

Episode 23: Julie Christensen from the Association of People Supporting Employment First (APSE)

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Speakers: Alex Schiwal, Julie Christensen, Matt Wappett

Alex Schiwal 00:00

Music Hello and welcome to the Mental Health Crossroads podcast, where we explore the intersection of mental health and developmental disabilities. This week, Matt Wappett interviews Julie Christensen from the Association of People Supporting Employment First, also known as APSE. We hope you enjoy this interview.

Matt Wappett 00:25

Welcome everybody, to the Mental Health Crossroads podcast. I'm Matt Wappett, the executive director of the Center for Persons with Disabilities, and we're joined today by Dr. Julie Christensen. Julie is the Director of Policy and Advocacy, and the Interim Executive Director of the Association of People Supporting Employment First, also known as APSE. She also currently serves as the Senior Disability Policy Advisor for the Harkin Institute at Drake University. Prior to joining APSE, Dr. Christiansen was the director of Iowa's University Center for Excellence in Developmental Disabilities, at the University of Iowa, where she held a research faculty appointment in the Carver College of Medicine's Department of Psychiatry. Dr. Christensen received her undergraduate degrees in advertising and music from Syracuse University, and a master's in social work from Roberts Wesleyan College, and her PhD in health practice research at the University of Rochester. It is our privilege to welcome her here today. Welcome Julie, can you tell our listeners a little bit more about APSE?

Julie Christensen 01:30

Yeah, thanks for inviting us on. APSE is a national member organization. We are the only national organization that focuses exclusively on Employment First, facilitating full inclusion of people with disabilities in the workplace and in the community. We've been around since... 1988 -things that should roll off my tongue but- long time. Again, we're a membership organization, so we have a national team here in the DC area. We have 40 state chapters,

roughly 3000 individual members. We're just committed to the movement of all things Employment First, making sure that there's real jobs for real pay for all people with disabilities.

Matt Wappett 02:24

Great, thank you. Given that focus on employment, what role does APSE play in supporting people with intellectual and developmental disabilities and mental health concerns? And how does your work intersect with those areas?

Julie Christensen 02:44

Yeah. APSE is a broad umbrella when it comes to disability. I think at different parts in the history of the organization... Because membership organizations, the membership body itself, changes and fluctuate over time. So, I think we've been known to be really engaged in the IDD (intellectual and developmental disabilities) space for a long time largely because we have many members in the DD (developmental disabilities) network. Whether it's through the UCEDDs (University Centers for Excellence in Developmental Disabilities Education, Research, and Service) or the DD councils or the Protection & Advocacy, even some of the Independent Living Centers, we have members across the country. But we are broad-lensed, and I think we've had to be really intentional about that, especially in the last couple of years.

Julie Christensen 03:31

In moving away from that lens of IDD, I think we started there in one of the ways where, just in terms of my work when I think about people with the most significant disabilities, if we can figure out how to make employment a reality for them it's kind of like a universal design concept, right? If you focus on the work from the perspective of the people with the most significant barriers to employment, then everyone benefits. That being said, and as a former mental health practitioner, I certainly recognize that we have not always historically been as intentional on the mental health side of the equation. But it is definitely part of what we do. We are increasingly looking at strategic partnerships with different entities that have different content expertise that can help our members. Just as an example, we are really trying to work very closely with Paralyzed Veterans of America and other organizations and thinking about the needs of returning veterans who are often struggling with PTSD and other mental health related issues. Even those types of partnerships help us help our members think broadly about disability as being across the spectrum.

Matt Wappett 04:57

You bring up some really good points there. It's almost a universal design approach that you're taking, right? If you would design for the most significant, you're going to create supports, and structures, and policies, and procedures that really benefit everybody. I think that's a really important point for people to keep in mind here.

Matt Wappett 05:23

Everybody has a personal story and, especially within the disability field, there's something that drives them. How did you end up in this role and why are employment issues specifically important to you?

Julie Christensen 05:40

I am probably like many people in this field, when I say it happened by accident, by lucky accident. I know you rattled off my bio earlier, I went to college with the intention of working in public service advertising so my undergraduate degree is in advertising and graphic design. It's kind of an interesting, twisty turvy (meaning, done in an out-of-order or nontraditional manner) to get from there to here, because my motivation for doing that having grown up in Berkeley, California, is that I wanted to do something with my life that would make a difference. And, fate intervenes. I did do the advertising thing and at some point realized the limitations of the field that I was in. Sitting in a conference room one day arguing about the color of a font on the billboard made me think, Hmm, maybe this isn't exactly what I thought I was getting into, in trying to use my time to help leave the world a better place than how I find it, which was my end goal. And so that led me down the path that I'm in now.

