the invalidity of the concept of "work readiness." This article supports the "zero exclusion" principle of IPS, that anyone who wants to work should be eligible for services. Subsequent studies have reinforced this set of findings.

Becker, D. R., R. E. Drake, A. Farabaugh, and G. R. Bond. 1996. Job preferences of clients with severe psychiatric disorders participating in supported employment programs. *Psychiatric Services* 47:1223–1226.

This is one of several studies showing that people who are employed in jobs matching their preferences have greater job satisfaction and longer job tenure, in support of the IPS principle of honoring client preferences.

Bond, G. R., and M. Kukla. 2011. Impact of follow-along support on job tenure in the Individual Placement and Support model. *Journal of Nervous and Mental Disease* 199:150–155.

Consistent with the IPS principle of time-unlimited and individualized support, this study found that long-term ongoing support for IPS participants after they began a competitive job was predictive of longer job tenure.

Cook, J. A., A. F. Lehman, R. Drake, et al. 2005. Integration of psychiatric and vocational services: A multisite randomized, controlled trial of supported employment. *American Journal of Psychiatry* 162:1948–1956.

This is the largest of several studies providing empirical support for the IPS principle of integrating employment services with mental health treatment.

Drake, R. E., G. J. McHugo, D. R. Becker, W. A. Anthony, and R. E. Clark. 1996. The New Hampshire study of supported employment for people with severe mental illness: Vocational outcomes. *Journal of Consulting and Clinical Psychology* 64:391–399.

The IPS principle of rapid job search—contacting employers soon after entering an employment program—has been validated in numerous studies, including this one.

Leff, H. S., J. A. Cook, P. B. Gold, et al. 2005. Effects of job development and job support on competitive employment of persons with severe mental illness. *Psychiatric Services* 56:1237–1244.

This large study documented the central role of job development (defined as making contact and building relationships with employers) in increasing the number of people obtaining new jobs.

Penk, W., C. E. Drebing, R. A. Rosenheck, C. Krebs, A. Van Ormer, and L. Mueller. 2010. Veterans Health Administration transitional work experience vs. job placement in veterans with co-morbid substance use and non-psychotic psychiatric disorders. *Psychiatric Rehabilitation Journal* 33:297–307.

This study documented the disadvantages of placing clients in temporary jobs reserved for people with disabilities. It is one of several studies in support of the IPS principle stressing the focus on competitive employment from the outset of employment services.

Tremblay, T., J. Smith, H. Xie, and R. E. Drake. 2006. Effect of benefits counseling services on employment outcomes for people with psychiatric disabilities. *Psychiatric Services* 57:816–821.

This study showed the positive impact of individualized benefits counseling on employment earnings for clients receiving Social Security disability payments, in support of the IPS principle relating to this topic.

Literature Reviews of the Evidence Base for IPS

The empirical literature on IPS and related supported employment approaches has been reviewed many times, dating back to Bond, et al. 1997. Bond and colleagues have periodically reviewed the IPS literature, including Bond, et al. 2001; Bond 2004, and Bond, et al. 2012. Reviews also have been conducted by many other different research groups. IPS has been evaluated in two Cochrane reviews (Crowther, et al. 2001; Kinoshita, et al. 2013); some researchers consider Cochrane reviews to be the most rigorous of all systematic review methodologies. Most reviews have focused on randomized controlled trials of IPS, which have continued to grow in number, with international studies dominating the literature since 2011. Without exception, reviews have concluded that IPS has yielded much better employment outcomes than alternative employment models. Marshall, et al. 2014 is the most recent comprehensive review, as of this writing.

Bond, G. R. 2004. Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal* 27:345–359.

This review examined different lines of evidence supporting the effectiveness of IPS, including randomized controlled trials and evaluations of outcomes from converting day treatment programs to IPS. The review also critically evaluated the evidence for the core principles of IPS.

Bond, G. R., D. R. Becker, R. E. Drake, et al. 2001. Implementing supported employment as an evidence-based practice. *Psychiatric Services* 52:313–322.

