

Event: Employment for People with Psychiatric Disabilities – part 2
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Good morning everybody this is Marine Jolly with the University of North Texas thank you all for joining us for the second part of this Roundtable from the University of North Texas she was be spending -- shall be spending the next hour to help us with employment for people with psychiatric disabilities. How are you? Good we are doing great here. I want to make sure that everyone in our audience can hear is okay go ahead and make a comment that you heard. And then will will be ready to go. The question boxes in the control panel. Write me a note. Just a gentle reminder for all of you thank you Amber and stories -- joyce will find your handout in the control panel. I will ask all of you to sign in he will be able to double check the were on the session today. Dr. Cary had also asked if you had stories or questions you can put that in the question box. I will leave it up to you Dr. Cary you will pick up where you left off last week.

Good morning everyone thank you for joining us today. We went through a lot of material last week talking about some of the barriers to employment and some initial things and concerns in regards to a specific diagnosis will continue to talk about the diagnosis today I want to check in to see if there were any questions specific to the information that we covered last week. It was a long time ago last week but we talked about the basic information and began covering different mental illnesses we talked about the barriers to employment the causes of impairment and barriers caused by workplace stigma and hiring practices and we got to the discussion of depression and bipolar disorders I just wanted to check in is if you have any questions before we move forward.

I don't have any posted right now. I will let you know if any coming. Great. What we will do today is will start by talking about anxiety disorders and personality disorders because adding people are seen them more and more and then we who will talk about one specific case study that I have that I wanted to share. Let me dive right in looking at anxiety disorders they cover a lot of different conditions separation anxiety disorder specific phobias social disorders panic disorders generalized anxiety disorder a prevalence diagnosis substance or medication induced and then unspecified. We will talk more specifically today about generalized NMP BST. -- and then PTSD. Something that it is a result of an event that the person experience that causes a dramatic reaction that prevented them from implementing a traditional coping mechanism we all have those with the ways that we deal with things every once in a while something may be too much for us or might be out of the scope of how we are

able to respond and understand what we are experiencing. The results of that can be ongoing impact and characterized as a generalized anxiety disorder. Specifically in regards with PTSD because of the reason [Indiscernible] we have a lot of veterans comeback and look for services and need to have services that focus specifically on post traumatic stress disorder in understanding what that disorder does and what it means. So generally it's something that is accompanied by trip -- depression, the reflection on the events can happen in a lot of ways sleep difficulties nightmares series of daytime events where they have flashbacks these experiences can really cause a lot of avoidance of anything that seems to be similar to that event. Because people are dealing with this trauma you really try to navigate how to manage it you see that they have a lot of interest with interacting with things they used to like and enjoy interacting with the disturbance is of experience regardless of how it is triggered can cause some really clinically significant distress and impairment in their social interactions or capacity to work which is relevant for us and in other important areas. Of interaction and functioning.

So here are some of the six main types that I just talked about you will see various aspects of these probably what you'll see more in a setting that you are in our generalized anxiety disorder and PTSD. Let's talk a little bit of doubt the implications and strategies when you're working with someone who is experiencing some of these negative reactions and negative disturbances that are causing significant distress one thing that you can do to limit the additional negative impact that the traumatic recurrence might have to restrict their behavioral choices they need to be in a setting where they are not expected to make independent decisions they need to be in settings where there is an expectation for them to have to demonstrate initiative initially and this is when this will vary person-to-person this is for people who are newly diagnosed and coming to terms with coming to cope appropriately with experiences that might have a set schedule something that is wrote something they understand they can here I sit here and I do this. There also tends to be the hypersensitive to criticism is one consideration that you want to think of that will impact how people are receiving feedback from the coworkers supervisors what impacts them probably in a larger way is a decreased energy level. Because they are dealing with this trauma they are having a significant distress you see that they are really just exhausted from the process. Trying to figure out when that person's energy level is at its highest trying to get the schedule so they are able to optimize when they are energy is at a higher level is something to consider and also we want to think about interpersonal functioning when you have experience some type of traumatic events either witnessed it or been directly involved or learned that it happened to another person a family member or close friend a can really cause you to want withdrawal from interpersonal reactions because you are aware of how you might interact with them or you are afraid that there might be triggers so really thinking about how this person is going to interact on