Julie Christensen 06:56

My clinical background is in adolescent mental health and where disability came in truly was completely by accident. I did a lot of community-based work, working primarily with inner city youth living in extreme poverty, and just a lot of cross-systems projects. And so, I kind of had that reputation and I was asked to cover a youth group of kids with disabilities. I was terrified, because I was like, I don't know. And ironically, I was a school social worker, clearly, I knew these kids. But there was something in the way it was framed to me, this is social group for kids with disabilities. I was brought in because I work with kids. And I was like, Oh, but they have disabilities, I don't know that part. And that actually kind of became the Litmus point (meaning, a deciding moment) in my career, because it was such a great learning moment for me to walk in the room and realize that I was one of the people that was perpetuating the stigma of disability. I fundamentally got stuck and got scared, as a clinician, by the term of disability. And then I realized when I got there and started hanging out with these amazing humans, they're just people who have the same needs and the same desires. That kind of kicked it all off.

Julie Christensen 08:29

How I got into employment, I think was lucky accident. I fell in love with the work partially because I fell in love with the community that does the work. The Employment First community- which is not just APSE, APSE is a piece of it - is just an amazing, eclectic, passionate, opinionated group of people. We were talking recently about our APSE national conference, which I attended for years before I was on the national APSE team, And I made the comment,

it's kind of like going to summer camp. Every single person there is committed to the outcome, improving employment outcomes for people with disabilities. If you work in any aspect in the disability space, you know the literature and the research that speaks to how if we solve the issue of employment, it helps everything else. And so that piece just makes sense. And yet, the people who do this work are underpaid and not necessarily thought of as the cream of the crop. Stepping-stone career is a term that we often hear related to job coaches and job developers. And yet, as you get to know the people who are doing this work every single day, they truly are some of the most innovative, scrappy, committed people. They also know how to have fun, and I like to have fun so it's a good match. *Laughter*

Matt Wappett 10:05

That's true, it does take it does take a certain amount of grit and resilience to work in the employment space. Because, yeah, it's like going up to battle every single day. It's interesting what you brought up about starting in the mental health field and feeling like, using your words, a little bit afraid of disability. We, those of us who come from the disability side, frequently see it the other way. We come from the disability side and we're afraid of the mental health side. There's always been this division between those two worlds. That's where this project, I think, is important. Really trying to bridge the gap between the stigma on both sides, and really trying to recognize that mental health is a concern for everybody, regardless of whether you have a disability or not. One of the interesting things, and I want to dig into a little bit of what you were saying about employment earlier, is that employment is really important for mental health.

Julie Christensen 11:17

For recovery.

Matt Wappett 11:18

Yeah. Why is that? What is it about employment that really helps support somebody in their recovery and in their mental health and just in their belonging in the community?

Julie Christensen 11:31

Yeah, so it's interesting and not unique to mental health. Something we talk about just in disability employment broadly is, especially as adults, when you're meeting someone for the first time... Almost always the first question people ask, other than your name is, what do you do? How you spend your time as a professional member of society is an integral part of our psyche. Right or wrong, it's how Americans choose to prioritize how we define ourselves and put ourselves in buckets. So, if you don't have access to that, then you're missing a piece of identity that gives you entry into society as a whole. That's the big umbrella piece.

Julie Christensen 12:23

I think with mental health, it's interesting. I had some fantastic colleagues, when I was at the University of Iowa and worked in the Department of Psychiatry, who really focused on employment as part of recovery for mental health. And so taking it a step beyond just that we all want to belong, we all want to be able to define who we are... We have such amazing and conclusive research that speaks to individuals with mental health challenges, diagnoses, who are not employed, are more likely to be engaging in substance abuse, more likely to be self harming, more likely to be self alienating, just not connected. Then, you think about the converse, what does employment do for you? It's about having a purpose. Part of it is just the reality of if you're working, you have responsibilities. There's a reason to get up in the morning. There's a place to go. There's somebody looking, who's waiting for you, and there's a lot of different benefits, bidirectionally in that regard between employer and employee.

Julie Christensen 13:40

But also, you're more likely to have health care, which means you're more likely to be able to have the resources to address mental health concerns, whether it's access to a therapist. Or in my case, I take antidepressants for... I have ADHD, and that manifests in anxiety. I can do that because I have healthcare that pays for that, and I have doctors who will prescribe it, and those ongoing touchpoints. That's just pieces and parts. It's partially identity, it's partially self esteem, it's partially overall quality of life, and the ability to have access to what you need to manage and mitigate the issues that you might be facing.

Matt Wappett 14:30

Your comment about the healthcare side is so important, the fact that in the US our health care is tied to our employment. And if you know that you have health insurance and you know that you have that support, that becomes... People will put up with terrible jobs for a very long time just to maintain that health insurance.

