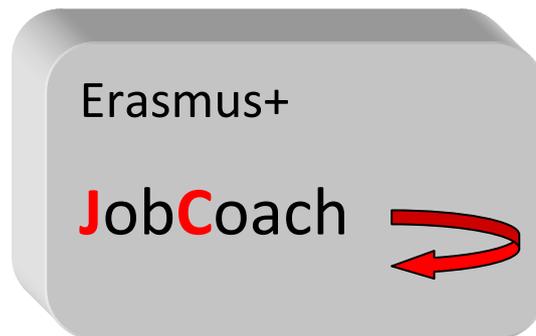


Erasmus+ Project  
„Job Coach for persons with disabilities”



*Job coaching adopted to specific disabilities*

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This teaching material is a part of European concept of Job coach qualification which was developed in Erasmus+ project aimed to support the employment opportunities of persons with specific handicaps (persons with disabilities). It consists with specification of learning outcomes defined in terms of knowledge and skills and learning modules dedicated to the major clinical syndromes which are recommended for teaching programmes of Job Coaches. The content was developed under the responsibility of the project partner Grone-Schulen Niedersachsen gGmbH. The following project partner directly supported the development of the product. Here are mentioned:

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## Introduction

Presented here learning module “**Job coaching adopted to specific disabilities**” is the result of the cooperation of international partners coming from Germany, Netherlands, France, Poland and the United Kingdom, who together have realized the Erasmus+ project entitled “*Job coach for persons with disabilities. Strategic partnerships in vocational education and training (2015-2018)*”. It represents the extra component of the flag product of the partnership which is the “*International adapted concept of qualifications for the Job Coach for persons with disabilities*” - Product 3 of the project. The international concept reflects key features of particular national concepts developed by all partner organizations and aspires to bring them into a kind of universal European learning platform.

The professionally prepared job coaches for disabled persons (JS/Ds) are in rising demand on contemporary European labour market, and they are ultimately necessary to support employability opportunities of many people who are in disfavoured position only because of their disability. However, disability has many faces and demands variable therapeutic and coaching approaches, professionally tailored to the different kinds of health problems and clinical syndromes. The proposal how to adopt learning modules to dedicated clinical content in already defined international concept of *qualifications for the Job Coach for persons with disabilities* - presents just this elaboration.

Due to limited possibility of description in frame of project’s material, we have decided to focus only on the three major clinical pictures: autism spectrum disorder, intellectual disabilities and mental health disorders<sup>1</sup>. Key diagnostic and therapeutic issues, important from the point of the view of guiding coaching activities, are the included into described here learning module “*Job coaching adopted to specific disabilities*”.

Basic clinical information and therapeutic orientation addressed to autism spectrum disorder, intellectual disabilities and mental health disorders, the project’s team have collected in *Guideline for handling with specific disabilities*<sup>2</sup> (Product 5 of the Project).

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<sup>1</sup> As indicated by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V; American Psychiatric Association, 2013) / International Classification of Diseases, Tenth Revision (ICD-10; World Health Organisation 2016

<sup>2</sup> K. Dillenburger, M. de Bruijn, E. Matuska, H. R. Röttgers, *Guideline for handling with specific disabilities*, 2017, Product 5 of the Project

# 1. Challenges of job coaching person with disability

## 1.1. Basic rules of coaching process

Any coaching process needs from coaches the proficiency in using special kind of theory and practice. These demands are described in learning outcomes and teaching curricula usually defined as necessary requirements by different certified bodies - professional associations and supervisors. Coaching process has to run according theoretically fixed rules and to respect defined conditions of the relation coach – client. Professional coaches are obliged to follow them, as well as to fill the code of ethics in their work. All of it is also clearly a truth in case of job coaches. However, to perform job coaching with disabled persons seems more demandable comparing with regular job coaching, or even sport - coaching for handicap people<sup>3</sup>. Some basic rules of job coaching addressed to disabled persons can be formulate as follow:

- Every client is a person with individually differentiated health peculiarities and barriers (even persons included into the same diagnostic category of disability have to be treat very individually);
- The coaching process has to be flexible and adapted to the changeable health conditions and motivation level of the client;
- Job coach should monitor and tune the possible impact of the family and other persons from the client's circle who could want to overprotect and influence client's job finding plans and decisions;
- Job coach has to know and use the model of supported employment with its all legal and financial benefits when he is negotiating with employers the client's employment conditions.