This review evaluated the evidence from both uncontrolled program evaluations and randomized controlled trials for the effectiveness of IPS and other supported employment approaches.

Bond, G. R., R. E. Drake, and D. R. Becker. 2012. Generalizability of the Individual Placement and Support (IPS) model of supported employment outside the US. *World Psychiatry* 11:32–39.

This review examined the effectiveness of IPS in fifteen studies, comparing outcomes for US studies to those outside the United States. Both US and non-US studies found substantially better employment outcomes for IPS compared to alternative vocational services, but the overall competitive employment rates were lower in non-US studies.

Bond, G. R., R. E. Drake, K. T. Mueser, and D. R. Becker. 1997. An update on supported employment for people with severe mental illness. *Psychiatric Services* 48:335–346.

This was the first review of the supported employment literature for people with severe mental illness. It summarized the evidence from evaluations of the earliest supported employment programs.

Crowther, R. E., M. Marshall, G. R. Bond, and P. Huxley. 2001. Helping people with severe mental illness to obtain work: Systematic review. *British Medical Journal* 322:204–208.

This systematic Cochrane review compared supported employment to prevocational training.

Kinoshita, Y., T. A. Furukawa, I. M. Omori, et al. 2013. Supported employment for adults with severe mental illness. *Cochrane Database of Systematic Reviews* 2010 1: CD008297.

This Cochrane review reported the results of a meta-analysis of randomized controlled trials of IPS.

Marshall, T., R. W. Goldberg, L. Braude, et al. 2014. Supported employment: Assessing the evidence. *Psychiatric Services* 65:16–23.

Currently, this paper is the most comprehensive review of randomized controlled trials of IPS.

Seminal IPS Studies

The first formal evaluations of IPS were conducted in New Hampshire by the model developers, Deborah Becker and Robert Drake (Drake, et al. 1994 and Drake, et al. 1996). Many different research teams have conducted subsequent studies. An early multisite evaluation of supported employment in the United States included several sites implementing IPS (Cook, et al. 2005). These studies have established the generalizability of IPS with different target groups (Campbell, et al. 2011; Drake, et al. 2013) and international settings (Burns, et al. 2007). Countries where IPS has had documented success include Australia, Bulgaria, Canada, Holland, Hong Kong, Italy, Japan, New Zealand, Spain, Sweden, Switzerland, and United Kingdom. Several long-term follow-up studies have found favorable employment outcomes for IPS clients up to twelve years after IPS enrollment (Becker, et al. 2007; Hoffmann, et al. 2014).

Becker, D. R., R. Whitley, E. L. Bailey, and R. E. Drake. 2007. Long-term employment outcomes of supported employment for people with severe mental illness. *Psychiatric Services* 58:922–928.

In this study researchers interviewed clients eight to twelve years after enrollment in IPS and found that the majority had become steady workers, employed at least 50 percent of the months during follow-up. The significance of this study is that it documents the enduring impact of IPS over the long term.

Burns, T., J. Catty, T. Becker, et al. 2007. The effectiveness of supported employment for people with severe mental illness: A randomised controlled trial. *Lancet* 370:1146–1152.

This multisite randomized controlled trial of IPS conducted in six European countries provided evidence for the effectiveness of IPS outside the United States. The study also showed the influence of national unemployment rates and disability policies on employment outcomes.

Campbell, K., G. R. Bond, and R. E. Drake. 2011. Who benefits from supported employment: A meta-analytic study. *Schizophrenia Bulletin* 37:370–380.

This secondary analysis of a data set aggregated from four randomized controlled trials of IPS examined client subgroups constructed from seventeen client background factors as predictors of outcome. The study concluded that regardless of client background characteristics, clients benefit more from receiving IPS than alternative vocational services.

Cook, J. A., C. R. Blyler, P. B. Gold, et al. 2005. Results of a multisite randomized trial of supported employment interventions for individuals with severe mental illness. *Archives of General Psychiatry* 62:505–512.

This was a large multisite evaluation of supported employment called the Employment Intervention Demonstration Project (EIDP), funded by the Substance Abuse and Mental Health Services Administration. The eight research teams participating in this study evaluated several supported employment approaches, including IPS.