Julie Christensen 14:51

Yup.

Matt Wappett 14:51

And that's one of the things that continues to be... I don't know. I think that's a separate interview. I guess that's a different-

Julie Christensen 14:58

Exactly. *Laughter* And I can say from experience, I have lived that.

Matt Wappett 15:03

It's a difficult one, but it seems to be so backwards. But anyway, um, yeah, that's a... That's a tricky one. So given sort of your perspective, in your background, you've probably seen in the mental health field and the developmental disabilities field approach employment supports in different ways. Or maybe not, or maybe you have a different perspective. So, from your perspective, how do the mental health and DD fields approach employment supports? And maybe how can they more effectively work together?

Julie Christensen 15:38

Yeah, it's a great question and I'm actually going to start it by going on a little bit of a tangent. Sorry. ADHD brain. You were talking earlier about that fear of... I started in the mental health side, and then I had a fear of disability. Ironically, as I was preparing for this discussion, I had the opposite fear because I've been in the IDD world for so long that my immediate response was, I don't understand mental health. I'm not an expert. I'm pretty sure that's the first thing I said to you when we first talked about doing this. *Laughter* Part of that certainly is my own well-documented imposter syndrome and perfectionist, overachiever nature.

Julie Christensen 16:19

Regardless, it's interesting to kind of have bounced back and forth. Because the reality is that we do things in such silos and our systems are largely to blame for that. But the processes and the end goals and the strategies, in and of themselves, are not that different. Perhaps, the wraparound supports are different. If you're someone in recovery with a substance abuse type of a situation, your follow up and wrap around and check ins are very different than the wraparound supports we might put in place for someone with a significant physical disability that needs support getting to and from work. But that doesn't mean that the fundamental processes of thinking about who an individual is, what their interests are, what their superpowers are, and thinking through how to help support find that, finding that match, and then wrapping around what's needed once that match is found for individuals to remain successful and to grow and evolve in their careers... That piece, I think, is fundamentally the same.

Julie Christensen 17:38

I know that I have colleagues on both sides, who will get into the weeds (expression meaning, immersed in the details or complexities) about different types of interventions. One of my biggest pet peeves in the Employment First arena is that we spend so much time arguing over what's better. Supported employment or customized employment, or discovery or fill in the blank... It sort of astounds me that anyone thinks that there's a silver bullet that magically solves this problem. Because clearly, if that were the case, we wouldn't have the same unemployment rates for people with disabilities and mental health disorders... I hate that word, disorders. Mental health diagnoses, that we've had for years- decades. *Laughter*

Julie Christensen 18:24

The practicality of the day-to-day intervention, this is just my philosophy, is less about is it someone struggling with mental health versus having an intellectual disability versus having a physical disability. It's all individualized. It's all about figuring out what someone needs to be successful and that's true if you don't have a disability, right? *Laughter*

Matt Wappett 18:25

Yeah, absolutely.

Julie Christensen 18:25

That's the lens that I take on it. I try not to get too caught up in the turf war. But then the reality is, as a former practitioner, working in... I'll pick on the state of New York, who is not unique. *Laughter* But, the mental health system was over here, and the DD system was over here, and God forbid you were dually diagnosed. And someone in a school system, when you're in second or third grade, basically charts which direction you go down. And because there was no interaction, I worked with transition-age youth, all of a sudden we have young adults that 20 21 years old getting ready to exit the school system and we're realizing they've been getting mental health supports all this time- But really, they'd be better served in the DD system, or vice versa. Because it's, what is the presenting concern at this moment that is the barrier? And have you addressed that? I think when, structurally, we set up our funding streams and our service delivery systems to be so completely separated, it makes it really hard.

Matt Wappett 18:25

Yup.

Matt Wappett 20:06

It does. And I think there's a lot of people who end up in limbo and probably end up not getting all the services they need, as a result of that. Because, you go to the mental health center, like, 'Okay, we'll do this, but you got this condition so you need to go work with the DD sites.' And DD sites say, 'You got this condition, you need to work with that site.' And I know, at least here in Utah where we are, people sometimes get bounced between those two and they end up not really getting the supports that they need. They fall between the cracks and they occasionally get forgotten, unfortunately.

Matt Wappett 20:44

I think your comment about New York is exactly what I've seen in many states. Yeah, the mental health [agencies] uses one particular model for supported employment, or whatever

their particular approach is, and then the DD agencies use a completely different model. And there's not a whole lot of coordination that occurs between those two.

Julie Christensen 20:44

Right.

Julie Christensen 20:45

Sure, sure.

