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POLICY BRIEF

Improving Employment Outcomes and Community Integration for Veterans with Disabilities:

EARLY IMPLEMENTATION OF THE PROGRESSIVE GOAL ATTAINMENT PROGRAM (PGAP) FOR VETERANS DEMONSTRATION

By Farhana Hossain, Peter Baird, and Rachel Pardoe

Many U.S. military veterans have mental and physical disabilities that can increase their risk of substance abuse, social isolation, unemployment, and homelessness. The wars in Iraq and Afghanistan have made it urgently necessary to address these issues once again as the nation faces "the largest wave of returning veterans with disabilities in recent history."[1] One in four veterans of these conflicts reports a service-connected disability, and unemployment among the youngest subset of veterans is particularly high.[2]

Veterans with disabilities need quality programs to help them get on a path to work and reintegrate into their communities. But there is limited evidence about what interventions can effectively help them do so. Past research suggests that symptoms and impairments explain only a part of what prevents people with disabilities from working, and that people with disabilities' own beliefs and attitudes about their conditions often keep them from gainful employment.[3] Similarly, researchers at the U.S. Department of Veterans Affairs (VA) have suggested in personal interviews that disabled veterans' attitudes and beliefs about disability present at least as big a barrier to their ability to return to work as their actual physical or mental conditions.

Drawing on its experience in disability, behavioral, and employment research, MDRC began testing the Progressive Goal Attainment Program (PGAP) for Veterans in 2012, in collaboration with the VA Connecticut Healthcare System. PGAP is a behavioral intervention for people struggling with a wide range of physical and mental health conditions. The program complements clinical services for the treatment of disabilities by specifically targeting psychological and social behaviors that contribute to pain, disability, and inactivity. The goal is to help those with disabilities resume daily activities and get them on a path to work.

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The PGAP demonstration in the VA Connecticut Healthcare System was designed to explore how feasible it is to implement the program in a veteran service setting. In the coming year MDRC will also test PGAP for Veterans in several locations in Houston, Texas, including the VA hospital and two local community providers.

WHAT IS PGAP?

PGAP is an intervention designed to target psychological and behavioral risk factors that hamper the rehabilitation of people with disabilities, including their fear that a more active lifestyle risks exacerbating their symptoms. The program — developed at McGill University's Centre for Research

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on Pain and Disability — tries to reduce perceptions of disability among its participants, modify their beliefs about the degree to which their condition interferes with their ability to be active, and help them learn how to better manage pain and discomfort. It is designed to incrementally increase participants' activity levels and change their daily routines until those routines are consistent with an independent, active lifestyle that includes employment. PGAP was originally developed to help Canadian workers' compensation beneficiaries, and its effects have been studied among people with various physical and mental conditions, including recipients of Social Security Disability Insurance (SSDI) in the United States. The PGAP demonstration in Connecticut is the first time that the intervention has been delivered to U.S. military veterans.

PGAP is delivered in curriculum-based sessions. A PGAP provider, or "coach," meets with each participant for one hour a week, up to a maximum of 10 times. During the first session, participants watch an informational video about recovering from disabilities and the goals of PGAP. Each participant also receives a PGAP Workbook to guide him or her through the treatment activities.

In the initial weeks, the focus of PGAP is on developing a structured activity schedule that keeps participants as active as possible during normal working hours. Participants use their Workbooks to log their daily activities, which may include household chores, errands, and recreational pursuits. They are also expected to walk or get out of the house for at least 15 minutes each day and to increase that activity gradually with the help of the PGAP coach. In the final weeks, the focus turns to activities that target psychosocial risk factors specific to each participant. Coaches help participants develop skills to overcome their fear of reinjury, to lessen any tendency to magnify the seriousness of their pain, and to rethink their perceptions about their own disabilities and limitations.

During the first week, the fourth week, and the final week of the program, PGAP participants complete five self-administered assessments that score their levels of pain, depression, perceived disability, fear and fatigue, and tendency to magnify the seriousness of their pain. These three rounds of assessments help the coaches track their clients' progress and tailor service delivery as needed.