Drake, R. E., D. R. Becker, J. C. Biesanz, W. C. Torrey, G. J. McHugo, and P. F. Wyzik. 1994. Rehabilitation day treatment vs. supported employment: I. Vocational outcomes. *Community Mental Health Journal* 30:519–532.

This was the first formal evaluation of IPS. It compared two day treatment centers, one discontinuing its day treatment program and replacing it with IPS, and the other continuing its day treatment services.

Drake, R. E., W. D. Frey, G. R. Bond, et al. 2013. Assisting Social Security Disability Insurance beneficiaries with schizophrenia, bipolar disorder, or major depression in returning to work. *American Journal of Psychiatry* 170:1433–1441.

This multisite study is the largest published randomized controlled trial of IPS. It differs from most IPS studies in that the research team initiated the first contact with study participants, most of whom had not been seeking employment services and were not actively receiving psychiatric treatment beyond medication management.

Drake, R. E., G. J. McHugo, D. R. Becker, W. A. Anthony, and R. E. Clark. 1996. The New Hampshire study of supported employment for people with severe mental illness: Vocational outcomes. *Journal of Consulting and Clinical Psychology* 64:391–399.

This was the first published randomized controlled trial of IPS. It influenced the direction of vocational rehabilitation services in mental health centers in the United States and subsequently around the world.

Hoffmann, H., D. Jäckel, S. Glauser, K. T. Mueser, and Z. Kupper. 2014. Long-term effectiveness of supported employment: five-year follow-up of a randomized controlled trial. *American Journal of Psychiatry* 171:1183–1190.

The importance of this study is that it conducted the longest follow-up of any randomized controlled trial of IPS, reporting employment outcomes for both IPS and control participants.

Impact of Employment on General Health and Well-Being

IPS has a strong demonstrable effect on employment, but what about general well-being? *Nonvocational* outcomes refer to outcomes outside the realm of employment. As Kukla and Bond 2013 summarize, randomized controlled trials generally have not shown any impact of IPS on nonvocational outcomes. Two recent studies, however, have shown IPS to improve self-reported mental health and quality of life (Drake, et al. 2013) and on reduced hospitalization (Hoffmann, et al. 2014). While IPS per se does not have a direct impact on nonvocational outcomes, *being employed* is generally associated with health benefits, such as greater control over psychiatric symptoms (Bush, et al. 2009; Kilian, et al. 2012). Luciano, et al. 2014 provide a systematic review of the literature on the impact of employment on nonvocational outcomes for people with severe mental illness.

Bush, P. W., R. E. Drake, H. Xie, G. J. McHugo, and W. R. Haslett. 2009. The long-term impact of employment on mental health service use and costs. *Psychiatric Services* 60:1024–1031.

This paper describes a longitudinal study examining mental health treatment costs over a ten-year period among clients with co-occurring mental illness and substance use disorder. It found that the steady worker subgroup had significantly lower costs than those who worked little or not at all.

Drake, R. E., W. D. Frey, G. R. Bond, et al. 2013. Assisting Social Security Disability Insurance beneficiaries with schizophrenia, bipolar disorder, or major depression in returning to work. *American Journal of Psychiatry* 170:1433–1441.

This is the only controlled trial of IPS to report significantly higher ratings of self-reported mental health and quality of life for IPS clients compared to control participants.

Hoffmann, H., D. Jäckel, S. Glauser, K. T. Mueser, and Z. Kupper. 2014. Long-term effectiveness of supported employment: Five-year follow-up of a randomized controlled trial. *American Journal of Psychiatry* 171:1183–1190.

This important study reported five-year employment and nonvocational outcomes for both IPS clients and controls, documenting significantly lower psychiatric hospitalization use for the IPS group.

Kilian, R., C. Lauber, R. Kalkan, et al. 2012. The relationships between employment, clinical status, and psychiatric hospitalisation in patients with schizophrenia receiving either IPS or a conventional vocational rehabilitation programme. *Social Psychiatry and Psychiatric Epidemiology* 47:1381–1389.