Matt Wappett 21:01

And it can be very problematic.

Julie Christensen 21:09

Although, I'll also say, having lived and worked in Iowa, Iowa is a state that mental health and DD is under the same state system. That blew my mind when I moved to Iowa having navigated the two silos that will never meet. *inaudible* And that's unfair to [say about] New York. Awesome people at both state agencies doing amazing work and working together, but the barriers exist. But Iowa, it was combined. And yet. *Laughter* You still... So, I don't know. I don't know if part of it is, that earlier conversation about, we build an area of expertise that allays our fears as practitioners and makes us feel competent, and it just feels too big to be an expert at both? But I'm not sure... Outside of some of the really concrete medical pieces of different needs for different diagnoses, that's not the world of employment. We don't need to be that special. *Laughter* Fundamental concepts apply, and we should be able to help whomever.

Matt Wappett 22:26

Yeah, I think we do have a tendency to overthink these things and overspecialize maybe when we don't need to.

Julie Christensen 22:32

Yes.

Matt Wappett 22:33

But also, on that note. I do think also... You mentioned this in your earlier response. I think a part of that division is the funding streams.

Julie Christensen 22:42

Sure.

Matt Wappett 22:42

And the fact that funding comes through two separate sort of streams, and you qualify for one and maybe you don't qualify for the other, and the requirements, and the supports, and everything else that comes through those funding streams maintain that separation. And figuring out how to braid funding and how to really facilitate that collaboration is essential to successful supports.

Julie Christensen 23:11

Yeah. And I'll just say in the employment space in general, this is like the bane of my existence now working at a national level, is that there is no... Everyone wants a recipe for how to do it. But VR (Vocational Rehabilitation) and Medicaid in every single state is different. In New York, one of the challenges might have been that if you were receiving services from the DD system, providers typically either were DD or mental health, so if you have to switch systems you're talking about bouncing around. You're talking about switching everything, your case managers, your respite... *Laughter*

Julie Christensen 23:53

Yeah.

Julie Christensen 23:53

Complete separation, and that's unique to one particular scenario. Not necessarily the same case in Iowa, but still. It just- it shouldn't be this complicated.

Matt Wappett 24:07

Yeah.

Julie Christensen 24:07

But you're right, it's just a difficult thing to unpack. Because, who's responsible for that? Is it the federal government in figuring out how do we all work together? Versus is it states? We're not going to have a partisan conversation here today. *Laughter*

Matt Wappett 24:30

Yeah. *Laughter*

Julie Christensen 24:31

There are differences of opinion on that, right?

Matt Wappett 24:33

Yup.

Julie Christensen 24:33

And I... I'm an independent, equal opportunity critic of both sides. *Laughter*

Matt Wappett 24:40

Yup. *Laughter*

Julie Christensen 24:42

But it's easy to point fingers at the others responsibility rather than to dig in and actually do the work...

Matt Wappett 24:49

I think that's exactly it, and that's something that I've noticed in many situations. 'Well, that's a federal issue, we can't deal with it. Oh, sorry. That's a state issue.' Or even, ' Oh, that's a local issue. That's something the local health and welfare agency needs to deal with.' There's always somebody to pass the buck sometimes (expression meaning to shift the responsibility to someone else). And in that process, I think people do fall between the cracks, as I said before. Anyway. But we can complain. We're not going to complain. *Laughter* So anyway, as an expert in this field... I mean this is what your doctoral research is on, this is what you've done for years, you know the evidence. What strategies are the most effective for supporting employees with disabilities and mental health issues? Which one worked for everybody?

Julie Christensen 25:38

Well. *Laughter*

Matt Wappett 25:39

That's a big question, I know. Maybe we should break that down. *Laughter*

Julie Christensen 25:45

Across the board, I think supported employment is probably the most researched, evidence-based way of addressing the issue of employment. There are in the mental health space, the IPS model, the Individual Placement and Support, which is a supported employment model but is also wrapped around some other pieces and parts that are unique to mental health issues. And so in some ways it's kind of ironic to me, because we're gonna slap a different name on doing essentially the same thing. *Laughter* I mean, fundamentally, it is supported employment. But I think there is a recognition that there are similarities, by diagnoses, in the types of strategies that work or don't work. Even on the DD side, there are things that we know, our work for

individuals with autism, that may or may not be helpful to someone with Down syndrome. We fundamentally get that. And yet, we haven't crossed that barrier between the mental health and the IDD side to recognize that it doesn't matter in which of those systems your diagnosis falls, there are unique strategies that can help.

