**Workforce 3One**

**Transcript of Webinar**

**H1-B Ready to Work - LTU Subject Matter Expert Series**

**Focus on Mental Health - Supporting Our Clients for the Long-Haul**

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CHRIS WATSON: At this point I'd like to introduce our moderator for today, Megan Baird. Megan is the ready to work policy lead here in the Division of Strategy Investments at the Department of Labor. Megan, why don't you take it away?

MEGAN BAIRD: Thanks, Chris. Hi, everyone, and welcome to today's webinar on the long-term unemployed subject matter expert series, called "Focus On Mental Health, Supporting Our Clients For The Long Haul, For The H-1B Ready To Work Grant."

This is the first event in our series of LTU subject matter expert sessions. And we are really excited that we are able to present today's content to you and that you are able to join us. Again, I am Megan Baird from the Department of Labor's Division of Strategic Investments. And joining me today is Ayreen Calimquim and Jen Swidler with high impact partners, our technical assistance providers for the ready to work grant.

We hope that you are just as excited as we are this year for our subject matter expert today on the long-term unemployed. And now we'll turn it over to Jen, who is going to talk more about the purpose of these webinars and introduce today's special guest speaker. Jen?

JEN SWIDLER: Thank you, Megan. And thank you everyone for attending the webinar today. We're really happy you made it. The purpose of the quarterly subject matter expert series webinars is to provide additional resources and support to you in your efforts to achieve the goals of the ready to work grant. We'll be exploring different topics in depth during these webinars.

Each webinar is going to be followed by a round table discussion about a week later on the topics that are presented in the webinar, where you can ask questions, dive deeper into the topics, and share best practices. We'll have a limited time to answer questions during the webinar today. But please use the chat function to ask any questions you have so that we could revisit them during the round table discussion next week.

Now I'd like to introduce our subject matter expert for today's webinar. Please welcome Dr. David Blustein. Dr. Blustein is a professor for the counseling, development and educational psychology department at Boston College. Today he's going to talk with us about mental health challenges that can arise from long-term unemployment or under employment, and provide us with some strategies on how to serve our clients facing these kinds of issues.

Now I'll turn it over to Dr. Blustein.

DAVID BLUSTEIN: Thank you, Jen. And thank you, Megan. And thank you all for joining us on this webinar. I'm very, very excited to be here. This is a great privilege for me to be able to speak to you all through this webinar context. And I've done a few webinars in the past, and I think they're very effective in providing training for people who are obviously in different places geographically.

So let me give you an overview of what I'm going to do. I want to set the stage first. One of the goals for my presentation is going to be to enhance our empathic connection with unemployed clients. I know a lot of you are working directly hands on service providers in a lot of different agencies. And the task of this grant is to help people who are close to getting employed to make that final leap back into the workforce.

And one of the things we know well from research is that people who are struggling with unemployment, especially six months or more, are more prone to mental health problems. It doesn't mean that everybody who's unemployed that long will necessarily have a mental health problem, but it does mean that people are more prone to it.

So let me give you a little bit of an overview of what I'm going to do today. I would like to present for about I would say 30 to 35 minutes. And I will keep some time open toward the end for me to respond to some questions. I also see that as a lead in for the roundtable next week, and we could have a much more sustained conversation next Wednesday.

So I see this first half hour presentation is kind of providing you with some basic information, setting the stage for what the challenges are. And I also will try to provide you with some basic skills to use with your clients when mental health issues come up.

So we're going to be looking at this question of the relationship between unemployment and mental health. And we're going to look for the answers to this question in two different resources. One is going to be the research literature in counseling and psychology in the mental health world. And the other is going to be through the voices of unemployed individuals. Just a little bit of word about my background, I have been studying work, and unemployment, and poverty for about three decades.

So I'm primarily a faculty member here at Boston College. So I'm working one day a week as a service provider, primarily providing both career counseling and psychotherapy, primarily to people who are unemployed. So the question here is, what can counselors do to connect to unemployed clients, and how can we help enhance their resilience and their health?

(Cross talk.)

