

Eastern Kentucky University

Encompass

Master of Social Work Capstone Projects

Social Work

Fall 12-13-2022

Finding Employment for Individuals with Disabilities Utilizing Interprofessional Collaboration

George G. Gaertner

Eastern Kentucky University, george_gaertner1@mymail.eku.edu

Follow this and additional works at: https://encompass.eku.edu/msw_capstones



Part of the [Social Work Commons](#)

Recommended Citation

Gaertner, George G., "Finding Employment for Individuals with Disabilities Utilizing Interprofessional Collaboration" (2022). *Master of Social Work Capstone Projects*. 2.

https://encompass.eku.edu/msw_capstones/2

This Open Access Capstone is brought to you for free and open access by the Social Work at Encompass. It has been accepted for inclusion in Master of Social Work Capstone Projects by an authorized administrator of Encompass. For more information, please contact Linda.Sizemore@eku.edu.

Capstone:

Finding Employment for Individuals with Disabilities Utilizing Interprofessional Collaboration

George Gaertner

Eastern Kentucky University

SWK 895: Integrative Capstone

Dr. Ann Callahan

November 20, 2022

Disabilities, employment, rehabilitation, work, interprofessional, competencies, social work

Finding Employment for Individuals with Disabilities Utilizing Interprofessional Collaboration

This capstone is going to demonstrate my abilities to practice and apply all nine social work competencies. I will be conducting a case study on one of my clients that I have been able to assist during my time at my practicum placement. This capstone will begin by discussing my practicum placement and the agency's goals. The capstone will then thoroughly examine each competency as I describe how I have been able to utilize interprofessional social work practice and skills while working with my client. Lastly, this capstone will discuss the case outcome and how the outcomes were evaluated by the agency.

Practicum Background

My practicum placement has been at the Office of Vocational Rehabilitation (OVR). Our agency assists individuals with disabilities to help them obtain competitive integrative employment. Competitive integrated employment can be defined as an individual with a disability working a part or full-time position, making the same pay as others without a disability, and in a working environment within the community that employs both able-bodied individuals and individuals with disabilities (WIOA, 2014).

There are a lot of peer-reviewed articles and journals that suggest individuals with disabilities who utilize vocational rehabilitation services obtain positive outcomes. Vocational rehabilitation services obtain the most effective outcomes when there is effective communication between the client, rehab counselor, and community partners (Waddell et.al, 2008). Vocational rehabilitation services can be described as interventions that assist clients who have disabilities with the goal of helping them obtain or maintain employment.

Our agency utilizes an interprofessional team approach to assisting our clients. OVR utilizes evidence-based research and interventions to provide effective services to our clients. We implore a large variety of different skills in order to fully assess our clients while utilizing a collaborative approach. Over one million individuals with disabilities obtain competitive integrated employment each year through the services provided by state-funded vocational rehabilitation programs (Leahy et al., 2014). This information showcases the positive impact vocational rehabilitation has on our community as it specifically serves a vulnerable population, individuals with disabilities.

Case Study Client

My case study client will be referred to as Mr. Smith. Mr. Smith was referred to our agency by the local high school. Mr. Smith is an 18-year-old male student who will be transitioning from high school this May as he will be graduating. He has been diagnosed with ADHD and an intellectual disability. Mr. Smith is currently receiving IEP services in school due to his mental health diagnosis. The goal for Mr. Smith is for him to obtain competitive integrated employment before he leaves high school. My role when working with Mr. Smith has varied throughout the process. I have acted as an educator, a leader, and have provided support to the client throughout the OVR process.

Some of Mr. Smith's strengths include his positive family support, good social skills, and is good with working with his hands. Some of the identified limitations for Mr. Smith include his inability to maintain focus over an extended period of time, his need for frequent prompting in order to demonstrate appropriate behaviors, and he has difficulty interpreting and responding appropriately to social cues. These limitations evidence a need for vocational rehabilitation services in order to assist the client with obtaining competitive integrative employment. Our goal is to ensure Mr. Smith has a successful transition from high school into competitive integrated employment. This will help Mr. Smith prepare for adult life.