Julie Christensen 27:19

But, I think supported employment itself, the concept of having someone you can work with side by side who can help break down some of the individual barriers, help you figure out how to translate your - I call skills, superpowers. Cheesy thing I do. But... How do you know what you're really good at? And how do you translate that into a document or, more increasingly these days, enter it into a web-based application that shows your strengths. Some people need help with that. Or, you start a new job. Just thinking about when I was overseeing Project SEARCH programs in New York, and we had individuals who are really interested in working in hospitals. Environmental services was, I guess, what it was called. Really, really, really complex jobs. I mean, there's one set of rules and types of equipment you use to sterilize the ER, versus, if you're taking apart an incubator in the NICU, it's a whole different process. And here we have individuals with intellectual disabilities who are absolutely capable of doing these jobs. But what we needed was a supportive employment professional to work with that business, to break down what was typically a two-day orientation for a new employee into something that was done in manageable chunks and taught over time to come up with the same outcome. That's what supported employment is really about. It's not asking businesses to be experts in how to reinterpret job descriptions.

Matt Wappett 29:22

Yeah.

Julie Christensen 29:22

Businesses do business things. But we have a workforce who is skilled at that translational piece and can be that expert and can be that conduit as a resource. Both to the business but, most importantly and first and foremost, an advocate for an individual who is seeking a job, and helping to create those opportunities. I think we've evolved quite a bit over the decades of supported employment in putting Person Centered Planning forward and self determination. We certainly struggle with well-meaning job coaches who have a hard time stepping out of the way. *Laughter* But the concept is still there that you're not doing this alone. It's just support until you don't need it anymore.

Matt Wappett 30:19

I like that notion of translational, that you brought up, in professionals who are trained in how to... Yeah. Because I think a lot of times businesses, I've worked in many, have unrealistic

expectations. Everybody. *Laughter* And really, somebody who can help make that accessible and provide the support for somebody to be successful... Thinking about it as not something that would just help people with disabilities or mental health issues, there's many other people. Again, going back to that universal design concept, the one thing that I continue, and maybe I think in the wrong way, I don't know... But a lot of these lessons that we're learning are lessons that would benefit everybody and that would make our workplaces more humane, more supportive, more inclusive in the long run.

Julie Christensen 31:16

Correct.

Matt Wappett 31:17

And yet again-

Julie Christensen 31:18

Well, you know-

Matt Wappett 31:19

Go ahead.

Julie Christensen 31:19

I was just gonna say, you're an education dude, you know, in the K-12 school system, if someone struggles with reading, we send in a reading specialist. It's not the general education teacher, or if you're in high school, the algebra teacher, that has to figure out those strategies. You bring in someone with expertise to help connect the dots. That's what supported employment is. I mean, really, it's that simple, to me philosophically. That intermediary to help business leaders who are not experts. They want to make money, they want to... That is their job. *Laughter* Our job is to help your employees, who might need things translated in a different way, understand what the expectations are and perform at their best.

Matt Wappett 32:14

So, I'm gonna throw a curveball here.

Julie Christensen 32:17

Yay.

Matt Wappett 32:18

It's not a question in here. But I know that you had the webinar earlier this week, with Paul Wehman and everybody, on translational research and employment. What are some of the most exciting things happening in employment research today?

Julie Christensen 32:35

Oh, man.

Matt Wappett 32:36

I know. I didn't even give you a chance to think about that one.

Julie Christensen 32:39

It's like you think that I have time to actually read. I mean, honestly, so totally, selfishly on my part, one of the reasons for wanting to do that webinar series is because... Those of us who even feel comfortable opening a journal and digging into it and can understand it, that doesn't mean we have the time.

Julie Christensen 33:07

One of my hopes with this webinar series is to just take the emerging stuff and make it accessible to folks who are super busy. That being said, and I guess this isn't quite answering your question, because I think the research is catching up... But a major issue right now is thinking about what a post-COVID workforce looks like. We've had to learn very quickly ways to utilize technology to provide supports, and that changes the nature of a lot of things.

Matt Wappett 33:08

Right.

Julie Christensen 34:28

But it probably needs to be moving forward. *Laughter* It's kind of a cheater way of answering your question, but those are the emerging areas that I'm starting to see the literature come out... And I'm super excited to see where it goes and how we can actually change the landscape in terms of our expectations and ultimately, participation of people with disabilities in the workforce.

Julie Christensen 34:29

But beyond that, I was getting a briefing from some economy folks for the new administration, and someone made the comment that this COVID-19 pandemic is our generation's version of the Industrial Revolution, in terms of the impact on business. It is never going to look the same. Then I sit there and think, 'Man, like, to me, that's an opportunity.' Here's where I get a little

Pollyanna (meaning, a very optimistic or cheerful person) and I drive people nuts. But what we had in the system that we built with the best of intentions, pre COVID was failing a heck of a lot of people and we were not moving the needle on disability employment. And so, there's part of me that's super excited to see some of the emerging research. It's gonna be a while until we really understand what works and what doesn't, and what is sustainable, and the long-term impact of doing services on FaceTime versus hopping in your car and doing it face to face, and when you need to do what.