So imagine you're laid off from your job. And at the beginning it seems like an opportunity to remake your life. And a lot of us have talked to people who have been in this situation. And I'm sure we've seen this in our caseloads of our clients that people start looking for work. After six months they might become discouraged. And what you might begin to experience is your relationships might start to suffer, you have some trouble sleeping, often you might experience your appetite getting much more than usual, or you lose your appetite. And on some days you have trouble getting out of bed.

So the main question that we're going to ask ourselves – we have a number of questions. One is, does unemployment cause mental health problems? Or are those with mental health problems more likely to become unemployed? This was actually a big topic in the psychological literature. Another question is, what can research tell us about the relationships between unemployment and mental health that could help improve your work with your clients? And what are the most effective counseling interventions that will help to provide support for our clients, especially the clients who have been facing unemployment for six months or more?

So we could find the answers, as I mentioned, in the research as well as in narratives and memoirs of the unemployed. I will let you know that I've done some extensive research with unemployed individuals, including intensive qualitative research with unemployed adults. And I've interview people at One-Stop career centers, and we've also been in the midst of a large scale study on the nature of work in the 21st century. So I have been looking in depth at pretty extensive interviews with people who are unemployed or underemployed.

So at this point I'd like to ask you to write down some of the ideas that have worked for you in supporting the mental health of your clients. And just take about a minute to do that. And then we could either share these experiences at the end of this session or discuss them at the end of the next session. But I do want you guys to be able to contribute what has worked for you.

So at this point just jot some notes down about what has worked for you. And I imagine you're going to find that what has worked for you is also consistent with a lot of the research literature, as well as some of the experiences that I've had.

So let's first hear from the unemployed. These are some quotes I got from the New York Times at the height of the recession. And some of them are very evocative, very moving. In this one the individual says, everything gets touched. All your relationships are touched by it. You're never your normal happy go lucky person. Your countenance, your self-esteem goes. You think I'm not employable.

And this is an experience I've heard a lot from clients who I've worked with as well that the sense of being unemployed becomes pervasive. And as soon as they wake up in the morning, to the moment they go to sleep, it kind of takes up their space, their psychological space.

Here's another one from the New York Times. Every time I think about money, I shut down because there is none. I get major panic attacks. I just don't know what we're going to do. Same individual says, after struggling and struggling and not being able to pay my house payments or my other bills, I finally sucked up my pride; I got food stamps just to help feed my daughter. And of course we're working with clients who have never had to access federal or state support in the past; very emotionally trying situation.

Here's something I found in a research study. It took place in the United Kingdom, and very moving again. I would say that the part I've reached now is that my career is over, that's the part I've reached; and I just will take anything that I can get, is basically what this person says. And this is a person in their mid-50s.

And they say, I've had my chances in employment, I've done as well as anyone could. And I'm sure we've seen this too with the long term unemployed, that people especially in their mid-50s and beyond, are feeling like maybe their lives in the marketplace, work lives in the marketplace might be over.

Here's some photos I think which tell some very, very evocative stories. And I'm sure we've seen these kinds of scenes throughout our communities across the country. So what does the research literature tell us? In a very famous study in psychology, Marie Jahoda who studied actually employment during the depression, came up with the notion that work provides us with five important life needs – sense of time structure; a sense of social contact; collective purpose which is a huge aspect of this, people feel like they're contributing to the social world, the economic world; status, of course we live in a society where people often define themselves by what they do; and a sense of structured activities. So these five important life needs, which many of us believe that they're essential to psychological wellbeing, and also to the wellbeing of communities, these are taken away when we lose access to work.

So let me talk about a much more recent study. As many of you may know, the gold standard in research these days, whether it be in psychology or counseling or in medicine, is the meta analysis. A meta-analysis is basically a statistical summary of existing research. It's kind of like a batting average, for those sports fans listening.

Consider a meta-analysis to be the same as a batting average. The researchers are able to look at existing studies and look at the average effects of a given set of relationships or given set of interventions. And they can compute, very much like you compute an average, what is the overall impact of phenomenon one in relation to phenomenon two.