Competency #1: Demonstrate Ethical & Professional Behavior

The National Association of Social Workers (NASW) code of ethics provides a detailed outline in regards to the ethical behavior a social worker must present when working among interprofessional teams. When providing services, an OVR counselor must engage with a broad range of disciplines from various service providers and vendors. This formulates an interprofessional team in which our main goal is to assist consumers with obtaining employment. In order to formulate appropriate goals that can positively impact our client's functioning, all interprofessional team members must contribute to the decision-making process (Iachini, Bronstein, & Mellin, 2018).

OVR counselors must coordinate with teachers, therapists, and other staff members to inform students of the services they may be eligible to receive (Honeycutt, Bardos, & McLeod, 2015). The interprofessional team is comprised of myself as the OVR counselor, the client and his parents, teachers, his counselor, and the employment specialist. A meeting was conducted at the school in which I presented information regarding OVR services. At this time the client showed interest in the program and an application was completed. Each member of the interprofessional team discussed the roles they would play in the helping process.

As the social worker among the interprofessional team, I try to guide discussion and monitor ethical boundaries as not all members of the interprofessional team adhere to the firm ethics as presented by the NASW. By closely monitoring all discussions I have been able to advocate for the client during interprofessional team meetings. I aim to hold all parties accountable for the services in which they provide. It is during this time then I also encourage the client and his parents to participate in the interprofessional team meeting. I encourage them to engage with the various interprofessional team members to discuss what services they can provide. Then the client and his family are encouraged to identify which services they feel are best suitable for the client. This shows dignity and respect for the

client and his family as it promotes self-determination while interacting as an active member of the interprofessional team. We encourage and respect the autonomy of all clients.

OVR attempts to incorporate interprofessional teamwork into all aspects of the services we provide. By working with a variation of vendors and diverse professionals we are able to incorporate interventions to assist individuals with disabilities. Bronstein (2003) defines interprofessional teamwork as an effective technique that allows the attainment of goals that could not have been achieved by only one worker. Interprofessional team functioning requires a vast range of frequent communication. Confidentiality is an ethical principle that social workers must uphold.

Reamer (2013) identifies confidentiality and privacy as frequently occurring ethical issues in social work practice. I have been able to engage in ethical electronic communications among members of the interprofessional team and the client. I have diligently followed all agency and other guidelines to ensure no private information or confidential information has been shared without a signed release of information. It has been my ethical responsibility to demonstrate professional ethical conduct throughout all work-related activities. I have been able to utilize active listening skills to ensure that information is being understood correctly. I have facilitated discussions with all members of the interprofessional team, including the client and his parents, to discuss the values of everyone.

Competency #2: Engage Diversity & Difference in Practice

The client and his family must be active participants in the interprofessional team in order for it to function appropriately and effectively. All clients have been encouraged to actively participate in any type of decision-making process. OVR continues to implore new strategies and techniques which encourage the client's involvement in the decision-making process. As an OVR counselor, I stress the importance of consumer choice. This emphasizes the client as a respected and valued member of the interprofessional team. Research suggests that the client's willingness to participate as an active member

leads to long-term success for the client (Sargent, Loney, & Murphy, 2008). I encourage the clients to voice their ideas, goals, and concerns to the interprofessional team as often as possible. This helps to guide the discussion among the team.

Interprofessional collaborations require team members to be culturally responsive. As the social worker of the interprofessional team, I maintain a high sense of cultural competence. Cournoyer (2018) defines cultural competence as the knowledge, skills, and awareness a worker must uphold to engage appropriately with diverse clients. The interprofessional team members must remain aware of cultural aspects that influenced our clients. There are a number of ways I have been able to achieve cultural awareness while working with Mr. Smith. First off, cultural influences are assessed during the initial interview with the client and family. This helped to identify a large number of oppressive factors the client had experienced in the past. The interprofessional team was then able to practice cultural responsiveness as we continue to work with the client and his family.