Julie Christensen 34:57

But it's a super exciting time to really just break down all of our preconceived notions and to really think strategically, as an Employment First community. It's interesting, because the value of work, I think, has shifted. People with disabilities tend to be overrepresented in grocery store jobs, because they were relatively easy to train for and get people placed in a service system that only gives you so many hours to do that. Then all of a sudden, we have people with disabilities, who are the essential workers in the middle of a pandemic, who are the ones showing up to work every day and making sure that the economy can keep running. So, we have to have a different conversation about the role that people with disabilities play in our economy as a whole. But also, we need to be having the backup conversations when we think about opportunities for remote work. That changes the dynamics of who has access to the workforce now and what types of jobs they have access to. But have we done the back-end work of ensuring that people with disabilities have access to training on how to use technology? That may not have been the highest priority on their IEP-

Matt Wappett 36:28

Yup.

Matt Wappett 36:58

Yeah. I think that's a great answer. I do think that post-COVID work world is gonna look... The genie has been let out of the bottle, and it's not going to go back in. The way that we interface with tech and the way that we structure our workday and our workplace and everything else, I think, is gonna look significantly different.

Julie Christensen 37:20

I'll add a note of caution to that, though, because certainly in the disability employment space there's been a lot of celebration of... Prior to the pandemic, one of the barriers to employment was often that people with disabilities would ask for accommodations, like remote work, and businesses would say, 'No, that's not how we do things.' And all of a sudden, we can.

Laughter We can talk about the civil rights aspect of that on another podcast. But anyway, I digress. But the flip side, I think we have to be really cautious about. That we don't turn the

pendulum the other direction and find ourselves in a situation where... We've been fighting institutionalization for a long time, in the employment space, it's been about phasing out of facility-based employment, sheltered workshops, *inaudible* settings

Julie Christensen 38:13

Are we any better if the end result is that people with disabilities are isolated in their homes working remotely? Does that let us off the hook as a society in really thinking about workplace inclusion? Because there's always going to be the need for people to go somewhere to perform a service. That is just something that sits in my mind and occasionally keeps me up at night in thinking, I don't want us to get so excited about breaking down one barrier that we create another.

Matt Wappett 38:14

Yeah.

Matt Wappett 38:54

Yup. I think you hit the nail on the head. That's actually been something that we've thought about a bit here. How does this post-COVID work world and especially the HCBS settings rule (Home & Community Based Services), and some of those community integration mandates, what do those look like? In a world where maybe we are working more remotely. And what does inclusion look like if everybody's in a different location? There's a lot of, I think, unknowns that we need to be mindful of, and keeping those civil rights and just sort of the intent of the legislation that's out there in mind as we do that is going to be really important. Kind of on the theme of the pandemic, the pandemic has been rough on everybody, it's going on and there's really no... We have vaccines now, but there's no end in sight. What strategies have you found to be effective in supporting your own mental health during the pandemic specifically?

Julie Christensen 39:58

Laughter It's doing all the things that everybody tells you, you should be doing. *Laughter* In a non-pandemic world, there's so much to do, and you need to use every possible minute and so things like exercising regularly... One of the first things I did... Typically, door to door for me to get from my house to a senate office building takes about 45 minutes. So, early on in the stay-at-home world that we live in, I was like, 'Okay, I'm just gonna replace that 45 minutes with going on a walk.' Now almost a year in, it's more like I go out for four or five miles a day, beyond that 45 minutes, because after a while it becomes part of your routine and 45 minutes doesn't quite feel like enough. Those are things I could have been doing all along but didn't. That's part of it, getting out and moving and getting fresh air and communing with nature. I also set a rule for myself that I no longer work weekends. At roughly six o'clock on Friday night,

everything gets turned off, and it doesn't come back on till 6 am on Monday morning. Just because I need a break. I work in public policy, so God knows I've needed a break. *Laughter*

Matt Wappett 41:38

The last few years have been busy? A lot going on?

Julie Christensen 41:41

The last four weeks! *Laughter*

Julie Christensen 41:46

Part of that was because I just recognized it's like boom, boom, boom. And, you know, this remote work piece... I don't have time to think anymore. That's one of the first things I realized is, I go from Zoom meeting to Zoom meeting to Zoom meeting. And at some point, I was like, I really miss that 15 minute train ride to get to the next meeting. Because it was just enough time to shut my brain off of that issue and prep it for the next issue. And that 45 minute train ride home, when I would plug in an audio book and just not think about work, cut it off for the day versus in the beginning of this stay-at-home, 24-7 mania there was no shutting off. I was just working all day long, might pause and have dinner. I had to put the boundaries in place and they're boundaries, that quite frankly, I should have had all along.