This is the only published longitudinal study to examine time-lag associations between employment and nonvocational outcomes.

Kukla, M., and G. R. Bond. 2013. A randomized controlled trial of evidence-based supported employment: Nonvocational outcomes. *Journal of Vocational Rehabilitation* 38:91–98.

This secondary analysis of a randomized controlled trial of IPS found no direct effects of IPS on nonvocational outcomes. This paper also identified ten prior IPS studies that similarly found no direct impact for IPS.

Luciano, A., G. R. Bond, and R. E. Drake. 2014. Does employment alter the course and outcome of schizophrenia and other severe mental illnesses? A systematic review of longitudinal research. *Schizophrenia Research* 159.2–3: 312–321.

This is the only published comprehensive systematic review on this topic. This review identified eight studies examining associations between employment and nonvocational outcomes in longitudinal data sets.

Criticisms of IPS

In the literature, criticisms have included disagreements about the IPS principles as well as observed limitations in the typical outcomes from IPS programs. Regarding IPS principles, some have criticized the guideline that participation in IPS should be limited to those who

express an interest in working; instead, the critics assert that vocational services should be extended to all clients with the goal of influencing uninterested clients to seek work (See Macias, et al. 2001). In the United Kingdom, researchers have challenged the principle of time-unlimited services, testing whether IPS programs should continue to provide services to participants to obtain work after a lengthy period (Burns, et al. 2015). Regarding IPS outcomes, the most common criticism is that job tenure is brief for most IPS jobs (Mueser, et al. 2005). Another common criticism is that most jobs obtained through IPS are low-wage, dead-end jobs (Lidz, et al. 2013; Murphy, et al. 2005). Many of these critics contend that IPS programs ignore participants' educational goals. Another common criticism is that earnings from employment in IPS programs are quite modest (Frank 2013).

Burns, T., K. Yeeles, O. Langford, M. V. Montes, J. Burgess, and C. Anderson. 2015. A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial. *British Journal of Psychiatry*.

In recognition of limited resources for vocational services, the authors tested the effects of strictly limiting the duration of IPS services for two groups of IPS participants: participants who did not find work within nine months, and participants who were successfully employed for four months. This randomized controlled trial compared this new modified IPS approach to standard IPS services.

Frank, R. G. 2013. Helping (some) SSDI beneficiaries with severe mental illness return to work. *American Journal of Psychiatry* 170:1379–1381.

In this editorial, a well-known mental health economist noted the positive outcomes from a major study of IPS for Social Security Disability Insurance beneficiaries, but also observed that the total earnings accrued from employment was inadequate to make a meaningful difference in the participants' finances.

Lidz, C. W., W. Fisher, and R. Torres Stone. 2013. Employment, careers, and recovery for young adults. *Focal Point: Youth, Young Adults, and Mental Health* 27.1: 11–13.

These authors argued that rapid job search often leads to dead-end jobs. They proposed that vocational programs for young adults should focus primarily on career exploration to promote the pursuit of more fulfilling employment.

Macias, C., L. T. DeCarlo, Q. Wang, J. Frey, and P. Barreira. 2001. Work interest as a predictor of competitive employment: Policy implications for psychiatric rehabilitation. *Administration and Policy in Mental Health* 28:279–297.

The authors are advocates of the clubhouse model, in which clients are expected to volunteer for work activities within the clubhouse regardless of their desire to work. This exposure to work differs from the IPS policy of limiting enrollment to clients with an expressed interest in pursuing competitive work. This study compares employment rates for participants with and without expressed interest in employment, providing evidence regarding the value of exposure to work activities.

Mueser, K. T., S. Aalto, D. R. Becker, et al. 2005. The effectiveness of skills training for improving outcomes in supported employment. *Psychiatric Services* 56:1254–1260.

This paper was one of the first to observe that many IPS clients lost their jobs after a brief time. This observation was based on early studies of supported employment, including some that predated the IPS model. The authors proposed adding skills training to IPS to minimize job loss due to deficits in interpersonal skills. The paper includes findings from a pilot study evaluating the effectiveness of IPS augmented with skills training.