the job is something that is really important. How they will be able to socialize and fit into the work culture is a huge consideration now we should make preventative measures prior to placement so this individual is having this issue I know for the specific person that the way to connect is talking in socialize is something that's been impacted by the diagnosis how can I make a decision about placing them employment that deals with their strengths and interests poll also help manage that consideration that is the level of thought that you know and practice daily is the level of thought that is to go into it. The vocational strategy and implications that are listed here are what you generally would see for individuals who are experiencing PTSD but it will vary person-to-person of course. But try to make sure that they have a schedule limiting the behavior choices make sure that they have a partner that they trust so they have a reduced loneliness and slowly building that social so -- support. Crafting that natural support so that it fits with what the person is experiencing providing them with cognizant feedback, that doesn't mean that they should receive information on how they can improve but we do want to address the self-consciousness that they feel because of the experiences of their gone through is to make sure that they receive ongoing positive feedback. Then we also want to make sure that they are not working at an environment that will cause additional stress positions and have duties where there is stress to produce at a certain rate or have certain aspects of your work world done in a matter that fits time so that he can transfer to someone else I things that you do you think about.

-- want to think about.

So the psychotic disorders these are the disorders that tends to cause some of the most apprehension I guess that is the best word for us as service providers. And for various reasons. I think we talked last week about the notion that psychiatric disabilities are really unpredictable and to an extent there is some unpredictability but you get that with most disabilities. The key component here to really focus in on this variable -- on the individual and what they bring to the table. I will give you information about what the course of their psychiatric disability looks like. That will look very different for each individual that you were going to work with. So when we talk about the site -- psychotic disorders people are apprehensive and sore employers. -- and so are employers. Our world operates with a stigma regarding how people with schizophrenia or other disorders are supposed to act and that puts additional pressures on us that we are working with employers so that they know who this individual is. And they are focusing on individual versus what they believe they know about psychotic disorders. So schizophrenia probably one of the most publicized psychotic disorders about 1% of the population is diagnosed when we talk about the disorders we tend to lump them all together and they tend to think about schizophrenia specifically. We know that there is a small margin of individuals who psychotic

disorders who actually have schizophrenia but it is the one that we will see most that would affect the disorder and then [Indiscernible] that has the mark Asians of schizophrenia but also has bipolar. Schizophrenia causes two different kinds of symptoms the airport to think about in impacts geology they have -- they have negative systems -- symptoms those the recognize -- a represent a lack of normal function. The inability to experience pleasure is something that is very common amongst individuals were diagnosed with schizophrenia they no longer enjoy activities that once brought them pleasure. Someone who might've enjoyed playing golf or fishing no longer will have that that is a negative symptom because it is a lack from their normal functioning. Another negative symptom is lack of emotion one of the things you may have noticed in some of the individuals the work for 10 to have a flat aspect they seem to have -- they seem to have a flat aspect they may have little eye contact her facial expression that can impact their social interactions in the workplace. They might have a problem focusing are paying attention they don't have the ability to pay attention that is a negative symptom there lacking the ability to pay attention a lot of that is very specific to what we talked about earlier with the cognitive impairment at that level. What we've seen to the research that individuals who have schizophrenia tend to have a significant issue processing information. Because it is difficult for them to take in information to comprehend and process it them when you see -- than what you see is a lot of miscommunications. Fragmented bods -- thoughts disjointed thoughts from this -- in schizophrenia are a result of the negative symptoms positive symptoms are additive behaviors that are not a part of a we typically see in functioning individuals the present themselves in some individuals with schizophrenia. Not all will experience thought disorders or dissolutions but you will likely see one or two of these presents an individual the work with. To clarify briefly hallucinations are those things that involve hearing voices and that's what we typically hereabouts with hallucinations but it can really involve all the senses. Seeing things that are not there tasting things that they are not tasting in their mouth smelling something that is not there believing that you are touching that is something -- something that is not there. It involves many pieces in our general popular culture it tends to center around auditory. Delusions tend to focus on the belief system that someone has that generally is a rational -- and irrational belief. The individual their belief systems fall upon two lines they enhance their symptoms themselves seeing themselves as a very important person having really important work or really important role that is more than is rationally expected from them and realistically expected from them. And also Amy's individuals who feel that they are being persecuted. -- you may also see individuals who feel that they're being persecuted. We see that as a demonic being chased by a devil the devil made me do it in popular culture. Those statements companies persecuted feeling that people who have delusions sometimes experience.