Julie Christensen 42:40

My weekends are very boring. I read books, take naps, and currently I'm binge watching Vampire Diaries, because it's completely brainless. *Laughter* And that's what I need. Those are my Saturdays and Sundays. Then I get up and do it again on Monday morning.

Matt Wappett 43:01

That sounds lovely.

Julie Christensen 43:02

That's some of it. It's nothing weird. I did, with some reservation, up my dosage of Adderall at some point. Actually, I've done it twice. *Laughter* But frankly, that is better than some of the alternative ways in which I have throughout my life tried to manage the way that my brain runs amok. But, that's another part of this new world of flipping from thing, to thing, to thing, to thing and I'm at peace with that. It's whatever we need to do to keep ourselves going and reminding myself, I'm really grateful I work with such an incredibly great team of all women, which I will acknowledge is hard for me. I typically seem to struggle with females. Females are not nice to each other. *Laughter* But anyway... Amazing, amazing group of women. I think we just have a commitment to each other of checking in and having grace. Like, if somebody's just not feeling it and... Now I'm in a position of, theoretically, I guess I'm the boss but that's not the

type of relationship we have. Or at least not the type of relationship I want to have but my immediate reaction is if you're not feeling it, take the day. Because if you just bust through, then you're no good tomorrow and the day after and the day after that. Again, this is all stuff we knew. All the wellness people who make tons of money with their self-help books and whatever, they've been telling us this forever. We've just never done it. So do it!

Matt Wappett 44:57

Yeah.

Julie Christensen 44:57

That's my advice to people.

Matt Wappett 44:58

There you go, back to Nike. Just do it.

Julie Christensen 45:02

Yeah. I highly, highly recommend naps. We actually, *Laughter* the national team now has- we have 'Napsies'.

Matt Wappett 45:13

Wow. *Laughter* That's impressive.

Julie Christensen 45:16

Every once in a while, the day just gets overwhelming and someone will- we're a completely remote team, so someone will IM (instant message) and say, 'I need a Napsie. I'm gonna be offline for 30 minutes.' These are the things I hope that, whatever the new normal is, we maintain.

Matt Wappett 45:20

That's really kind of cool. That's a supportive workplace right there. You can just say, 'I'm taking a nap', and nobody's gonna judge you. You're right. The research shows that sleep, and naps particularly, can be incredibly helpful to your mental health and to your productivity and everything else. You're right. We've done this for years, but nobody's actually done it.

Julie Christensen 46:03

The reality is in a virtual environment, we all make ourselves available beyond a typical workday. Correct?

Matt Wappett 46:11

We do.

Julie Christensen 46:11

So, I have no hesitation whatsoever to say, 'You need to go take a 30 minute nap.' Because I know you're probably online at 11 o'clock tonight. *Laughter*

Matt Wappett 46:23

Yup.

Julie Christensen 46:24

It should be about, are we making progress on the work? To bring that full circle for people with disabilities, that's a whole other avenue that we have to figure out how to make space for. Because for most people with disabilities, they are relegated to kind of these typical punch the clock type jobs. We're all dealing with stuff. And if you already have ongoing mental health issues that you're dealing with pre pandemic, and then put this on top of that... We just have to figure out how to have grace with each other and do this differently.

Matt Wappett 47:08

You are exactly correct.

Julie Christensen 47:09

That was a very long answer.

Matt Wappett 47:11

That was a great- that may be the best answer we've ever had. It's just so honest, and I think really acknowledges the reality of the world that we're living in. Because you're right, we... Weird. Everybody wrote these books about the ADD (attention deficit disorder) work culture prior to the pandemic. It has become so much worse, because you don't get those breaks. You don't walk from... Even walking across campus here from one meeting to the other gave me a break. But now it's literally I'm going to get off this call, and I'm going to get on another one minute later, and I don't have time to shift my thinking. That takes a toll.

Julie Christensen 47:47

It's not healthy. Here's the other thing that I've added. This is totally selfish of me, because I want the rest of the world to join me in this. Since we're on video, you can actually see that I am still- What is it 3:30? I am still decked out in the clothes that I went out and walked five

miles in this morning. I have not had a chance to take a shower. And so, I have embraced 'Come as you are to a meeting.' First of all, I resent the fact I have to be on video 24/7. *Laughter*

Matt Wappett 48:17

Yeah.