So in 2009, Paul and Moser, two German psychologists, put together the results of 237 studies which actually included nearly half a million people from around the world, mostly however from North America and Europe. Still a very extensive data set. And their results were very compelling and in many ways very conclusive. The people who lost their jobs, especially people who were unemployed six months or more, had a much more likely probability of suffering from mental health problems.

When we're thinking of mental health problems, by the way, we're thinking about depression and anxiety, not necessarily major mental health problems, not necessarily a psychotic break or a major depression, but more of what I would consider to be the kind of common cold of the mental health world, anxiety and depression; often some relationship issues and often less frequently than the anxiety and depression and increase in substance abuse. What they also found in the study is that people, once they became reemployed, many of their mental health issues improved.

Let's look more closely at these results. What they have found is that mental health problems exist in about 16 percent of the general population. However amongst the unemployed it's 34 percent. And digging deeper, what they find is that mental health problems among the unemployed were more prominent among men, among blue collar workers, and among the long term unemployed. And we could explain that based to a large measure on the first finding regarding gender, is that men, particularly historically not so much now but historically, men have tended to really internalize their work roles and understood themselves via their work roles.

Blue collar workers suffer more because the recession and the follow up to the recession have been much harder on blue collar workers. This was a recession that really had a very differential impact on the population based on education and skill level, with people without as much education or skill suffering longer periods of unemployment, and having a harder time gaining access to work. And again the mental health problems are more pronounced among the long term unemployed, which usually is considered to be six months or more of unemployment.

We also have research evidence indicating that unemployment has a negative impact on communities, not just individuals. And a great research study, almost 20 years old now, but as relevant now as when it came out, by William Julius Wilson from a beautiful book called "When Work Disappears." Wilson studied Chicago, urban Chicago, pretty much after World War II for the next 30 years. And as many of us know throughout the United States, a lot of our inner city and urban communities were full of factories and warehouses, small level manufacturing plants. When those jobs began to disappear, what Wilson found is that's when problems really began to emerge in our inner cities.

And what he argued beautifully in this book is that work created the link to a sense of social community, to a sense of connection, and that as the work disappeared communities began to suffer as well. And we also see this internationally. I know this is a national audience, but just briefly, internationally when we look at areas where there's a lot of civic unrest, we often see a lot of unemployment especially among the youth. So unemployment is in many ways I would consider it to be a toxic and traumatizing kind of experience for people and for communities.

So here's a beautiful conclusion, really well-written by Wilson. In the absence of regular employment, a person lacks not only a place in which to work and the receipt of regular income, but also a coherent organization of the present, a concrete system of expectations and goals.

Basically what he argues is that employment provides an anchor for our lives, a place to go, a place that gives us a sense of structure, and hopefully a place where we're doing some tasks that we feel good about and that we're able to feel a sense of accomplishment. He also noted here that our work provides us with a sense of where we're going, and that without work even our family life becomes less coherent. And we do see an increase in family discord among the long-term unemployed.

Let's talk about some of what we've learned about interventions. And I'm going to start moving now towards interventions in general, what can we do as service providers, practitioners. There's a well-known program that has been developed and tested by Price and Vinokur called the JOBS Program. It's a reemployment program that's based on some fundamental principles in psychology. One of them is that we do better with social support as a species, just as people in general, we thrive on social support.

And what the research evidence has told us about this particular program, and some of you may be using this program in your projects, is that the social support is a critical ingredient. The program works better than self-help efforts. This is a structured program with a manualized intervention and people have benefitted from the instrumental support. And the groups help people find work and also help to reduce mental health problems. I could certainly give you some links at the end of this session or next week if you're interested in learning more about the jobs program.

So when looking at what helps, certainly the social support. The experience of telling the story to others is very powerful and it's very therapeutic. And even for those of you who aren't trained as mental health clinicians, having your clients tell you about their experience is profoundly important and helpful. And then of course I know many of you are going to have a lot of clients to work with. You may need to kind of provide some limitations on how long they can go on this. But it is important for people to have a place to kind of unburden themselves.

The other aspect of these jobs clubs is learning practical job search skills. And we'll talk about that a little bit more toward the end of this webinar.