We can sum up: job coaching addressed to persons with disabilities is the approach to disability support in a form career - oriented coaching intervention, individually tailored and based on a special mixture of knowledge and skills acquired during education and practice.

The project's team, developing the concept of internationally recognizable job coaching qualification for disabled persons, have aspired to heed possibly all groups of disabilities. Finally, we have decided to focus especially on a three specific disability diagnoses: autism spectrum disorder, intellectual disability, and a range of mental health conditions. These groups include the most frequently diagnosed forms of psychological/psychiatric conditions<sup>4</sup> and, individuals diagnosed with these conditions are among those most likely to seek active participation in employment. It is worth mention the learning outcomes of the *“European qualification profile for the Job Coach for persons with disabilities”* described in terms of knowledge skills and social competences<sup>5</sup> (Product 2 of the project) as well as *“International adapted concept of*

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<sup>3</sup> As indicated by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V; American Psychiatric Association, 2013) / International Classification of Diseases, Tenth Revision (ICD-10; World Health Organisation 2016

<sup>4</sup> Ibidem

<sup>5</sup> Matuska E. (2016) *European qualification profile for the Job Coach for persons with disabilities*, Grone-Schulen Niedersachsen GmbH, Erasmus + project, Product 2.

*qualifications for the Job Coach for persons with disabilities*<sup>6</sup> (Product 3 of the project) allow to modify our proposal to different kinds of disabilities and diagnoses.

## 1.2 Coaching recommendations for JC/D

Some authors remind that one of the key elements contributing to building successful coaching relation with a coachee as well as to set a coachee onto a coaching journey is to distinguish and understand different levels of client's mental toughness and emotional sensitivity<sup>7</sup>. We can add to these conditions also the criterion of intellectual ability of the coachee which indicates basic limitations in adaptation of most suitable methods and techniques of intervention. However, in any variant of the client's disability, job coach has to build strong positive orientation to client's situation and perspectives. The specific experience of practitioners – coaches<sup>8</sup>, working with physically disabled sportsmen, indicates on some general key stone - miles of successful coaching including:

- *Positive Thinking* – recognising opportunity and possibility, not just threats;
- *Visualisation* – using the mind to create opportunity and a unique learning environment;
- *Anxiety control* – tools and techniques to help deal with anxiety and panic;
- *Goal setting* – scoping what the client wants to achieve and using that to create plans;
- *Attentional control* – focusing better and for longer.

Above recommendations are also valid in case of working with clients having different kinds of mental disability and should be adapted more or less to their individual health situation, respectfully to clinical picture of disability, as it is diagnostically characterized in main classifications of mental diseases: ICD 10 and DSM V. According to the popular model of coaching oriented to developing mental toughness, so called MTQ48 approach<sup>9</sup>, the first steps from side of job coach should be to check that his coachee:

- understands the coaching approach and shares its aims;
- confirms the rules of mutual contract and agrees with the outputs and what might be being suggested or implied by the coach;
- can apply to job coach about interruption of coaching process if he recognizes it is necessary because of his health or life situation;
- promises to reactivate coaching efforts after break because of health or live problems.

A good deal of job coaching activity with disabled persons should be focused at least on three intervention areas:

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<sup>6</sup> Wenzel B.(ed). (2018) *International adapted concept of qualifications for the Job Coach for persons with disabilities*, Grone-Bildungszentrum NRW gGmbH

<sup>7</sup> Strycharczyk, D. i Clough, P.J. (2012). How to coach for mental toughness: Part 1 (July/August 2012, 6) and Part 2 (September/October 2012, 7). *Coaching at Work*.

<sup>8</sup> Crust, L. i Clough, P.J. (2011). Developing Mental Toughness: From Research to Practice. *Journal of Sport Psychology in Action*, 2: 21–32.