Julie Christensen 48:17

I think we need to have some allowances that it's okay to turn your camera off. But in most of the scenarios I find myself in, that is not acceptable to turn your camera off.

Julie Christensen 48:28

Yesterday, I similarly had a hit the ground running sort of the day and also did not change out of my workout clothes till after 6 pm. *Laughter* And so, I was on video calls with a little winter hat on with congressional staffers. I don't care. *Laughter* And I hope that they don't either, and I hope that we can not worry so much about do you look the part as much as we judge each other for the quality of the work that gets done.

Matt Wappett 48:29

Yup.

Matt Wappett 49:01

Yeah, I think things are relaxing that way. I hope so. I actually realized... Yesterday we had a big event, we had our Disability Advocacy Day, and I had to speak. I actually put on a tie yesterday, and I realized it's the first time since Disability Advocacy Day last January that I had to put on a tie, which has been really nice actually. Wearing ties is awful. But the fact that I've been able to go a year and I'm not wearing sport coats and dress clothes to work every day. That aspect of it has been a lot more relaxing. When you feel comfortable, you tend to be a little more comfortable. When you don't feel comfortable then you get uptight. I think it reflects in your interactions and performance.

Julie Christensen 49:53

I'll bring it back around though. Working with transition-age youth with disabilities, one of the barriers to employment is not necessarily having the resources to have a professional wardrobe and this, that, and the other thing. Again, if we can get past looking the part and evaluate people for the skills that they bring to the table and their ability to do the job, then I think we're...

Matt Wappett 50:18

Yep. It does level the playing field. That's really good. I didn't appreciate how much COVID has leveled the employment playing field till we started doing some job interviews this spring, this January, for faculty. It's the first time they've lifted the hiring freeze. They're trying to rehire faculty here. Everything's on video and so people aren't flying out here. People aren't spending the day with the committee. You're just on video. It's just what the interaction is between you and the screen. You really notice how much about hiring was about appearance. It was about how you interacted in those informal in-between spaces. I actually hadn't thought about it until just last week, actually, which is kind of embarrassing. But yeah, it has changed hiring and that evaluating of who's going to really fit with your work culture.

Julie Christensen 51:25

And in the disability employment space, often to the detriment.

Matt Wappett 51:30

Yeah.

Julie Christensen 51:31

I'll add on to some of the emerging literature that I'm super excited about. Some of the work that is being done is looking at the ways in which artificial intelligence is replacing some HR (human resources) functions, and it's a barrier to people with disabilities, especially sensory disabilities. If you're someone with autism, who does not make eye contact, and you're screened out because an AI (artificial intelligence) robot says you did not lift your eyes up to the camera... *Laughter*

Matt Wappett 51:58

Yeah, that's interesting.

Julie Christensen 52:00

There's a certain amount of something we assume, because we want people to be good human beings that if someone has an obvious disability, there's a little bit of a benefit of the doubt to look deeper than just appearance. But sometimes a virtual environment masks that entirely. And for some people, that's great. And for other people, it puts them at a significant disadvantage. So, we got to figure that stuff out, too.

Matt Wappett 52:31

Yeah.

Julie Christensen 52:32

So much to do.

Matt Wappett 52:33

There's a lot of work to do. *Laughter* Julie, this has been absolutely delightful. You truly are one of the most intelligent people I know. Thank you for your time and for your thoughts. How can people get involved with your work at APSE?

Julie Christensen 52:53

We are a member organization. We do have members in all 50 states, in all of the territories in several other countries. There's individual memberships that get you access to communities of practice. Depending on what getting involved means... We are a national organization with a staff of six people. *Laughter* We rely heavily on our national board of directors, our state boards, our member volunteers, who sit on committees and help us get stuff done. That's the quick and easy way is... If you're in one of the states where our 14 chapters currently reside, that's local connections. And if there's not a chapter in your state, we can help you start one or get you connected to a neighbor state. Whatever works. Lots of ways to get involved, certainly on the policy front. We are working really hard to create different avenues to get information out to people, and some of that is more active than others. We, frankly, have meetings that people just show up because they need kind of a plain language, break-it-down-for-me, what-does-all-of-this-mean opportunity to sit and listen. Then we have other people who are in the weeds of rewriting waiver applications in their states and want to connect with people doing similar work in other states. We have all of those mechanisms to do that. I think there's a lot of different ways to get involved, and it just starts with going to our website, which is www.apse.org. All the information is there for how to contact us. You can contact me directly. They make it very easy to find me. My email address is julie@apse.org. *Laughter*

Matt Wappett 54:54

There we go. Perfect. Thank you for your time today, Julie. This has been a delightful conversation. We'll have to have you back for a follow up.

Julie Christensen 55:04

Anytime.

Alex Schiwal 55:05

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