So it's clear that the power of shared experience is critical. And as many of you are probably doing in your programs, you're having networking groups. And the networking groups provide a number of different resources. One is an opportunity for people to network. But it also provides a means of social support for people.

So here's a comment from somebody from one of my research studies, where he talks about the power of shared experience. So even when someone couldn't help me out financially or otherwise, just being a sounding board, just being someone who can give you psychological help, that has been the biggest help that I've had.

Knowing that you're in the same boat with a lot of other people is probably the most of what I've gotten. And this is a person talking about a group experience at a One-Stop career center. And also the person says, along with that I know that if my back is to the wall, that I know that they can and they will help me out. It's very important to know that.

So let's talk about some of the intervention strategies that I'm recommending. And I've come up with a four tiered perspective on how we could help to support our clients as we're working with them on job search strategies. And I realize that's the bulk of what you folks are doing. So the first thing is going to be to assess the mental health status of your clients. Now I realize a lot of you are not fully trained to do a thorough mental status evaluation. But a lot of you will have a good enough set of instincts and knowledge and experience to be able to know when a person is in trouble.

So first off we want to kind of normalize the inclusion of a mental health history. When you meet with clients, clearly you may not want to ask too many personal questions. But you could ask a person kind of how are you doing, have you been struggling with depression or anxiety. And my experience is people who are struggling prefer to be asked these questions rather than not be asked these questions.

It is important to normalize that people will have even some sadness, anger, anxiety in the face of unemployment. Now at times the best intervention will be a referral. And I imagine that many of you in your agencies have links to mental health providers. I realize some of your clients, many of them will not have very good health insurance, although now of course more and more people do have health insurance.

But it would be a very good idea in each of your agencies to get a good list of providers in your area, agencies, private practitioners, who would be willing to work with your client population. For those of you who are mental health counselors, I did see somebody was a licensed professional counselor in our group. You may have the skills to do both mental health counseling and career counseling. And many of the career counselors will have good enough skills to do a good referral when necessary.

So in terms of assessment, recall the results of the Paul and Moser meta-analysis, unemployment of six months or more is associated with marked increases in mental health problems. And it's important to think about the loss of work as being similar to bereavement. And since the great recession I have had clients in my office, some who have cried the entire session.

And imagine many of you who are listening to this webinar have had similar experiences. So the loss of work for many people does feel like the bottom has fallen out. It's similar to if you've lost something that's beloved to you. And it's a profound experience, profoundly painful.

It's useful to assess for serious mental health problems. It would be helpful to find out if there's a risk of self-injury. During my many years of training counselors and psychologists, students have often said to me, David, is it OK to ask a client if they're suicidal. And actually in my experience doing therapy, the clients who've been suicidal have always thanked me for asking.

I think we often feel like it's going to be an intrusive question or a question that might suggest that we see something in them that might look frightening to us. I often try to normalize the question and say, this is a question that I ask of people when I meet them in our agency, if you have any thoughts of hurting yourself. So by normalizing the question, it does make it a little bit easier.

Another issue is the risk of assaultive behavior. I mean I hate to bring this up. The assaultive behavior is a very low frequency event in the world of the unemployed. I know we hear a lot about these big gruesome events in our country. But we have to remember these are very, very low frequency events. But it's useful to raise it as a question, particularly if you suspect that the person is harboring some anger at people who may have been responsible for their layoff.

What we do know is unemployment is a major psychosocial stressor. And we also know from years of research is that psychosocial stressors will exacerbate preexisting conditions. So if a person is entering the world of unemployment already feeling some vulnerability to depression, or despair, or anxiety, or agitation, it's potentially likely to make it worse.

Now again remember the data, 16 percent of the population have mental health problems. And again that's a kind of loose definition, and 34 percent of the unemployed. So it doubles the likelihood of a mental health problem. It's not like it quadruples it. So the many people who are long-term unemployed are doing fine.

And I don't want you guys to finish this webinar and think, oh my God, I better refer all my clients. Probably the bulk of them are doing as well as can be expected. And some of these strategies have come up that might help them to ward off more significant problems.