Group decision-making is improved when all members of the interprofessional team member create a trusting and respectful relationship (Andvig, Syse, & Severinsson, 2014). There can be challenges and conflicts among interprofessional team members in regard to personal boundaries or cultural differences. My goal as a social worker is to be a flexible member of the interprofessional team. Social workers must be flexible in their roles in an interprofessional team in order to meet the needs of the group (Iachini et al., 2018). Therefore I have acted as a mediator, educator, and facilitator to assist in resolving conflicts and to encourage effective team functioning. I have been able to facilitate this by increasing open communication with all parties in the professional team. My aim is to always remain culturally aware of all members of the professional team, the client, and all families to ensure no ethical violations occur.

Multidisciplinary collaborations are utilized to assist client's in obtaining competitive integrated employment. Multidisciplinary collaborations can be defined as a team of consultants from diverse

educations that are working to produce positive outcomes for clients (Choi & Pak, 2006). In order to demonstrate respect for all members of the interprofessional team, I have always respected the knowledge and expertise of all contributing members of the team. This includes valuing the knowledge and expertise of the diverse clients that I serve. Individuals with disabilities are a vulnerable population, their disabilities can sometimes create unique situations. By incorporating a variety of experts, from a variety of diverse fields into our interprofessional team, we have been able to meet the needs of the client. In the case of Mr. Smith, I was able to incorporate a behavioral therapist as well as the school psychologist to help identify the needs and limitations of the client. This helped to identify the strengths and weaknesses of the client and of the members of the interprofessional team.

Competency #3: Advance Human Rights & Social, Economic, & Environmental Justice

The interprofessional team of diverse workers has designed various approaches in order to advocate for social justice for clients. We have achieved this through negotiations and by being flexible. Bronstein (2003) states that flexibility can be described as interprofessional team members negotiating change when needed by fluctuating our professional roles. Each member of the team advocates for all human rights as well as social justice for our clients. Together we worked to identify the issue, then we evaluated the strength of each member of the group, and what resources they bring to the table. At that time each member of the group would be assigned a specific task to meet the needs of the social problem. Together as a whole, we can then begin advocating on behalf of the client.

Collaboration among a diverse group of professionals has the advanced potential to encourage needed social change (Iachini et al., 2018). By utilizing an interprofessional team approach we have been able to advocate for social justice issues. Oftentimes I have acted as an educator, broker, and mediator when advocating for social justice reform in the community and among the interprofessional team. By remaining flexible and assigning team members different responsibilities, we have been able to

utilize the resources of each member. This has allowed us to reach beyond our own individual resources to address social justice issues. Team members were able to utilize their personal and agency resources to best advocate for the client.

Throughout the course of Mr. Smith's case, I along with the interprofessional team have advocated for services to reduce barriers to employment for Mr. Smith. We have advocated for services by engaging community partners by informing them of the special services needed to help Mr. Smith to obtain and maintain employment. We have done so by strategizing and utilizing critical thinking skills to develop employment opportunities within the community. Team members played a role in this advocacy process. Beyond our community, we have also written letters to community and state leaders requesting special services to meet the needs of individuals with disabilities that can better help them obtain employment. The interprofessional team members have engaged with the public to rally support and encourage others to write to legislators and community leaders requesting more resources in our rural areas to help Mr. Smith and other individuals with disabilities obtain employment.

Myself and other members of the interprofessional team have worked tirelessly to assist Mr. Smith in obtaining employment. We have gone to employers with Mr. Smith and discussed employment with them. We have discussed the benefits to the company as well as the benefits to the community if they would hire Mr. Smith. In a few cases, we were pushed away by the employers but we continued to advocate for the client. One barrier we often see to employment in our rural area is the lack of transportation. Mr. Smith has an incredible family that is willing to assist with transportation however there are specific times they are available. Therefore we have communicated this with employers in order to seek employment to meet the needs of Mr. Smith. We have also reached out to community transportation and churches to find additional assistance when needed to ensure Mr. Smith is able to get safely to work and home on time.