<sup>9</sup> Strycharczyk, D. (2015). *MTQ48 User Manual*. UK.

- Improving or developing performance – including dealing or coping with specific situations connected with employment;
- Creating or enhancing active attitude and motivation toward own employability;
- Developing and training necessary behavioral patterns facilitating work starting and adaptation.

### ***Coaching specific issues in case of Autism Spectrum Disorders (ASD)***

The major clinical group of ASD is the overall label applied to persons who experience pervasive developmental disorders that are diagnosed on the basis of specific, atypical behaviours in social communication and repetitive/restricted behaviours<sup>10</sup>. All of three diagnostically recognizable severity levels of ASD require therapeutic support, but depending on the form of ASD, usually only the level 1(mild) and sometimes level 2 (moderate) can be also influenced with job coaching. Although intellectual disability is not a diagnostic feature of autism, among so called Autism Spectrum Disorder (ASD) this is evaluated as probably most common co-occurring disorder<sup>11</sup>. But, from other side, the popular form of ASD - Asperger's Syndrome is characterized by average or above average intellectual ability accompanying with significant social and communication difficulties and restricted/repetitive behaviours. The adequate recognition and control of the presence and severity of two ASD diagnostic criterions fixed in DSM - 5 should to guide planning and implementing job coaching programs.

These criterions are<sup>12</sup>:

#### *1. Social interaction and Communication difficulties in:*

- initiating or sustaining a conversation
- reading facial expressions accurately
- building and maintaining peer relations
- developmental delay in language

#### *2. Restricted and repetitive behaviours like:*

- repetitive behaviours
- restricted interests (and in some cases, special abilities)
- inflexible adherence to routines
- sensory issues e.g., sensory overload or distortion
- difficulties with perspective taking.

It is recommended to use different intervention technics of improving client's adaptive behaviour based on assistive technology, augmentative communication, or behavioural programmes like for example ABA - Applied Behaviour Analysis-based interventions<sup>13</sup>.

### ***Coaching specific issues in case of Intellectual Disability***

Intellectual Disability (ID), according American Association on Intellectual and Developmental Disabilities (AAIDD, 2013) is characterized by three diagnostic criteria:

1. Significant limitations in intellectual functioning (reasoning, learning, and problem solving) ;

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<sup>10</sup> APA (2013)

<sup>11</sup> Research Autism (2016). *Interventions for Adults on the Autism Spectrum*

<sup>12</sup> Dillenburger K. (2017) Autism spectrum disorders, ch. 1, in: Guideline for handling with specific disabilities, Grone-Schulen Niedersachsen gGmbH, Erasmus + project, Product 5.

<sup>13</sup> Anderson, A., Furlonger, B., Moore, D. W., Sullivan, V. D., & White, M. P. (2016)

2. Significant limitations in adaptive behaviour - i.e., conceptual, social, and practical skills in everyday life); and
3. The onset in childhood - before the age of 18 years.

The focus, when we want to plan and perform job coaching with ID should to account that<sup>14</sup>:

- the most important for ID diagnoses is practical domain of person's functioning and when diagnosing intellectual disability, the clinical assessment of the adaptive functioning is first considered, and only secondary – the IQ test score;
- for the purposes of job coaching an important is also cognitive level of performance and it is why only ID diagnosed as cases on a **mild** level of severity (IQ scores between 55 and 70) and on a **moderate level** (IQ scores between 30 and 55) can be considered;
- The level of achieved education determines ID's person possibility to be employed, but there are also important individual characteristics of communication and adaptive skills, and the health status quo of particular person. Individuals with diagnosis of ID on mild level are usually graduates of the "special schools" which have the program of pre - primary school and some of them continuing education on lower vocational level. The highest level of education or training in case of ID individuals or training attained is ISCED 0, 1 or 2.
- They can well find themselves in supported employment system and in sheltered work model, usually carrying out relatively simple tasks under expert supervision. Good experience flies from employment of individuals with Down syndrome, especially in care systems.
- The advantage of ID persons at work is that they are rather stable and consistent in their performance and work with high level of motivation.