So in terms of interventions, we need to ensure that clients have access to career interventions and that for those who need it also have access to mental health interventions. A conceptual framework that I've developed over the years is known as the psychology of working perspective. It's a brief plug for a book I've written in there that's published by Routledge on the psychology of working.

And if you're interested, you could send me an email and I could send you some articles about this perspective. It's important to dignify issues in both the work and non-work domains, and very important to build on areas of strength and resilience. Often what I do with clients who are unemployed is try to find some areas that are working well for them, and help to build on them. If their marriage is going well, if they have good relationships, to make sure that they're able to still focus on that, to make sure that they're able to tap into the resources that they have. It'd be very, very important.

In terms of evidence based practice, what we know about counseling after many, many years of research is that the working alliance, the relationship between the client and the counselor, is often seen as the most important ingredient in determining the success of a counseling relationship. And this is relevant in career interventions as well as in mental health interventions.

So as I say in my slide here, social support starts in the counseling relationship. And how do we convey support? One is by being very empathic; help a client to feel understood. And I know a lot of you have seen – we've all seen these therapists in movies and on TV, and sometimes they seem like caricatures of themselves. But some of the tools that we use, like reflecting content, reflecting feelings, are very effective at helping clients to feel understood, and affirm a client's needs for connection.

We also need to help our clients identify support in their communities. And your agencies are certainly one place for a lot of support. I imagine you guys are connected or may actually be the One-Stop career center in your communities. But the One-Stops are great sources of support. They'll often be – I know in the Boston area where I'm located, there are a lot of networking groups, free standing networking groups.

And it's very important to try to help connect our clients to these networking groups, again for the social support, as well as the actual networking. And then work with clients on finding adaptive ways of asking for support. And this I'm sure we've all seen that clients who may come across too strong, or may not have the right kind of social interaction skills. And it's often useful to help to role play some of these things in our sessions with our clients. And then again to learn about and nurture the support groups in our community.

Stress management is very important. In this case I use mindfulness a lot in my work. Mindfulness is a perspective that has emerged out of the world of meditation. And it's very popular these days in the world of counseling and psychotherapy, and also in the world of career interventions.

And the focus of mindfulness is basically to allow your thoughts and feelings to flow through you, and to not get attached to them, to develop a capacity to observe your thoughts and feelings without letting them control us. And I would suggest for those of you who are interested to look it up on YouTube. There's a lot of mindfulness videos. And there's a lot of books out on mindfulness in counseling. And I have an article on this as well that I could send you if you're interested.

Stress management is also managed beautifully by exercise, particularly cardio exercise; very strong research supporting cardio exercise in helping to reducing anxiety and depression. And then what I call adaptive forms of distraction. In some ways we could argue that work is an adaptive form of distraction from the kind of malaise of life.

And people who are not working need to find other things to do while they're looking for work. And some of that of course may include things like volunteer work, or training, things that could also help people to develop new skills. But we do need to try to help provide our clients with means of distracting themselves in a very adaptive way.

Another important tool for us is to reconstruct the narrative about the loss of work. And there's a whole school of thought now in counseling and psychotherapy on narrative approaches. And in a nutshell what we're trying to do is help our clients tell the story of their unemployment, and to do it in a way that has meaning for them that also allows them to reframe what has happened.

What we know from research literature, from actually a dear friend and colleague who I think is doing another one of these webinars, Ofa Sharone (ph), is that the long-term unemployed in the United States tend to blame themselves for their unemployment. One of the things that we could do effectively is to help our clients not blame themselves and help them understand the role of broader social and political factors in their unemployment.

And again if we recall the findings from Jahoda, which I mentioned earlier, we need to help our clients structure their days with job search activities, but also with things that could help them build new skills, help them reduce stress, and help them enhance their social connections. These are fundamental factors that can reduce depression and anxiety and despair. We also need to help our clients provide a means of having new accomplishments. The loss of a sense of accomplishment is a very big source of grief for people who are unemployed.

And I often try to help my clients think about ways to enhance their skills, and to develop new skills, and then to use the counseling sessions to help them internalize these accomplishments. These are very, very important. And then we need to help our clients actively engage in their lives. We don't want to have our clients stay in their pajamas all day, staying in bed all day. We want people to structure their days as best they can.