What we also see generally speaking for individuals who have schizophrenia goes back to the, and tense period in the fragmented their inking -- thinking their inability to have distinct thoughts keeps individuals from distinguishing outside reality from their internal parts. And they get to a space where they don't really know if what they have seen or are thinking is actually occurring. Let me add a caveat to all of that these types of symptoms and the activity of these symptoms will be much more pronounced if you have an individual who is not taking medication. Or it not in another type of it intensive treatment. Nine times out of 10 the individual the you will see -- that you will see will have some site -- type of therapy in place. That will temper that the caveat is that the symptoms will be much more in individuals not medicated, individuals that I talk to and work with you may be taking some type of antipsychotic that will address some of their auditory hallucinations they sell are the voices the reaction to them is slightly different. Those are things that we should be aware of after interacting with individuals. There is a great website it is a YouTube video that demonstrates what an experience is with schizophrenia active in their symptoms it's been talking to a supervisor or Boston you see all of the different feedback and information that their experience I will be able to share that with you so you can get a sense of what that looks like. Your clients or consumers would be the best individuals to give you the information on how their symptoms affect them. Here's a list of other psychotic disorders he will typically see what the culture that you will be working with. Vocationally we talk about before extreme impact on work relationships. The social impact that some of the negative symptoms and positive symptoms can cause regardless of their activity can be a stronger intensity they can definitely impact work relationship in a personal desire to meet others. Isolation amongst individuals who specifically have schizophrenia is mechanism rather than a direct manifestation of their symptoms he was the lack of interest is one of the negative symptoms the people like to see -- most people like to know that they are doing a job well that you see general disinterest in the typical aspects of what we get in benefit from when working. You might see a poor stress tolerance high task error rate and it goes back to the fragmented thinking and confusing that they experience as a result of the cognitive impairment of that particular disorder. So how do we address is? One there needs to be an this is not in order of how we should happen the most important one is support from you in the rehab counselors in job development and mental health professionals making sure that the remedial options that is to be a team approach they are interested in integrating them into the community what do we need to know from this position. One of the things that was most important for me to know is there any flexibility with timing how this individual takes her medication I've one person she did newsletters for nonprofit organization and she worked three days a week she started early in the morning and then she ended around two or three the problem for her specifically was that one of her medications was administered at 11 AM. From the time and 11 until the 2:00 time when she left her productivity was extremely left there was a couple of

times there were issues because she was asleep there was a direct result of the medication and the impact of it you having an ability to talk with a mental health professional and understanding any medication is really important for you to navigate is there any room is is something Michigan take maybe not 11 but instead it to when she goes home. -- is this something that she can take instead of at 11 that may be at 2 PM when she goes home.

Personality disorder. Dr. Cary you have a couple of comments. Great. I don't know but they seem to be extremely paranoid they are doing great on the job and then they talk about how other people are talking about them. - That we know is part of the symptomology with the delusional thoughts where people are feeling as though they are being persecuted by others. Popular culture like to talk about demonic but mostly we see what you are referencing now. The traditional thought the on that -- behind that is to counter that with other evidence. Well no this isn't happening because you are not having a negative experiences. The traditional thought is to do that to some degree that works. We don't want to say that no you are wrong we want to take in the information that they are saying this is the reality. Here's the challenge with schizophrenia specifically their ability to distinguish that outside reality from their internal box that is the hard part. We do not want to be dismissive. Of what those internal bots are but we do want to give them and teach them the skills to think about while let's look at a situation where you think this was happening let them help you break down that situation so you can present alternatives in that situation. When I was in the break room I walked in everyone became quiet so I know they were talking about me. You might want to counter were there any other times when someone has walked in the break room and you stop talking. You want to help them obtain a narrative as you go through their perspective so that you are providing that counter narrative to whether perception is. But you don't want to immediately discount them because I can fracture your relationship that you have. You might also want to need to help build some support in the workplace where you are working with the supervisors are the coworkers and not necessarily saying that they have this paranoid at two-year - - idea but asked them how they can support this person make sure that we are greeting individuals as they coming to our space, it there is a greeting -- so there'd be a greeting building those natural supports would help them provide a counter narrative to what they are experiencing.