Previous Evidence of Effectiveness

Findings to date suggest that PGAP could be an important service for veterans with disabilities. MDRC's Accelerated Benefits (AB) Demonstration found that when delivered alongside medical case management and employment and benefits counseling, PGAP started to increase job search and job preparation activities within a year among individuals who receive SSDI.[4] A follow-up analysis by the Social Security Administration found that beneficiaries who received PGAP and related counseling services sustained higher employment and income levels two years after the study began.[5]

The evidence from the AB demonstration corroborates prior nonexperimental research on the effectiveness of PGAP. In other studies, mostly in Canada, PGAP has produced positive results for individuals suffering from musculoskeletal conditions, physical injuries, and other conditions that put them at risk for prolonged disability.[6] One recent study showed that individuals with whiplash who participated in PGAP and received physical therapy were more than 50 percent more likely to return to work than individuals who received only physical therapy.[7] Ongoing clinical trials are assessing the efficacy of PGAP for the management of disability associated with depression and surviving cancer.

PGAP FOR VETERANS IN CONNECTICUT

The goals of MDRC's PGAP for Veterans Project are to determine (1) whether PGAP is an appropriate service for veterans with disabilities and (2) the feasibility of conducting large-scale randomized controlled trials of the model in veteran service settings. In Connecticut, PGAP services were provided through the Errera Community Care Center in West Haven. Errera is part of the VA

Connecticut Healthcare System and serves veterans with mental health disorders throughout the state.

The study was targeted to those who were most likely to benefit from PGAP. Veterans were eligible if they had a disability, were between 18 and 55 years old, and were unemployed or underemployed. A total of 86 veterans consented to be part of the study, slightly lower than MDRC's target sample size of 100. The participants were assigned at random to one of two research groups: Half were assigned to the program group and had access to PGAP services, the other half were in the control group and did not receive PGAP services. Veterans in both groups had access to all other services provided at Errera and the VA hospital.

Outreach and Recruitment

The Errera staff identified potential participants for PGAP from the center's supported housing, vocational rehabilitation, and in-house community reintegration programs. Two coaches trained to provide PGAP services to veterans began working with the Errera staff to recruit and enroll participants in January 2012. Reaching and recruiting the target population proved to be challenging, primarily due to a shortage of veterans at the Connecticut VA facilities who met the study's eligibility criteria. This experience offered insights into the VA service environment and important lessons for reaching and working with veterans with disabilities in the future.

- **The VA Connecticut Healthcare System, like many other VA hospitals across the country, is struggling to connect young veterans to health care and other supportive services.** In fiscal year 2010 — the most recent year for which data are available — more than half of the veterans who received services through the VA Connecticut system were 65 or older, and nearly 82 percent were 50 or older.[8] The PGAP coaches and the Errera staff reported that the limited pool of young veterans posed a major challenge to recruitment efforts, because the veterans they met with on a regular basis did not meet the study's age requirement. Only veterans under the age of 55 were eligible to participate. The study also gave priority to

CHARLES'S STORY

Charles was medically discharged from the U.S. Navy after experiencing a traumatic event in basic training. When he agreed to participate in the PGAP for Veterans study, he was living in a VA transitional home for homeless veterans, and his immediate goal was to secure permanent housing. He reported having a service-connected disability and struggling with chronic back pain and substance abuse. His physical and mental health hampered his ability to perform routine daily activities.

Charles completed all 10 modules of PGAP. He spoke very positively about his experience and his PGAP coach during a follow-up interview. He said PGAP helped him develop "the Four D's:" direction, discipline, desire, and definition of goals. Charles also reported significant changes in his physical health and well-being after completing the program: He gradually increased his daily walking routine from 5 minutes to up to 40 minutes, he was happier more often, his views on life and his future were more hopeful, and he began to feel the desire to be productive. Furthermore, a preliminary tally of Charles's assessment scores during PGAP showed a nearly 50 percent reduction in self-perceived disability. When he last spoke with the program staff, Charles had secured VA-subsidized permanent housing and was applying to community colleges.