Competency 4: Engage in Practice-Informed Research & Research-Informed Practice

The Council on Social Work Education (2015) states that one of the core competencies of social work practice is to engage in practice-informed research and research-informed practice. The interprofessional team has applied several kinds of research in our approach when working with Mr. Smith and his family. We have used such research to identify best practices for which we have utilized to develop our interventions. Some of the research-informed practice we have used includes Bronstein's Model for Interprofessional Collaboration and Gray's Three Phase Model.

Bronstein's Model for Interprofessional Collaboration has been utilized to help the team achieve interdependency among group members. Iachini et al. (2018) state that Bronstein's model can improve group functioning by helping each group members understand the various roles and expertise of each member. By doing this we have been able to rely on one another to meet the needs of Mr. Smith. For example, OVR made a referral for supported employment services to a local vendor. OVR then provides the funding while the vendor provides the service. Together OVR and the vendor, both members of the interprofessional team, worked together to help Mr. Smith obtain employment. This is an example of interdependence in our group's effective functioning. It took all members working together to reach the desired goal.

Gray's Three Phase Model has been utilized to help the team identify barriers to our interprofessional team meetings. Iachini et al. (2018) state that in order for an interprofessional team to collaborate effectively, they must have adequate time for scheduled meetings to develop goals, share information, and to analyze the needs of the team and the client. One identified barrier that we found when working with Mr. Smith is the inability for all team members, including the client, to be able to meet together. Mr. Smith is still a high school student, therefore he could only participate after school hours and his parents work daytime jobs like most of the professionals on the interprofessional team.

Gray's Three Phase Model recommends that when team members identify a problem they must collaborate to deliberate the issues, develop a strategy to solve the issue, then implement the strategy and monitor it to evaluate its usefulness (Gray, 1989). Once the scheduling conflict was identified with Mr. Smith, his family, and the rest of the interprofessional team, the team began to deliberate the issue. We discussed the different time frames that could possibly work and what time frames were completely out of the question. The plan to solve the issues was to create an online schedule that each team member, including Mr. Smith and his family, could put in their available times. In doing this it was identified that everyone could be available on Friday mornings other than Mr. Smith. One of the teachers among the interprofessional team identified an hour window on Friday mornings when Mr. Smith could meet. The team implemented this schedule and continued to monitor this strategy throughout the duration of the case.

Competency #5: Engage in Policy Practice

Koeazim-Korosy et al. (2014) state that social workers play a pivotal role in interprofessional team collaborations as they must highlight the importance of the team meetings which include discussing the interprofessional process as well as the goals we wish to achieve. Although our interpersonal team is comprised of diverse professionals from different backgrounds, we must maintain a level of respect and discipline. Members of the interprofessional team work for different entities, therefore we must respect and understand their agency mission as well as enforcing OVR's mission. When starting to work with a new team member, I like for each member of the group to discuss their agency, the services they provide, and the specific policies that shape their practice. This really helps to inform the group and helps each member better understand one another.

One of the aspects I always communicate among the interprofessional team is the legislation that guides OVR funding. The federal government acts as the sole funding source for OVR, assisting over

1.2 million individuals with disabilities per year (Hayward & Schmidt-Davis (2000)). Because OVR receives its funding mostly from the federal government, there are various restrictions and guidelines presented in legislation that guide my practice. I like to discuss this with the group so they can be fully aware of the types of documentation that will be required in order to receive payment for services. The interprofessional team is continuously discussing local legislation and advocating for policies that can advance our group's effectiveness in order to obtain successful outcomes for our clients.

I have found that it is helpful for me to fully understand the other agencies within the interprofessional team. I do this by asking questions to each group member. I like to discuss their policies and procedures so that I can be most productive when working together. I like to inquire about their funding sources and any client requirements so this information can be discussed with the client. In working with Mr. Smith, I was informed that some employment opportunities policies required Covid vaccination. This presented an issue for Mr. Smith as it is against his cultural belief to obtain the vaccinations. The interprofessional team was made aware of this and we would only suggest employment opportunities that did not require vaccination.