In talking about our personality disorders personal date -- personality disorders are tough I don't know if you've worked with individuals who have personality disorders there a challenge because it doesn't present itself in the same way that others diagnosis can. Where there is an organic and there's been research to identify the organic chemistry nature of this disorder so we know there is medication that can address or temper to some degree the impact of that. Personality disorder comes from and in --

long-term experiences and a long-term way of behaving the really moves away from the general expectations of behavior. Causes a person overall to become very inflexible and rigid in their views so much so that it is a part of who they are. So while there are medications that an individual may take that will temper some of the results - - resulting depression or anxiety from the experiences of they have there is not medication that will address the core of who this person has become. Based on experiences and behaviors that have been deviating from what is typically expected in work and social relationships. With the revision of the personality disorders we see a little really do -- we see a little bit of a redo of classification as we move forward looking at borderline narcissistic borderline is pretty common this is the one you tend to see most often. It affects about 2% of the general population so people who tend to have borderline have had some type of childhood abuse or neglect may be some type of separation from their parents or family members that the child experienced and then they develop defenses that react poorly to stress situations. And they develop an ideology about the nature of relationships interacting in some way they are irrational and mostly dysfunctional. But not everybody has experience some type of an abuse or sexual assault or mental abuse will develop this disorder. Some actually develop this in the absence of anything like this.

There was a training that I went to I'm borderline personality disorder may be in 2009 the title of the presentation was I love you now leave me alone. I views that frequently for the individual that I've worked with -- individuals that I've worked with I feel that is a good way to understand how they deal with emotion. There is a desire for acceptance for attachment and for bonding but because they have a maladapted way of dealing with stress and relationship and interaction and dealing with emotions -- dealing with emotions they will constantly push you away they want to do two things at once they want to draw you in and they want to push the way which makes social interaction and interaction with supervisors receiving criticism developing networks at the workplace really difficult. For these particular individuals also maintaining boundaries. What we tend to see most in popular culture but also shown a degree in the literature retaining appropriate boundaries that are socially accepting boundaries I'm your supervisor you are the person that works for me the subordinate we have a relationship where I know that I'm in the power structure you accept that power and we work in that way people who have personality disorders will try to bend the boundaries that exist there. They might try to assert themselves in an equally powerful position they might try to bend the boundaries and try to persuade the person to attract with them differently their thought process may be how can I stop this from happening to me draw this person closer to me so you see sexual inappropriateness happening with those boundaries you might see people who tend to insert themselves into the lives of their coworkers more. I had a client she had several diagnoses borderline personality disorder was one of them she would go this was prior to

Facebook but there are other social media, such as MySpace she would go and try to find everyone's MySpace profile should try to find as much information as she could and take that into the workplace and talk to people. It would be information that they had not personally shared with her so it caused quite tense and awkward interaction in the workplace and that person was not able to stay at that position because at a certain point she was very crafty with some of the information that she found out. There was a site where you can go and find all of the relatives of people where they live a person's previous addresses or the state that they lived in she was doing all of that with the desire of connecting to the individuals but that is awkward and strange. And for some people that gives them a sense of not being safe. So those are the types of things that we see sometimes with individuals who have personal Aldi -- personality disorders maintaining boundaries interacting appropriately dealing with emotions excepting supervision and feedback is something that is really challenging. So the vocational strategies that are helpful in those cases is to make sure that instead of getting verbal feedback they get detailed written feedback tied directly to the job task helping them to manage their stress in the workplace having different techniques these are things that you want to work with really diligently with the advent of online counseling and therapy is really helpful for individuals in the independent workplace it gives them outlooks and outreach that they wouldn't typically have. There can be a counseling cycle talk space where someone who is having an experience of stress, I don't understand how this works from a counselor perspective these licensed counselors available throughout the day you have someone that you can contact through text or email and have support in that moment. So thinking about the various ways that we manage our stress on the job and also having specific training about boundaries social interaction social relationships on the job. That is something that is very important. Keeping the person very aware of their progress as they move forward doing this in a very detailed structured way. One of the things that happens in the nature of the work that we do we develop relationships with people would begin to know them interact with them we need to have a rapport with them an alliance with them so we can be successful. The interaction seems relaxed and it should be appropriately relaxed but for individuals with personality disorder for those boundaries are easily blurred for them and confusing can result in those boundaries we need to be a little more cognizant of how we handle the interaction with them. From service provider to a client consumer. How we are providing them assistance how we are giving positive feedback we need to be very aware of what we are presenting and keeping it kind of consistent and very detailed and directly targeted toward specific goals to provide may be less of an opportunity for boundaries to become conflicting. So that is the last of our conversation about the disorders. We have about 25 minutes. To talk a little bit more so I have a prepared case study but then I also have some insights the Marie was sending with me about some collaborative questions that people tend to experience. -- common questions that