Murphy, A. A., M. G. Mullen, and A. B. Spagnolo. 2005. Enhancing Individual Placement and Support: Promoting job tenure by integrating natural supports and supported education. *American Journal of Psychiatric Rehabilitation* 8:37–61.

This paper argued that IPS programs do not provide adequate supports for IPS participants after they obtain employment, leading to premature job endings. It further argued that IPS programs do not give sufficient attention to education goals. The authors recommended augmenting IPS with “natural supports” (support from family, friends, and employers) and with supported education (assisting clients to further their education).

Expanding IPS to Different Populations

IPS was first developed in the United States for clients with severe mental illness enrolled in community mental health services. IPS has proven effective for a variety of subgroups within the psychiatric population, including young adults experiencing early psychosis (Bond, et al. 2014), older adults (Twamley, et al. 2012), clients with co-occurring mental illness and substance use disorder (Mueser, et al. 2011), and veterans with post-traumatic stress disorder (Davis, et al. 2012). More recently, IPS services have been expanded to clients with other conditions, such as spinal cord injuries (Ottomanelli, et al. 2012).

Bond, G. R., R. E. Drake, and A. Luciano. 2014. Employment and educational outcomes in early intervention programmes for early psychosis: a systematic review. *Epidemiology and Psychiatric Sciences* 24.5: 446–457.

This systematic review examined the empirical literature on early intervention for young adults experiencing early psychosis. The review includes eight evaluations of early intervention programs incorporating IPS services.

Davis, L. L., A. C. Leon, R. Toscano, et al. 2012. A randomized controlled trial of supported employment among veterans with posttraumatic stress disorder. *Psychiatric Services* 63:464–470.

This was the first randomized controlled trial of IPS for veterans with post-traumatic stress disorder.

Mueser, K. T., K. Campbell, and R. E. Drake. 2011. The effectiveness of supported employment in people with dual disorders. *Journal of Dual Disorders* 7:90–102.

This secondary analysis of a large data set compared employment outcomes for clients with co-occurring mental illness and substance use disorder. The sample was drawn from four randomized controlled trials of IPS.

Ottomanelli, L., L. L. Goetz, A. Suris, et al. 2012. Effectiveness of supported employment for veterans with spinal cord injuries: Results from a randomized multisite study. *Archives of Physical Medicine and Rehabilitation* 93:740–747.

Recently, program leaders have begun offering IPS to nonpsychiatric populations, including people with physical disabilities. To date, only one evaluation of the effective of IPS for a nonpsychiatric population has been published. This article reports the findings from a randomized controlled trial of IPS for people with spinal cord injuries.

Twamley, E. W., E. W. Twamley, L. Vella, et al. 2012. The efficacy of supported employment for middle-aged and older people with schizophrenia. *Schizophrenia Research* 135:100–104.

This randomized controlled trial evaluated the effectiveness of IPS for outpatients aged forty-five and older with schizophrenia or schizoaffective disorder.

Dissemination, Implementation, and Sustainability of IPS Services

Because of inadequate funding, few people who could benefit from IPS have access to it (See Brown, et al. 2012). While IPS has been disseminated throughout the United States and internationally, many communities either have limited capacity to provide IPS or have no IPS services at all. Program leaders implementing IPS have encountered a variety of barriers (Pogoda, et al. 2011; Boardman and Rinaldi 2013). An international IPS learning community (previously referred to as a learning collaborative) has been successful in implementing and sustaining IPS within nineteen states in the United States and three countries in Europe (Becker, et al. 2014). The mutual support and shared communication facilitated by a learning collaborative help to overcome barriers to implementation. IPS expansion has also been supported through other learning collaboratives (Margolies, et al. 2015; Resnick and Rosenheck 2007). Bond, et al. 2012 documented the use of a fidelity scale (a tool to measure adherence to a program model) for improving the quality of implementation of IPS services.

Becker, D. R., R. E. Drake, and G. R. Bond. 2014. The IPS supported employment learning collaborative. *Psychiatric Rehabilitation Journal* 37:79–85.