### ***Coaching specific issues in case of main psychiatric disorders***

For the purposes of the project it was decided to focus on the set of the major psychiatric disorders defined in ICD classification as are: 1) schizophrenia, 2) affective disorders, 3) anxiety disorders, 4) obsessive-compulsive disorders<sup>15</sup>. Each of these conditions "qualifies" for a special focus when we want to plan and perform job coaching and most important remarks for the qualification of JC/D include:

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<sup>14</sup> Matuska E. (2017). Intellectual disability, ch. 3 in: *Guideline for handling with specific disabilities*, Grone-Schulen Niedersachsen gGmbH, Erasmus + project, Product 5.

<sup>15</sup> Röttgers H. R. (2017). Psychiatric disorders, ch. 3 in: *Guideline for handling with specific disabilities*, Grone Schulen Niedersachsen gGmbH, Erasmus + project, Product 5.

- **In case of schizophrenia and affective disorders:**
  - they both are caused by underlying internal (mostly mixture of chemo-biological, genetical, etc.) risk factors, not perfectly till now recognized, which can be easily reactivated by additional stress and they start usually in adult life;
  - they both tend to be long-term, recurrent and/or chronic conditions and have a lifelong impact on client's occupational situation, thus – the JC/D intervention can help with successful placements and well-adapted workplaces for important periods of the clients' lifespans;
  - they both are first treated pharmacologically with (so called) neuroleptics and this threatment should be continued in most cases for one to two years after initial manifestation and for several years in cases with recurrent episodes;
  - they both can be limited to a single episode, but can also repeat, and – in case of schizophrenia only - every further episode usually influences negatively work skills of the clients.
  
- **In case of schizophrenic disorders:**
  - that patient is usually not aware of his non-rational behaviour;
  - they are mainly characterized by thought and sensory disorders; dramatic symptoms are hallucinations in the form of voices hearing, delusional misinterpretation of reality, and a thought process that is difficult or impossible to understand for outsiders;
  - to predict workplace-related risk factors which rising re-occurrence of acute phase of disease: as most schizophrenic persons benefit from a regular day-night-rhythm - so that (alternating) shift work should be avoided and social stress factors like for example setting in open-space office;
  - the chronic aspects of schizophrenic disorders (negative symptoms) usually are continuing after the acute symptoms what substantially negatively impact on the working life. The negative symptoms include lack of motivation and deficits in so called executive functions (planning, initiating and executing actions and reviewing the results).
  
- **In case of affective disorders** (known also as “affective psychoses” or “manic-depressive disorders”):
  - to recognize they are associated with emotion, mood and motivation disorders and manifest in polarly opposed changes of the affect;
  - to know that main depressive/melancholic symptoms are distinguished by very high (mania) or very low affect (depression) and that client's motivation changes parallel to the mood: it is substantially reduced during depression and extremely enhanced during mania;

- that majority of cases shows not “bipolar” (mania/depression) but “unipolar” progression: all phases of the disease in one person are either only depressive (common) or only manic (less common);
  - they progress in chronological phases which usually completely remit without causing any significant personality changes or deficits (oppositely to schizophrenia);
  - to know that while during mild and moderate episodes of disease the client’s ability to work is essentially preserved, but in severe episode is not compatible with a working life and often demands immediate hospitalization.
- **In case of anxiety disorders (AD):**
    - to understand they are most common psychological disorders with substantially different etiology (psycho-social stress factors) in compare to schizophrenia and affective disorders and that patient is more or less aware is non-rational behaviour;
    - to distinguished between different types of ADs, especially recognize symptoms of: phobias, generalized anxiety disorder and panic disorders;
    - to know all are essentially very treatable and using psychotherapy as main treatment; no deficits or long-term impairments remain after successful treatment;
    - that in the majority of cases psychotherapy taken in the form of *cognitive behavioural therapy* shows quick success, they are also used many other psychotherapeutical methods and techniques;
    - that exist some upholding factors that abet a chronification and expansion of anxiety disorders including: uncritical prescription of tranquilizers with risk of addiction, influence of negative family/ social impacts.
    - to understand of ADs development mechanisms: patient step- by- step- minimizes external social situations, limits his social life to family circle which is by him perceived as “safe”, is “protected” from hazards situations by close family and - as a consequence - lose the opportunity to make social corrective experiences;
    - to know that in the working life ADs can lead to long leaves of absence and work interruptions in severe cases; and here co-workers (similarly as family) can unknowingly uphold the disorder;
    - to understand correctly threatened ADs do not cause any long-term damage or limitations of capability and there not exist any professional activities that are excluded for former anxiety patients;
    - to realize job coach can’t act as client’s permanent personal assistant in the working life; the client once has start to experience and face normal employment situations and tasks by himself;