The best predictor of a return to pre-unemployment levels of mental health is a new job. And many of you I'm sure have state of the art skills in helping people to find work. So supporting an active, engaged and creative job search, there is some research on job strategies that help, which I will go over. We do know that networking helps.

And we know that helping to assess transferrable skills is useful, helping clients to look at their skills and to use some of the assessment tools on O\*NET that could identify transferrable skills. These are very useful to our clients.

And then finally, skills development. Many clients who are unemployed are often in fields where there's no longer as much of a market for their skills. And often the task that we have is to help them kind of find a new field that will love them.

So we know that we cannot do this work alone. We have to help our clients find support groups, job clubs, connect to the One-Stops, and then also connect our clients to sources of training, skills development. I know that some of you work in community colleges. I think the community colleges are a great resource for the long-term unemployed. And we also know of course that social support is critical.

And then finally we realize that we cannot control the job market. And the reality of the work that we do is that we are also at risk for burnout and we are also at risk for stress, because we could experience what we call vicarious traumatization. And I will say honestly that in my work with the long-term unemployed over the last five to six years has been some of the most psychologically painful work I've done.

I've walked away from my office after seeing clients all day thinking, especially during the height of the recession, what can I do to help him? I feel like I'm as knowledgeable as I can be, and it's really important for us to make sure we take care of ourselves as well, and that we exercise very good self-care.

So in terms of evaluating, we need to consider what has worked with a given client, we need to continue to explore the literature about evidence based practices that are working, and we need to share our wisdom and insights with the career counseling community.

So I'm going to close now and open up the conversation for questions. But I want to let one of my participants from our research study close this, because this is more powerful than anything I could say.

I never thought I'd be at this stage now because I thought I'd throw in the towel. But I've always been a fighter. I come from a strong family. I know strong people and I can't let myself down. Society has let me down, but I can't let society define me. I can't let unemployment define me.

So let me dedicate my talk to this individual and to the millions of people who we see day in and day out who we get inspiration from, and hope that in some ways this conversation which I'm starting with this webinar will help us to help our clients, the clients who need the help the most.

So at this point I want to thank you for your participation. We will have time for about 15 minutes of questions.

And I want to turn the floor over to Jen. Is that correct?

AYREEN CALIMQUIM: Hi, David. This is Ayreen on behalf of Department of Labor and high impact partners. Thank you so much, David, for this presentation and really helping to focus on some of the more empathetic strategies that we can employ when supporting our long-term unemployed participants. So the information that you have provided here has really been very, very helpful to sort of frame our approach in supporting these participants.

And so for our next slide here, I want to be able to open it up for grantees that may have had some questions that came up during Dr. Blustein's presentation. And we'll take a few minutes for those of you who are typing in your questions.

Maybe to start this off, Dr. Blustein, my question is, "You mentioned that mental health problems are more prominent among men blue collar workers and those who are long-term unemployed, and I know some of our grantees are serving participants in the manufacturing and advanced manufacturing industries. And so are there any unique characteristics of blue collar long-term unemployed? And are there also unique strategies that grantees can use to support blue collar workers?"

DR. BLUSTEIN: Thank you. It's a great question. It's a big question right now, it's a big challenge for us is to help our manufacturing population find work again. First off I think when you think about blue collar workers, and I say this as somebody who comes from a blue collar family, so I don't want to come across as somebody who hasn't had a connection to the world of manufacturing and the trades. My parents, my uncles, were all in those trades.

I think one of the issues is again if you're working with men, and men being socialized often to not express their feelings as much, I think we may have to kind of reach out a little bit more to our male clients, the ones in manufacturing, just to try to help them get the connections. They may not be as comfortable in seeking out social support. Again, the identity of a man often being one where being autonomous is a sign of strength.

And then I think what's really, really going to be helpful is to help people use the time that they're unemployed to develop new skills. Now here's where I think the community colleges will come in really handy. And also to connect with your workforce development offices to find out what are the fields in your communities that are booming right now, where are there openings, and help clients to look at those fields and say, like for example here in the Massachusetts area we have a big need for mid skill level technical workers.