people tend to experience. I want to talk a little bit about one of the big issues or actually two of the big issues and we can go into the case study. One of the things that I have experienced professionally and then also personally I have a cousin a very tightknit family I have cousin the we were raised as siblings because our mothers were very close who has schizophrenia. He is had challenges throughout his diagnosis with maintaining his medication compliance. It is been a treatment adherence it is a technical term for it professionally I've also had clients and consumers who are working with -- you are working with and consumers that I'm trying to work with the job placement who for various reasons stop taking their medications or they start taking the medications and have their two-week timeframe for the medication starts to set in and work MSR to fill the effects of it they maybe take it a couple of weeks and I feel fine and then they stopped. And then of course we know it has ripple effects particularly if the medication is a core part of what their treatment regimen looks like. Compliance means a couple of different things generally it talks about the extent to which one takes medication as they are prescribed. And so for people who have mental illnesses that is often a longer duration I have an iron deficiency someone can have iron for a while and then add something in and stop taking iron. This could be a long-term experience for the long-term recovery. It becomes difficult for people to maintain that I remember when I was pregnant at a certain point although I knew the necessity of it I was really tired of taking prenatal vitamins. And that is the lighter side of this prenatal vitamins of course played a very significant role in the development of my children for people who have mental illnesses if they are taking medication for depression generally you are going to see the first kind of episode of 6 to 12 months but half of individuals were taking medication stopped taking the antidepressant within the first three months of treatment. And there is not -- this noncompliance can have significant implications a can cause a relapse which is bringing the on this back to an intensity that makes the person less able to function appropriately in various settings that has direct impact on their employment opportunities. So there are different things that affect compliance there's a person's attitude toward medication their social economic considerations whether they can maintain the funding for the medication and then there is also social support for medication I've had the most challenging time with individuals that I've worked with who have been older African-American women taking medication because culturally it is not acceptable. There are other alternatives other means by which they feel they should be able to work through these problems and so for this community which I'm a part of it is really challenging to sell the benefits of medication. And maintaining if they have they -- and knowledge of the medication side effects some individuals may choices do I want to deal with the symptoms is that easier than dealing with all of the side effects. My cousin that I have mentioned has schizophrenia is in a long-term relationship they were moving in together his medication was affecting his sexuality his libido and that was the reason he stopped taking it. If I were a service provider what would be my space to challenge

that? That is a legitimate concern. A legitimate issue that aspects -- affects his life. That is the rehab an opportunity to solve with her clients and consumers if it is causing a little bit about recognizing why they are not taking the medication and validating their concerns that they have try to make sure that we give a lot of information about the benefits and the importance of the medication so what we can do then issues a relationship is compared with the time that they did not take the medication what they like and do not like through that timeframe what things have shifted since they started taking them out of the -- the medication. Again going back to talk in about -- talking about working with her medical provider how can we simplify the regiment. There was a point where my cousin was taking somewhere between eight and 12 tablets a day and when he was actively taking medication he was a different person. He had a job but the impact on him was apparent. The impact is a person was quite apparent. So working with what a professional could of done his work with the provider to say is there a simpler regiments? Are there different degrees and levels and types of medication with different side effects that he could take that would accomplish the same end to try different things? Most people don't have to try different things because they go with the provider suggestion. The provider makes the decision based on cost, the cost that they get from the pharmaceutical company or the cost of the clients that the clients need to be empowered to ask those questions we are able to help the clients thing to me about those types of options. The last thing that we want to do is try to think about considering how the client interacts with their social support and have a combat the negative -- and how they combat the negative interactions about their medication and allow them to talk through the process and giving them the benefit cost rationale that we would give them about the cost of medication. That is my spiel on medical compliance it is a difficult issue. Medications and taking them long-term is difficult we have to understand that we also have to talk about how we can help that person maximize their success.