- to implement the rules of learning psychology and help employer and co-workers to avoid possible “pitfalls” (like i.e. over protection) which can reactivate relief to symptoms of the disorder.
- **In case of obsessive compulsive disorders (OCD):**
  - to know that OCDs are among the more common mental disorders;
  - that exist many similarities with anxiety disorders: patients are aware of abnormality of own reactions caused by irrational fears, but not able to manage them by himself and both disorders are essentially well treatable with psychotherapy as the main approach;
  - to recognize that OCDs three types of:
    - a. *compulsive thoughts* (in client’s mind: i.e. obsessive counting, magical thoughts, etc. which negatively can impact work productivity or tasks)
    - b. *compulsive impulses* (in client’s direction of motivation, not always observable externally at the level of behaviour) including usually destructive imperative component, i.e. to perform aggressive actions against members of their family or coworkers.
    - c. *compulsive acts* (noted externally) performed as short tic-like movements or complex rituals, i.e.: *issue of cleanliness* with fear of contamination/infection (what can basically impact normal every-day activities and time structure), *issue of “safety and security”* (i.e. reflected in form of repeated checks of all doors and windows etc., or in compulsive acts to delay leaving the house in the morning and the way to work);
- to know that most suitable form of psychotherapy treatment was proved to be *cognitive behavioural therapy*, and - in case of more chronic or very severe OCD forms including antidepressants presence;
- to understand that OCD patients usually hide their problems and often drift into isolation what only extends the problems;
- to predict OCDs can lead to long leaves of absence and work interruptions in severe cases and that a leave without professional support will not lead to an improvement of the client’s situation;
- to stress that when persons with OCDs return to the workplace they do not cause long-term damage or limitations of capability and there are no particular professional activities that are excluded for former OCD patients;
- to warn job coach can’t act as client’s permanent personal assistant in the working life; the client once has start to experience and face normal employment situations and tasks by himself.

Summing up, from the side of expected theoretical and practical knowledge and skills of the planning qualification JC/D, the core learning outcomes should bring him/ her to be able to:

- ✓ individualize and to propose as much possible custom-tailor support;

- ✓ recognize and define a direct impact of the client's disease on his/her work situation and/or employment;
- ✓ recognize and implement suitable support/ intervention in a workplace situation;
- ✓ make client's skills assessment prior to commencement of employment or change in his/ her vocational requirement profile;
- ✓ predict possible (in-coming) change in the course of the client's psychiatric condition during already running employment, so that coworkers (employer) may refer on time the client to his/ her psychiatrist or even take emergency measures - when it is necessary (according to the law).

## 2. Proposed “Job coaching adopted to specific disabilities” module

The training program developed in the project as *International adapted concept of qualifications for the Job Coach for persons with disabilities* (product 3) sets ten modules (from 1 to 10 on the list below) defined on terms of KSC and including:

- Module 1 – Labour market and disability: comprehensive and regulatory approach
- Module 2 – Knowledge of the clinical picture
- Module 3 – Handicap and its implications for employability
- Module 4 – Social relations
- Module 5 – Creation of work places
- Module 6 – Job coach tools
- Module 7 – Support in the work place and transfer into employment
- Module 8 – Stabilising the employment
- Module 9 – Individual educational support
- Module 10 – Final presentation
- (Module 11 – Job coaching adopted to specific disabilities)

All above modules are proposed in line with demands of EQF's for 'learning outcomes'. It means they put statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge (K), skills (S) and competence (C). All of it is used as the abbreviation of KSC meaning the dedicated mixture of learning outcomes.