Competency #6: Engage with Individuals, Families, Groups, Organizations, & Communities

Iachini et al. (2018) state that social workers are frequently tasked with guiding interprofessional team consultations as they hold the leadership skills needed to guide interprofessional collaborations. Throughout the helping process, I assume the role of leader when working with clients and interprofessional team members. One of the responsibilities I assume is to ensure all communication is clearly understood. I do this by utilizing my social work values and ethics. I tend to discuss these values and ethics along with the purpose and mission of OVR throughout all interprofessional collaborations.

In working with Mr. Smith, our weekly interprofessional collaborations consist of setting weekly goals. Each member of the interprofessional team contributes to the development of these weekly goals.

The team would initially identify any problems or issues that need to be addressed for the week. At that time each member would be tasked with a specific duty depending on their abilities and resources. Each task has the purpose of assisting the group in reaching our weekly goal. These weekly goals were often able to be reached successfully with the team approach of interprofessional collaborators working together.

During all interprofessional team meetings, the client is put first. The team utilizes simple wording and avoids agency lingo in order to better engage the client. We try to meet the client where they are so they are better informed and can understand the decision-making process. The aim of our interprofessional team is to incorporate the client into the decision-making process as much as possible. We encourage self-determination from the client. One example when working with Mr. Smith is by allowing him to personally choose his service providers. Mr. Smith was informed and educated about all possible employment service providers in the area including their guidelines and restrictions. He was briefed on the number of services in which they would engage with him and his requirements when working with specific service providers. The team discussed the benefits and drawbacks of each service provider. Mr. Smith was then given the opportunity to choose which service providers he wished to utilize during his intervention.

Our interprofessional team is constantly evolving and understands that there will always be room for improvement to advance our interprofessional collaborations. We embrace new strategies and ideas as they are presented to the group. We have been able to utilize new strategies throughout interprofessional collaborations in order to advance group decision-making. Oftentimes the interprofessional team will discuss different ways of getting the client involved in their development. One of the ways we do this is by arranging weekly staff meetings to help pull in various perspectives from other workers. In the case of Mr. Smith, we have had to change service providers to better serve the client. This showcases the

versatility and flexibility of the interprofessional team to meet the needs of the client in order to reach our group goals.

Competency #7: Assess Individuals, Families, Groups, Organizations, & Communities.

A variety of assessment tools have been utilized during interprofessional collaborations. In an effort to fully gain the assessments needed to develop an appropriate intervention, the interprofessional team has utilized collaboration and interdependence. Bronstein (2003) states that each team member's individual roles and commitment to the team are paramount to the collaborative process. A variety of referrals was made to gain a deeper understanding of Mr. Smith. One referral was made to a local vendor for a psychological evaluation. Mr. Smith had a previous psychological evaluation but an updated evaluation was needed to assess his current skills and abilities.

Once the psychological evaluation was completed it was discussed at a team meeting with the client and other members of the interprofessional team. The team took a deep look into the evaluation by reviewing updated data, then analyzing the data in terms of the limitations it presented for Mr. Smith. These limitations were discussed in simple language terms in order to assist Mr. Smith with understanding the concept. It was noted in the psychological evaluation that Mr. Smith's limitations in reading, writing, and math will significantly impact his ability to gain employment.

Other assessment data were reviewed such as school records. Iachini et al. (2018) indicate that schools are required to track and maintain data that indicates the student's progress. This data includes their grades, educational evaluations, and Individualized Education Program (IEP) information. This assessment information provided the team with an overview of Mr. Smith's strengths and weaknesses. The team was then able to utilize critical thinking skills to brainstorm different strategies and techniques that could be utilized to help Mr. Smith overcome barriers. The team was also able to utilize past

medical records to identify when the ADHD diagnosis was given and that information was useful in establishing eligibility for OVR services.