NOTE: Real names of participants are not used to ensure their privacy.

young veterans returning from the conflicts in Iraq and Afghanistan — since providing immediate psychosocial assistance to those veterans could potentially prevent chronic problems for them in the future — but they did not often visit Errera's facilities. The study team had to make an extra effort to locate and recruit them.

- **Meeting veterans "where they are" is an important outreach strategy for a behavioral program like PGAP.** During the initial weeks of the demonstration, recruitment efforts focused on veterans who visited Errera frequently for various services. It quickly became evident that the veterans who could most benefit from PGAP — for example, chronically homeless veterans who need case management and wraparound services to remain active and housed — did not visit Errera regularly and had to be reached where they were living. So to ramp up recruitment the PGAP coaches began accompanying Errera staff to transitional and subsidized homes for homeless veterans, which proved to be a more successful strategy for reaching veterans who may need services like PGAP. Maintaining communication with many of these veterans still proved difficult because they lacked stable housing and family ties and suffered from chronic or recurring health problems.

- **Veterans worry that engaging in employment-related supportive services may cost them other public benefits.** PGAP coaches and Errera staff reported reluctance among veterans to participate in the study out of concern for financial benefits. Veterans with disabilities can be eligible for various types of public assistance from the VA (benefits for service-connected disabilities *and* for non-service-connected disabilities), as well as the Social Security Administration (Supplemental Security Income and SSDI). Low-income veterans are also eligible for nutrition and housing-related assistance.

  While some of these benefits are means-tested, others are not predicated on income and employment. Veterans often lacked knowledge about the eligibility criteria, however, and believed they risked losing their

JOHN'S STORY

John was discharged from the U.S. Army after being diagnosed with a chronic liver condition. After the military, John attended college and worked in real estate development, but an on-the-job injury and worsening health led to unemployment, divorce, and ultimately homelessness. He was living in a VA-supported home when he agreed to participate in PGAP for Veterans. At that time, John reported suffering from an array of physical and mental health problems, including chronic back pain, diabetes, depression, and anxiety.

Before PGAP, John stayed in his apartment most of the time and often did not get out of bed. He described himself as "more or less becoming a vegetable." While he had many immediate goals — including securing permanent housing, enrolling in a VA work-therapy program, and socializing with fellow veterans — he felt constrained by his health and did not actively pursue these goals. With the help of the PGAP coach, John says he was able to plan his days and participate in activities outside of his home. He completed all 10 sessions of PGAP and said that the program helped lessen his anxiety and symptoms of depression, giving him a better outlook on the future. After the program, VA staff in Connecticut helped John to apply for jobs; he was working part time until he moved to another state to help a sick family member.

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benefits for any work-related activity, including participation in PGAP. The VA health care system offers benefits counseling but it is not known how many of the veterans connected to Errera have taken advantage of that service. The findings in Connecticut indicate that any future implementation of PGAP among veterans should include access to quality benefits counseling.

- **The PGAP providers' familiarity with military service and veterans' issues mitigated some recruitment challenges and facilitated outreach and service delivery.** Two local residents with ties to the veteran community were hired to help with recruitment and provide PGAP services to the program group. These staff members received extensive training in PGAP and education about people with disabilities. They were also managed and guided by a licensed social worker who worked with PGAP during the AB demonstration. Most importantly, they were very knowledgeable about local veterans' issues and military service in general: One of the coaches is enlisted in the Navy Reserves, and the other is married to a young veteran. Errera staff emphasized that the coaches' personal background and familiarity with veterans' issues allowed them to gain the trust of the veterans, many of whom are distrustful of those outside their community. Since the Connecticut demonstration was the first time PGAP was being delivered to veterans, it was crucial that the veterans saw the intervention as something that could be relevant to their experience. The coaches were able to speak about the program and the study in a way veterans could relate to.