This paper describes an IPS learning community established in 2002 that includes leaders from nineteen US states and three European countries. The learning community has a two-tiered approach, with a national technical assistance center in the United States that supports state leaders, who in turn oversee networks of IPS programs within their state.

Boardman, J., and M. Rinaldi. 2013. Difficulties in implementing supported employment for people with severe mental health problems. *British Journal of Psychiatry* 203:247–249.

This report describes the barriers to implementing IPS in the United Kingdom, echoing comments made by mental health leaders in other countries.

Bond, G. R., A. E. Peterson, D. R. Becker, and R. E. Drake. 2012. Validating the revised Individual Placement and Support Fidelity Scale (IPS-25). *Psychiatric Services* 63:758–763.

This study examined the utility of a twenty-five-item IPS fidelity scale widely used for quality improvement. The study found a significant correlation between IPS fidelity and employment outcomes in a sample of seventy-nine sites.

Brown, J. D., A. Barrett, H. Ireys, E. Caffery, and K. Hourihan. 2012. *Evidence-based practices for Medicaid beneficiaries with schizophrenia and bipolar disorder*. Washington, DC: Office of Disability, Aging and Long-Term Care Policy.

This study of Medicaid claims data found that less than 1 percent of beneficiaries had an identifiable claim for supported employment. Several other national databases also have documented the lack of access to IPS.

Margolies, P. J., K. Broadway-Wilson, R. Gregory, et al. 2015. Use of learning collaboratives by the Center for Practice Innovations to bring IPS to scale in New York State. *Psychiatric Services* 66:4–6.

This paper describes a statewide IPS learning collaborative established in New York in 2013. Modeled after the international learning community, this collaborative is led by a state technical center that provides training and monitoring of fidelity and employment outcomes.

Pogoda, T. K., I. E. Cramer, R. A. Rosenheck, and S. G. Resnick. 2011. Qualitative analysis of barriers to implementation of supported employment in the Department of Veterans Affairs. *Psychiatric Services* 62:1289–1295.

This longitudinal qualitative study examined barriers to supported employment implementation within six Veterans Health Affairs medical centers. Many of the barriers were attitudinal, with their impact diminishing over time.

Resnick, S. G., and R. Rosenheck. 2007. Dissemination of supported employment in Department of Veterans Affairs. *Journal of Rehabilitation Research and Development* 6:867–878.

This paper describes the dissemination of IPS within the Veterans Health Affairs system, which the authors describe as the largest dissemination effort of a psychosocial rehabilitation model within any single health-care system in the United States.

Financing and Cost-Effectiveness

While the primary reason for offering IPS services is their role in promoting the recovery of people with severe mental illness, governmental officials and service agency leaders who make decisions about program services focus on funding issues: How much does IPS cost (Latimer 2001), what are the monetary benefits (Hoffmann 2014), and who will pay for the services (Karakus, et al. 2011)? As reviewed by Salkever 2013, the study of cost-effectiveness of IPS has lagged behind IPS effectiveness research. Recent changes in health-care financing in the United States may promote the expansion of IPS services (Hogan, et al. 2014).

Hoffmann, H., et al. 2014. Long-term effectiveness of supported employment: Five-year follow-up of a randomized controlled trial. *American Journal of Psychiatry* 171:1183–1190.

As part of this comprehensive evaluation of IPS, the authors compared vocational rehabilitation and mental health treatment costs for IPS and traditional vocational rehabilitation participants and calculated a return on investment.

Hogan, M. F., R. E. Drake, and H. H. Goldman. 2014. A national campaign to finance supported employment. *Psychiatric Rehabilitation Journal* 37:73–75.

This paper alerts state mental health and Medicaid directors in the United States to increased flexibility in Medicaid guidelines permitting states to develop Medicaid plans to foster the expansion of IPS services.

Karakus, M., W. Frey, H. Goldman, S. Fields, and R. Drake. 2011. *Federal financing of supported employment and customized*

employment for people with mental illnesses: Final report. Rockville, MD: Westat.