The employment specialist was able to conduct a thorough vocational assessment for Mr. Smith. It was identified that he is unable to consistently sustain the required level of work functioning in order to complete job tasks. It was also noted that he required frequent prompting in order to demonstrate appropriate behaviors as well as his inability to correctly interpret and respond appropriately to social cues. This information was useful to the interprofessional team as we were able to collaborate in order to find appropriate work accommodations that could meet his needs. Flexibility, which is an important part of interprofessional collaboration, was demonstrated as we worked together to find appropriate accommodations. Group members undertook various roles such as leaders, educators, and mediators throughout the case in order to meet the needs of the group and the client.

Competency #8 Intervene with Individuals, Families, Groups, Organizations, & Communities

Myself and the interprofessional team utilized a diverse group of social work skills and strategies during intervention planning. One approach that is always utilized is the systems theory approach. Connolly & Harms (2015) refers to a systems theory approach as an explanation of how a client exchanges with various other systems can be paramount during the intervention process. By utilizing a systems theory approach the group is able to take an overall view of all aspects that influence the client's life. By looking at the various systems and subsystems they interact with on a daily basis we are able to build upon that in order to identify appropriate employment. The team utilizes critical thinking skills to hypothesize and determine appropriate employment needs for which the intervention must be designed.

Mizrahi & Berger (2005) states that social workers must use their knowledge base of various environments and systems which allows them to easily adjust to a variety of responsibilities and tasks. This is another added benefit to the interprofessional team as each team member is able to utilize their

specific resources during the intervention process. All assessment information is utilized during the intervention planning.

OVR encourages self-determination during the intervention process. OVR places emphasis on consumer choice which includes equal participation in the intervention process (Capella, 2002). OVR's interventions are specifically designed to assist the client in obtaining employment. The intervention strategy includes identifying the client's disability, identifying barriers to employment, then developing an intervention to help the client obtain employment. OVR develops and documents the intervention plan in writing with the interprofessional team. The client and other members of the interprofessional team must participate, review, and agree to the written plan. This is called the Individualized Plan for Employment (IPE). Agency policy requires that the IPE must be an agreed-upon plan that is consistent with the interest, strengths, and capabilities of the individual client (Beveridge & Fabian, 2007). The interprofessional team is made aware of these policies during the initial team meetings.

As stated earlier Mr. Smith's strengths and weaknesses have clearly been identified and discussed among the interprofessional team. During the intervention process, a specific work goal was identified for Mr. Smith. This work goal is tentative as it can be amended at any time during the intervention process. The initial work goal was selected as a stocker. This would allow Mr. Smith to work independently stocking items. In order to assist the client in meeting this goal the interprofessional team designated specific tasks to each member. For example, the employment specialist was tasked with assisting Mr. Smith with completing a resume, filling out applications, and would provide on-the-job support once employment has been obtained. My role as the OVR counselor was to monitor progress and authorize funding to pay for services. The counselor and teacher's role was to continue working with Mr. Smith to ensure sufficient mental health and improved cognitive abilities so he would be able to complete his job tasks.

My role as the social worker was to facilitate interprofessional collaborations during the intervention development. Iachini et al. (2018) encourage social workers to lead interprofessional collaborations as they can easily identify the goals, tasks, and skills that will be needed to implement the intervention. Upon having the initial plan for intervention strategies documented, the service providers were discussed with Mr. Smith and his family. This is where consumer choice was utilized while encouraging self-determination. Mr. Smith was excited and pleased to begin looking for employment as a stocker. He presented several local businesses to which he would like to apply. This information was noted on his plan and provided a good starting place for applying for employment.

Competency #9: Evaluate Practice with Individuals, Families, Groups, Organizations, & Communities

Through the assistance of interprofessional collaborations, Mr. Smith was able to obtain employment shortly after the implementation of his intervention. As the OVR counselor, I closely monitored Mr. Smith's progress at his employer. The initial assessment results indicated that he was having difficulties communicating with his supervisor. This issue was discussed among the interprofessional team and Gray's Three Phase Model was utilized to troubleshoot the issue. The issue had already been identified as Mr. Smith's difficulties communicating with his supervisor. The interprofessional team discussed ways to overcome this barrier. It was suggested to invite the supervisor to an interprofessional team meeting so he could gain a deeper understanding of the limitations Mr. Smith was experiencing.