Implementation of PGAP Services

- **PGAP was implemented and provided largely as designed, and program services were integrated into the existing VA service structure with relative ease.** PGAP coaches reached out to each participant in the program group soon after he or she enrolled into the study. Coaches met with participants in person for the PGAP sessions, generally at Errera or at other local VA facilities. Approximately half (51.2 percent) of the individuals assigned to the program group took advantage of PGAP services between February and September of 2012. Of those who started PGAP, half completed all 10 sessions of the program. These participation rates are slightly higher than those observed among the SSDI beneficiaries in MDRC's AB demonstration, which had a much larger sample.[9]

- **Errera staff members who assisted with the study said that PGAP, when used in conjunction with other case management and vocational supports, has great potential to help veterans they serve, especially those served by the VA housing programs for homeless veterans.** More than a dozen transitional facilities in Connecticut aim to help homeless veterans achieve long-term housing stability, income stability, and greater self-determination. The VA also provides subsidized, long-term housing to chronically homeless veterans with case management needs. Many veterans who reside in these transitional and subsidized homes need help to engage consistently in activities related to their rehabilitation (such as substance abuse and mental health counseling) and to reconnect with their families, the community, and the workforce. VA staff members who work with these veterans believe that PGAP may provide a part of that help.

- **Anecdotes from the Errera staff and the PGAP coaches suggest that the program helped those who engaged in it.** PGAP participants reported increased activities and engagement in supportive services, reduced and stabilized anxiety, and improved ability to pursue goals. The coordinator of the transitional housing program at the Connecticut VA reported that one of his clients believed that the tasks he performed for PGAP — such as setting goals, writing out his thoughts, and planning structured schedules — will help him pursue his goal of higher education and eventual employment.

The findings reported here are based on information collected through observation of program activities and interviews with VA and

PGAP staff. A final assessment of the demonstration in Connecticut will also employ an analysis of measurements collected during service delivery, as well as surveys of both program and control group members at baseline and six months after enrollment. Data collection and analysis for the Connecticut site is expected to be complete in 2013.

NEXT STEPS

MDRC is using its experience with PGAP for Veterans in Connecticut to expand the study to several locations in Houston, Texas. The Houston/Harris County area has one of the largest concentrations of veterans in the country, and one out of four veterans there is under the age of 45.[10] MDRC has established a partnership with the Michael E. DeBakey VA Medical Center to replicate PGAP for Veterans there.

The difficulty this project encountered in recruiting younger and returning veterans at the pilot site signaled the need to reach beyond VA hospitals, however. The VA staff in Connecticut emphasized the importance of community outreach to serve younger and returning veterans, who may see immediate benefits from participating in PGAP. According to the staff, many in this group seek vocational and educational services in the community before making use of VA health services, but often lack the support they need to follow through and succeed in those endeavors. Recent government reports support these findings and suggest that the engagement of young veterans is a systemwide challenge for the VA: Only about half of eligible Iraq and Afghanistan war veterans have sought health care through the VA since the wars began.[11]

For these reasons, MDRC has also established partnerships with Goodwill Industries of Houston and the Lone Star College System to test PGAP in community settings and to potentially reach more young veterans. PGAP coaches began service delivery at the Houston locations in early 2013.

NOTES

1 Waterstone (2010).

2 U.S. Census Bureau (2011); U.S. Bureau of Labor Statistics (2012).

3 Shaw, Pransky, Patterson, and Winters (2005); Gauthier et al. (2006).

4 Michalopoulos et al. (2011).

5 Ben-Shalom, Hemmeter, and Stegman (2012).

6 Sullivan, Adams, Rhodenizer, and Stanish (2006); Sullivan et al. (2005); Adams, Ellis, Stanish, and Sullivan (2007); Sullivan, Adams, and Ellis (2012).

7 Sullivan, Adams, Rhodenizer, and Stanish (2006).

8 Administrative data from the VA Connecticut Healthcare System.

9 Michalopoulos et al. (2011).

10 U.S. Department of Veteran Affairs, National Center for Veterans Analysis and Statistics (2013).

11 U.S. Government Accountability Office (2011); U.S. Department of Veterans Affairs, Veterans Health Administration (2012).

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