The employment specialist says my personal criteria is the person should be medication compliant as a criteria for the employment. As you present it there a lot of different issues may be looking at what other options might be explored to support that person.

Thinking about medical compliance is the extent to which they are taking medication as prescribed. When you say they need to be medically compliance for need to think specifically about what that means that they are taking an antidepressant and they decide that it is helper for them to take it every other day versus everyday which technically does not meet the criteria for compliance but it helps them maintain aspects to diminish side effects and maintain an aspect that they can learn because they are affect it negatively by the medication. Is that compliant? Would we be accepting of that? There are some individuals for various reasons the could be

religious reasons they could be because of other metabolic disorders that they have that the medication that they decide not to take any more. They venture into other types of treatments and there are some holistic treatments that individuals can engage in that have been shown to have some benefit match up affect medication of course -- natural plastic medication. I have a very close friend who is experiencing depression she has been taking holistic medication and she has been managing her symptoms along with talk therapy. Thinking about medical compliance may be what we do with our clients and consumers is strategize with a compliance needs to look like that will maximize their functionality and their success. So maybe medical compliance isn't the only route to that. Maybe talk therapy has another significant role in other individuals -- and other options have a significant role that can be helpful to manage their symptoms to get to a place where they are functional in the workplace. The other consideration and I think we all probably talked about this is disclosure. And what happens and how do we talk to our clients and consumers about disclosure in the workplace. The reality about disclosure for people with mental illness and I guess one of the realities and the things that we cannot ignore in regards to disclosure and illnesses is the negative stigma that is associated with it. We think about recent large attacks there were violent in our society each one that connection has been made toward mental illness. That is the first place the people go to because of the stigma thinking about someone who has experienced stigma in their own personal life with the previous employer with their own support members and social network getting them to think about the benefits of disclosure and the cost of disclosure is another key area. My cousin worked at Circuit City and he was a service aide for quite a while it was pretty dominant in the Midwest. He worked there for quite a while he worked in one of the electronic he was very much into the electronic and technology he worked in that section and he had an opportunity his immediate floor manager knew about his illness because of the Council that he was working with but he was getting ready to get a different job with Circuit City and then OfficeMax opened up in the area where you can work on computers and they wanted to move them over to that section and the question for him was do I tell these new people? The nature of this job is going to be different tech support to working directly one-on-one all the time with consumers you are talking to them and and try to figure out -- and trying to figure out how to help them he and I talked a little bit about what that would look like if he disclosed. What his new peers in a particular area would think if they did not ready know. And whether or not he would be able to function as he had been on the floor without meeting those additional -- without needing that additional support. The comments that I always give to people about a combination if you don't disclose the new can't get them. Even if you are feeling well right now you don't know when you might not be. Or when you might need them. That is my professional and personal stance on it not been a person that has experienced it myself. And seeing the negative experiences of those who have experienced that. It is not a cut and dry question or

area it is one that you have to work through with individual think about the what-ifs. You choose to not disclose but if this happens and what if this need appears what if you have no protection and no real way to manage that with the support the would need to be most successful and functional. But then you also have to talk about what if you need to choose to disclose and to go back to my cousin he was going to this area with other people who are very tech savvy who tend to not be so open and their thought processes and how others are difference what would be the consequences of them going into that particular setting with this disclosure. When he was working on the floor it was different. Those are considerations that you have to make ultimately it is in individuals decision. The as a counselor it is always been to provide the benefits and the costs and sometimes it does not end well. There was a client with significant physical disability who chose not to disclose he was a school counselor on a campus where his office was in a trailer he had something called cerebral spinal ataxia and it manifested itself close to multiple sclerosis it was impossible physically to walk over to the classes to get the students so we missed several employments chose not to disclose -- appointments and chose not to disclose and eventually lost his job. That was a consequence of the disclosure that was something that we are talked about and making people aware my role of that was to support him and have that same conversation with him the next time he sought employment. Disclosure particularly for mental illnesses is not very easy because of the level of stigma that is surrounding it. It is still a worthwhile conversation that we should have an resents the benefit and the cost and think through the process with the person that we are working with. -- to present the benefit of the cost and think through the process with the person that we are working with for this B --.