The employment specialist and other members of the interprofessional team utilized their resources to communicate with the employer. The supervisor attended a meeting and was able to gain a better understanding of Mr. Smith's limitations. A plan was put in place for the supervisor to directly ask Mr. Smith if he had any questions once per week. This appeared to help and there have been no further issues with Mr. Smith communicating with his supervisor.

In order to fully evaluate the progress of Mr. Smith, OVR utilizes three benchmarks. These benchmarks are observed at 30 days of employment, 60 days of employment, and 90 days of employment. At each benchmark, an interprofessional team meeting occurred. During these interprofessional team meetings, we have been able to evaluate the progress of Mr. Smith and his job duties. While conducting these interprofessional team meetings Mr. Smith has been asked to give insights and feedback in regard to his performance on the job. Mr. Smith stated that he enjoys his job and feels he is really getting the hang of it. The employment specialist would provide updates directly from Mr. Smith's supervisor in regard to his performance on the job.

Mr. Smith has continued to improve his job performance and the employer is very satisfied with his work. A successful case closure occurs once a client has obtained and maintained employment beyond 90 days. Agency data indicates that 82% of clients who exit our program receive a successful case closure once obtaining competitive integrated employment (Kentucky Career Center Vocational Rehabilitation, 2020). Agency data also indicates a high satisfaction rate among those who receive services through our agency.

Mr. Smith has passed the 90-day employment benchmark therefore his case is being evaluated for closure. The interprofessional team is evaluating the current placement and data received from the supervisor feedback. One last interprofessional team meeting has been conducted with all members including the client and his family, employment specialist, employer supervisor, and counselors. The termination process has been discussed with Mr. Smith and he is fully aware that if any issues arise he can apply for further assistance from OVR.

Case Closure

The employment specialist will continue to monitor Mr. Smith's progress for the next six months to ensure he is able to maintain his employment. A plan was discussed to include the process to reapply for

services if needed in the future. Mr. Smith and his family verbalized understanding and were grateful for the services provided by OVR and the interprofessional team. Mr. Smith is currently working at Kroger as a stocker making \$10 per hour. He is averaging about 12 hours per week, and will graduate high school in May. He is currently working diligently to obtain his driver's license so that he can transport himself to school and work.

The client will continue to receive counseling services to ensure good mental health. He will continue to receive medication management through his primary care doctor for his ADHD. The client has been linked to community resources that can assist if needed in regard to transportation. The employment specialist has the ability to provide long-term support as needed. They can also provide services if employment is interrupted. OVR has the ability to provide post-employment services as well. These services can easily be accessed and the client has been made aware of how to access these services.

My goal as an individual social worker is to strive to meet the needs of all clients through interprofessional collaboration. I thoroughly understand the importance of self-care in social work practice. Self-care must remain top priority in order for a social worker to maintain health functioning in order to sustain longevity in the social work profession (Martin, Myers, & Brickman, 2020). This is a skill that I work conscientiously to achieve. I love and enjoy the helping profession of social work. I wish to ensure my good physical and mental health so that I can meet the needs of individuals, groups, and my community for a long time to come.