Some of our local manufacturers can't find enough technical workers. And there are programs in our community college certificate programs that are training people. So one of the things I will try to do is to help make those kinds of hands on tangible connections to viable marketplaces. But again realizing that for many of the blue collar workers, being able to talk about their feelings and say that they're in pain may not be the first thing that comes to their mind.

MS. CALIMQUIM: Right. Absolutely. And then, "Are there also maybe barriers that blue collar workers might experience when they're looking for jobs?"

DR. BLUSTEIN: Well I think some of the barriers that blue collar workers will experience often may be that their educational level may not be at the level of the younger people looking for work. So a lot of the people moving into manufacturing, and certainly in my area, the Boston area where we have a plethora of educational institutions, they're able to get college trained, at least community college trained people often to work in factories.

So I think another issue is going to be helping them to deal with, A, their feelings about their educational level, and B, to think about if it's worthwhile for them to ramp up their education. If you do a cost benefit analysis with them, what's your age, how much resources do you have that would allow you to go back to school, think about the short term objectives of having to get work very quickly, versus the longer term objective of trying to find something that they really like. So I try to balance some of that out with my clients.

MS. CALIMQUIM: Great. And then it looks like the grantees are doing a lot of sharing of experiences in the chat window. And this we really encourage. And we'll find a way to incorporate a lot of these comments and suggestions in our follow up round table calls.

I have one more question, Dr. Blustein. "When working with a diverse population are there any cultural differences that our grantees should be aware of when providing mental health supportive services to their participants?"

DR. BLUSTEIN: Fantastic question. The issue of culture in mental health is huge right now. And I think rather than me provide kind of some quick response to this, what I would say is to ask your clients how do they experience work and unemployment via the lens of their culture and their relationships. Because what we know now is that people define their life often through their relationships and through their culture.

So rather than coming up with some formula about X group experiencing work or unemployment in X, Y or Z way, what I usually do is ask people how do you understand your unemployment, what's it been like for you, and what does it mean in your own cultural milieu to have to struggle with this right now? So that's kind of how I've done it. Because people will understand and interpret their cultural identities in very unique ways.

MS. CALIMQUIM: Great. Thank you for that. And Michaela (ph) had a very similar sort of comment on that. Clients who are from a different culture are often not receptive to the interventions provided here, and then may interpret this sort of help as a confrontation. So her suggestion is to help connect these participants with communities – (inaudible) – from within their own cultures.

Are there any other suggestions, Dr. Blustein, that you might be able to add to Michaela's suggestions?

DR. BLUSTEIN: Great point, Michaela. Thank you for sharing that. I think you're right. We have to be very, very sensitive in exploring some of these things. And I realize I was kind of offering some strategies that might feel like they might feel too intrusive for your context. You guys need to decide what's going to work best for you.

If you're in a context where you don't have private offices, where the culture is not one where you do longer term counseling sessions, you need to take my suggestions with a grain of salt and use what seems relevant. Michaela's question here, she raised a great point. In certain cultures some of these questions may feel intrusive, ask about self-injury, risk of hurting themselves.

I think connecting to the cultural resources within the community is most important, and finding therapists who you could refer people to, or bringing people in to do in-service trainings if you're in a community with a large group of people from a given culture, to find some local clinicians who could do some in-service trainings for your agency. That would be very helpful.

MS. CALIMQUIM: Great. Thank you so much for that. And last question from a grantee. "Are there any resources in print that could help with questions that staff could ask without a mental health background, that could be used as part of their assessment process?"

DR. BLUSTEIN: That's a great question. And I don't know of anything off the top of my head. But I will look around and see if I can find something by next week.

MS. CALIMQUIM: Great. And similar to that, are there any sample questions and guidance on how to ask these questions without violating HIPAA laws, is the other request related to that?

DR. BLUSTEIN: Now the HIPAA laws, it's interesting because I think if you're not a health professional, you're not in a position to be violating a HIPAA law. If you are a health professional, a mental health professional, then you do need to be careful about HIPAA regulations. Or if you're working in an office, at the health service provider office, I actually think that would be the relevant point.