There's a question [Indiscernible] an employer actually asked for written statement that an employee would not become violent. And that became part of the employee employer record. - Absolutely not. That is my initial reaction absolutely not. Let's talk about the legalities, it always puts employers on guard they don't like to hear those words they become less willing to be partners with us because they think that they're going to be penalized. In the situations. But there are very specific legal and illegal ways that you can going talk about employment and the nature of your disability with your employer. Based on the ADA you do not have to disclose to your employer if you don't need accommodation you don't need to disclose. If an employer is asking information that is getting specific details regarding your diagnosis that is illegal. Most employers do not know that. Because most employers don't sit around with information on their desk. Knows to -- most consumers don't know about so they give them information about their disability that they don't legally have to provide. Asking for written statements that that person will not be violence is illegal and discriminatory. What is agree -- what is to promise that a person without a diagnosis will become violent. There is such a thing as maladaptive coping skills and we all can

fall victim to that I don't know if you've ever been a part of or involved with yourself in road rage where someone cut you off and you reacted more strongly than you typically would have those type of things happen there always tied to diagnosis -- they are not always tied to diagnosis for the employer to ask for that from an employee is discriminatory and illegal. You can talk about is the stress of the employee you can talk about what the strengths are and managing stress and how they manage to communicate that to the employer if the person feel so inclined they can talk about how they manage stress. But again that is not anything that they are required to do I definitely would not provide any type of statements guaranteeing that a person is not going to become violent. One you don't know that that person is the going -- is going to become violent and everyone has the potential of doing that. That probably was not the most articulate way to respond but that angered me a little bit.

I hope that was somewhat helpful. A good resource for you to look at for those type of questions is the job accommodation network I believe that it is Jan.com. Or Jan.gov ask Jan.org they have a great site that provides information about rehabilitation professionals for individuals who are jobseekers and employers and it talks very specifically about what is within the realms of question that can be asked by employers of physical disabilities when they are going into the workplace even if they are working through accommodating this individual are still questions that they cannot ask. Legally. And what you brought that up because one of the things that they do is specifically will work with an employer an employer can call and ask what can I do about this and they will work with them. Good idea.

We had a case study also we have about four minutes left. I'm going to visit with the West Indian employee that I worked with several years ago who worked for the IRS he had schizophrenia and he worked for the government but he was monitored on his job for interventions and talking with a supervisor it echoes the question we had earlier he had worked on this job for quite some time and was working with audit he became fearful that he was going to receive an audit himself. The case just talked about how he navigated that situation. Some of the strategies and implications I think the important discussion we had about compliance and disclosure will give you enough information to move forward in process and think about what you are doing with your clients and how best to help them be successful and maintain functionality with the job. I was suggest strongly that you do this and other great place to go that has specific up with employment is not me.org -- nami.org and for yourself do you are doing now and remain the Joe and about getting more information about diagnosis -- remain vigilant and getting more information about diagnosis that affect your employers. I know you are great with the job that you do and grateful that you are out there doing the work with your clients and employers that there are future questions

please give them to Noreen and I will try to get some responses Orlie some references and resources back to you to help you perform your job better than you already are.

Awesome thank you so much Dr. Cary we appreciate the two hours the have given us. From last week and this week I will remind everybody that the webinar will be posted so there's information that you want to go back and look at you can you go back to the website and view this presentation again. It will be recorded session. We did actually have another comment that came in in regards to people with developmental disabilities so that actually sounds like a whole new webinar to me. That can be very interesting as we work toward employment for all people with disabilities. I will remind everybody that you will be receiving an email from me with an evaluation please complete that and when we receive it back then we will be able to apply the education credit to your individual portal. I think we've had an amazing amount of information and we appreciate the time the Dr. Cary has given us. - Thank you for participating I appreciate it. Goodbye everybody. [Event Concluded]