Developed through a case study approach of government officials in four states, this report (prepared for the Office of Disability, Aging and Long-Term Care Policy) provides a comprehensive list of federal and state programs eligible for funding IPS. The paper outlines options for braiding different funding sources, each of which has specific rules about what types of services qualify.

Latimer, E. 2001. Economic impacts of supported employment for the severely mentally ill. *Canadian Journal of Psychiatry* 46:496–505.

This review summarizes costs and benefits in eight supported employment studies, focusing primarily on mental health and rehabilitation service costs. The conclusions have held up fairly well since the publication of this paper, though the literature has expanded greatly.

Salkever, D. S. 2013. Social costs of expanding access to evidence-based supported employment: Concepts and interpretive review of evidence. *Psychiatric Services* 64:111–119.

This detailed economic analysis drawing on findings from twenty-seven studies. It provides a cost estimate for providing IPS services and estimates the long-term costs of expanding IPS services to serve a larger population.

IPS Augmentations

Evidence-based models are not static. Continuous innovation is healthy. Throughout its history, IPS has continued to evolve as new research has been completed. Much of this evolution has been toward greater specification and guidance on its implementation. Nearly all of the features of the IPS model as first formulated by Becker and Drake have been retained; changes have mostly been additions to the model, such as interventions to improve cognitive functioning (McGurk, et al. 2015), technological innovations (Lord, et al. 2014), and supported education (Manthey, et al. 2012). Craig, et al. 2014 reports on a study testing the effectiveness of an intervention to increase clinician support for employment services.

Craig, T., G. Shepherd, M. Rinaldi, et al. 2014. Vocational rehabilitation in early psychosis: Cluster randomised trial. *British Journal of Psychiatry* 205.2: 145–150.

Several research groups have augmented IPS by introducing motivational interviewing with clients during the early stages of IPS participation in order to enhance client engagement in services. This research group had a different strategy. They targeted clinicians on mental health treatment teams to receive a motivational interviewing workshop with the intent of promoting recovery-oriented attitudes among staff. The paper presents findings from a study evaluating this intervention.

Lord, S. E., S. R. McGurk, J. Nicholson, et al. 2014. The potential of technology for enhancing Individual Placement and Support supported employment. *Psychiatric Rehabilitation Journal* 37:99–106.

Emerging technology promises to improve the efficiency and reducing the costs of IPS services. This paper reviews a range of health technical tools aimed at augmenting IPS services. At present only a few tools have been developed and tested.

Manthey, T. J., M. Coffman, R. Goscha, et al. 2012. University of Kansas Supported Education Toolkit 3.0 Lawrence, KS: Office of Mental Health Research and Training, Univ. of Kansas School of Social Welfare.

The University of Kansas School of Social Welfare has been a leading developer of tools to promote supported education. This toolkit includes a fidelity scale used to evaluate quality of implementation of supported education.

McGurk, S. R., K. T. Mueser, H. Xie, et al. 2015. Cognitive enhancement treatment for people with mental illness who do not respond to supported employment: A randomized controlled trial. *American Journal of Psychiatry* 172.9: 852–861.

One of the most popular ideas for augmenting IPS has been the provision of cognitive remediation in conjunction with IPS services, often targeted specifically for clients who do not benefit from conventional IPS services. Cognitive remediation refers to interventions aimed at improving cognitive functioning (for example, by practicing on computer exercises involving memory or attention). The authors make up one of several research groups who have actively developed and tested cognitive remediation packages.

Journals

Many psychiatric, rehabilitation, and mental health journals publish papers on IPS and closely related topics, such as employment of people with severe mental illness. A few of the more common publication outlets for IPS are listed here.

***American Journal of Psychiatric Rehabilitation*. 1996–.**

Previously titled *Psychiatric Rehabilitation Skills*, the journal is published by the Taylor and Francis Group. Its first issue was published in 1996. This journal is aimed at practitioners. The journal published a special issue on IPS in 2011 (Volume 14, Issue 3).