References

- Andvig, E., Syse, J., J., & Severinsson, E. (2014). Interprofessional collaboration in the mental health services in Norway. *Nursing Research and Practice*, 2014, 1, 1-8. doi:10.1155/2014/849375.
- Beveridge S, & Fabian E. (2007). Vocational rehabilitation outcomes: relationship between individualized plan for employment goals and employment outcomes. *Rehabilitation Counseling Bulletin*, 50(4), 238–254. <https://doi.org.libproxy.eku.edu/10.1177/00343552070500040501>.
- Bronstein, L. R. (2003). A model for interdisciplinary collaboration. *Social Work*, 48 (3), 298 306. doi: 10.1093/sw/48.3.297
- Capella, M. (2002). Inequities in the VR system: Do they still exist? *Rehabilitation Counseling Bulletin*, 45, 143–153.
- Choi, B. C. K., Pak, A. W. P. (2006). Multidisciplinaty, interdisciplinary and transdisciplinary in health research, services, education and policy: 1. Definitions, objectives, and evidence of effectiveness. *Clinical and Intvestigative Medicine*, 29(6), 351 365.doi:10.1016/j.jaac.2010.08.010
- Connolly, M., & Harms, L. (2015). Social work: From theory to practice, 2nd ed. Port Melbourne, VIC: Cambridge University Press.
- Council on Social Work Education. (2015). Educational policy and accreditation standards. Retrieved from <http://www.cswe.org/>
- Cournoyer, B. (2018). The social work skills workbook. Cengage Learning.
- Gray, B. (1989). *Collaborating: Finding common ground for multiparty problems*. San Francisco, CA.: Jossey-Bass, Inc.

- Hayward, B., & Schmidt-Davis, H. (2000). A longitudinal study of the vocational services program: Fourth interim report. Characteristics and outcomes of transitional youth in VR. Research Triangle Park, NC: Research Triangle Institute.
- Honeycutt, T., Bardos, M., & McLeod, S. (2015). Bridging the gap: A comparative assessment of vocational rehabilitation agency practices with transition-age youth. *Journal of Vocational Rehabilitation*, 43(3), 229–247. <https://doi.org.libproxy.eku.edu/10.3233/JVR-150772>
- Iachini, A. L., Bronstein, L. R., and Mellin, E. (2018). A guide for interprofessional collaboration. CSWE Press. ISBN: 9780872931787
- Kentucky Career Center Vocational Rehabilitation. (2020). Kentucky statewide council for vocational rehabilitation annual report. Retrieved from <https://kcc.ky.gov/Documents/2020%20OVR%20Annual%20Report.pdf>
- Koeazim-Korosy, Y., Mizrahi, T., Garcia, M. L., & Smith, M. B. (2014). Professional determinants in interdisciplinary community collaborations: Comparative perspectives on roles and experiences among six disciplines. *Journal of Community Practice*, 22(1/2), doi:10.1080/10705422.2014.901267.
- Leahy, M. J., Chan, F., Lui, J., Rosenthal, D., Tansey, T., Wehman, P., Kundu, M., Dutta, A., Anderson, C. A., Del Valle, R., Sherman, S., & Menz, F. E. (2014). An analysis of evidence-based best practices in the public vocational rehabilitation program: Gaps, future directions, and recommended steps to move forward. *Journal of Vocational Rehabilitation*, 41(2), 147–163. <https://doi.org.libproxy.eku.edu/10.3233/JVR-140707>

- Martin, E. M., Myers, K., & Brickman, K. (2020). Self-preservation in the workplace: The importance of wellbeing for social work practitioners and field supervisors. *Social Work*, 65(1), 74–81. <https://doi.org.libproxy.eku.edu/10.1093/sw/swz040>.
- Mizrahi T, & Berger CS. (2005). A longitudinal look as social work leadership in hospitals: the impact of a changing health care system. *Health & Social Work*, 30(2), 155–165. <https://doi.org.libproxy.eku.edu/10.1093/hsw/30.2.155>
- Reamer, F. G. (2013). Social work in a digital age: Ethical and risk management challenges. *Social Work*, 58(2), 163–172.
- Sargeant J, Loney E, & Murphy G. (2008). Effective interprofessional teams: “contact is not enough” to build a team. *Journal of Continuing Education in the Health Professions*, 28(4), 228–234. <https://doi.org.libproxy.eku.edu/10.1002/chp.189>.
- Waddell, Gordon, Burton, A. Kim and Kendall, Nicholas A.S. (2008) Vocational rehabilitation: What works, for whom, and when? (Report for the Vocational Rehabilitation Task Group). TSO, London. ISBN9780117038615.
- Workforce Innovation and Opportunity Act (WIOA) of 2014, P. L. 113-128, 29 U.S.C. Sec. 3101, et. seq. (2014)