If you're in an agency that is in a HIPAA – that is relevant to the HIPAA laws, and I think that's something each of your agencies would need to determine. But as a career counselor, I think that these questions would not feel like they were violating HIPAA laws in my view. But if you have some more specific subtext to that question, please raise it for me.

MS. CALIMQUIM: And it looks like Sondra (ph) and Michaela might be typing in some responses to that. Michaela, I'm not quite sure what you mean by I-a-a-s-a-a. That might be an association that I may not be aware of. Maybe another 30 seconds for their questions to come up.

DR. BLUSTEIN: I think the best bet for the listeners is to check with your agencies to see whether you guys are in a HIPAA environment. That issue is counter transference, any suggestions. Counter transference, for those of you who are not trained as clinicians or therapists, is a term that we use to describe the therapists' reactions to our clients.

And we all have reactions to our clients. I think this is a really important issue. And actually the flip side of it is transference, which if you've watched TV shows like "In Treatment" or other shows, you've seen a lot about that, about the client's attachment and relationship to the therapist.

The counter transference issue is complicated. And I could just share with you what I've experienced. I've had a whole wide range of experience. One is my own anger at the system, at the economic and political system for not doing enough about unemployed people. My feelings of guilt and privilege that I have such a great job. The feelings of ineffectiveness, even though I've been doing this work for 30 years and I feel like I've developed really good skills, there's days when I leave the office and feel like did I really help this person. I think these are really important questions.

And here's the HIPAA question coming up here. I've managed a state and federal contract that specifically warned against violating HIPAA laws. OK. So Saundra, I would ask you, if you could by next week maybe send me something about this. And what I would recommend actually, since I am not familiar with this within the workforce development world, is that you consult – that each of you at your agencies consult with your HIPAA officer. Each agency should have a designated HIPAA officer. So let me defer that question to your own local HIPAA officer.

MS. CALIMQUIM: All right. And we're getting towards the last five minutes of our presentation. And I think this topic of counter transference is new for me.

But I think what was really helpful in this discussion from Dr. Blustein, sort of your response to it, is that certainly a lot of our grantee staff are going to be working directly with these long-term unemployed, and certainly being mindful and wary of how their participants' experiences would affect them. So I think that's a great place for us to conclude, and certainly can continue this conversation in next week's round table.

And with that, let's go back to our last several slides, and I'd like to turn it over here to Jen, who will talk about what you have to look forward to next. Jen?

MS. SWIDLER: Hi. Thanks, Ayreen. And thank you very much, Dr. Blustein, for your thoughtful and informative presentation. And thanks everyone for the great follow up questions. I look forward to hearing more of them next week. With that I'd like to invite everyone to join us for the follow up round table discussion next Wednesday, July 22nd, at 3:00 p.m. Eastern time.

You'll be receiving an invitation on how to sign up for the session following this call. During the round table discussion you'll have an opportunity to ask Dr. Blustein more questions, more in depth questions, talk about what's working for you and not working for you when you work with people facing mental health challenges, and then also hear from a couple of fellow grantees who have robust mental health components in their programs.

So thank you for joining us today. And I hope to hear from you all next week. And now I'll turn it back to Ayreen for a final word today.

MS. CALIMQUIM: Great. Thank you so much, Jen. And the last slide here has the contact information for Dr. Blustein at Boston College.

Also in addition to next week's round table discussion on this topic, really please as part of our technical assistance in addition to working with your TA coaches, we do have several of these subject matter expert series webinars being planned in these next couple of months to support you. And the last email address here is RTW@dol.gov. That's our Ready to Work grant mailbox.

If you have any specific questions to your FPOs, the DOL national office, and/or your technical assistance providers, please send us an email at this email address here. And with that I want to thank you so much for your participation and for the dynamic conversation that happened in our chat window. And we look forward to hearing from you in next week's roundtable call.

MR. WATSON: All right. Thank you, Ayreen. And thank you, Dr. Blustein and Jen and Megan for our presentation today.

(END)