***Journal of Mental Health*. 1992–.**

Published by Informa Healthcare, this is another journal publishing a wide range of papers on mental health, including employment services. Its audience is similar to that of *Psychiatric Rehabilitation Journal*, often featuring papers based on experiential knowledge.

***Journal of Nervous and Mental Disease*. 1874–.**

Founded in 1874 and published by Lippincott Williams & Wilkins, this is the world's oldest independent scientific monthly in the field of human behavior. Articles cover theory, etiology, therapy, social impact of illness, and research methods.

***Journal of Vocational Rehabilitation*. 1991–.**

Has been published by IOS Press since 1991. Journal issues include some of the earliest papers on supported employment, including a special issue in 1991 on supported employment for people with psychiatric impairment (Volume 1, Issue 3). In 2007 the journal published a special issue on "International Perspectives on Implementing Supported Employment for People with Severe Mental Illness" (Volume 27, Issue 1).

Psychiatric Rehabilitation Journal. 1976–.

Previously titled *Psychosocial Rehabilitation Journal* and published by the American Psychological Association. Boston University Center for Psychiatric Rehabilitation began publishing this journal in 1976. In addition to first-person accounts, program evaluations, observational studies, qualitative studies, and theoretical papers on supported employment, the journal published special issues on IPS in 1998 (Volume 22, Issue 1), 2008 (Volume 31, Issue 4), and 2014 (Volume 37, Issue 2). *Psychiatric Rehabilitation Journal* published what may have been the first special issue on supported employment for people with psychiatric disabilities in 1987 (Volume 11, Issue 2).

Psychiatric Services. 1950–.

Previously titled *Hospital and Community Psychiatry*, the journal has been published by the American Psychiatric Association since 1950. This journal is widely read by mental health leaders at the federal, state, and local levels, as well as researchers and policy planners. *Psychiatric Services* frequently publishes papers on IPS, including widely cited review articles.

Schizophrenia Bulletin. 1969–.

This is a high-impact journal published by Oxford University Press. It publishes scholarly papers on “recent developments and empirically based hypotheses regarding the etiology and treatment of schizophrenia.” It has occasional papers examining employment and/or vocational interventions for schizophrenia.

Schizophrenia Research. 1988–.

Published by Elsevier, this journal publishes papers intended for both researchers and clinicians spanning a broad range of topics relating to schizophrenia. *Schizophrenia Research* is a common publication outlet for longitudinal and correlational studies and for review articles, including papers examining employment outcomes.

Supported Employment Technical Assistance Centers

Worldwide, numerous IPS technical assistance centers provide training, resource materials, and technical assistance in implementing IPS. Several states have technical assistance centers devoted to IPS, sometimes as part of a broader mission to provide technical assistance for evidence-based practices. Among the states are: Maryland, Kansas, New York, Ohio, and Oregon.

Centre for Mental Health in the UK.

Offers free downloadable resources on IPS. Twelve sites were selected to be new Centres of Excellence and act as exemplars of how IPS can be implemented in localities across England.

Dartmouth IPS Supported Employment Center.

Comprises a multidisciplinary team of researchers and trainers who conduct research studies, disseminate findings, prepare training

and educational materials, and provide training and consultation services.

Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA has on its website a free downloadable toolkit on evidence-based supported employment.

IPS Resources in Other Languages

IPS fidelity scales and other resource materials have been translated into Spanish, French, Dutch, Italian, Norwegian, Swedish, Japanese, and many other languages, corresponding to the countries in which IPS has been implemented. Some of these translation are found on the Dartmouth IPS website. IPS books and manual have also been translated into other languages, including Polish and Japanese. Drake, et al. 2013 is an example of a Polish translation.

Drake, R. E., G. R. Bond, and D. R. Becker. 2013. *Indywidualny Staż i Wsparcie zatrudnienie wspomagane: Podejście oparte na dowodach*. Wydawca, Poland: Polskie Forum Osób Niepełnosprawnych.

Polish translation of *Individual Placement and Support: An Evidence-Based Approach to Supported Employment* (Drake, et al. 2012, cited under Introductory Works).

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