To the basic set of the programme modules (from 1 to 10), especially in case of more advanced levels of qualification (EQF level 6 and 7), can be added special one, more deeply “clinically oriented” module, which is called “*Job coaching adopted to specific disabilities*”.

The general learning objective of this module is to provide trainees with advanced knowledge about different groups of clinical syndromes and diagnosis, skills to recognize them and evaluate how much given diagnosis allows to implement job coaching, skills to adopt most suitable coaching model intervention to different variants clinical presentations, social competence of emotional sensitivity, tolerance to human diversity, stress control and task orientation.

**Trainees, after completing their education, should to be acquired with following KSCs:**

<b>KS 1</b> - at advanced level – with knowledge about clinical characteristics of the main clinical syndromes and skills how to recognize them on the basis of diagnostic signals;
<b>KS 2</b> - at advanced level – with skills how to make choice and adapt coaching methods and techniques which are most suitable to particular clinical cases which are delegated to be coached;
<b>KS3</b> - with ability to respect clinical course of diseases and their different states or phases during planning performing coaching process;
<b>KS4</b> - with skills to adopt peculiarities of the given clinical symptoms onto client's strengths which could be threatened as advantages in projecting his/ her employability;
<b>KS5</b> – with skills to moderate immediate social surroundings of the client (family, other important persons) to help him become more independent and motivated
<b>KS6</b> – with knowledge and skills how to recommend special kind of work conditions to employers (technical, ergonomic, etc.) to respect client's health problems and limitations which can influence work demands.
<b>C1</b> – with expressing emotionally sensitive, tolerant and humanistically oriented attitude toward the issue of disability with its all form and types;
<b>C1</b> – with ability to act in an ethical and responsible way towards client and other stakeholders of his/ her social surroundings (family, employer, coworkers);
<b>C3</b> – with an attitude to be open onto longlife learning process, continuously professional improvement and supervising of own job coaching performance.

In a line with above conclusions, below we present:

- Definition of learning outcomes of the module 11 in terms of KSCs ( Table 1)
- Subjects proposed for the module11 including their: themes, description and duration of each of them and estimated amount of ECTS<sup>16</sup> (Table 2).

**Table 1. Learning outcomes of the programme module “Job coaching adopted to specific disabilities »**

<b>KSCs covered by the module No 11</b>
<b>KS 1</b> - advanced level of knowledge and skills about clinical characteristics of clinical syndromes and their clinical diagnosing
<b>KS 2</b> - advanced level of skills how to make choice and adapt suitable coaching methods and techniques
<b>KS3</b> - ability to respect clinical course of diseases and their different states or phases during job coaching process
<b>KS4</b> - skills to adopt clinical symptoms onto client's strengths in employability;
<b>KS5</b> – skills to moderate family and immediate social surroundings of the client
<b>KS6</b> – knowledge and skills about profiling and recommending suitable work conditions for the client

<sup>16</sup> [http://ec.europa.eu/education/resources/european-credit-transfer-accumulation-system\\_en](http://ec.europa.eu/education/resources/european-credit-transfer-accumulation-system_en)

<b>C1</b> – developing sensitive, tolerant and humanistically oriented attitude towards disabilities
<b>C1</b> – developing ability to act in an ethical and responsible way towards client and other stakeholders of his/her social surroundings (family, employer, coworkers);
<b>C3</b> – open attitude onto own longlife learning process, professional improvement and supervising

**Table 2. Subjects of the programme module « Job coaching adopted to specific disabilities»**

No.	Subject of the module	Description of subject	Duration
11.1	<b>Introduction</b>	Module content presentation	0h30
11.2	<b>Diagnostic issues of clinical syndromes</b>	Theoretical problem of normative and abnormal behaviour and approaches to assume abnormality	2h
		Diagnostic systems and their description: ISC-10 and DSM V	2h
		Clinical diagnosis – the term, kinds, techniques	2h
			6h
11.3	<b>Description of clinical syndroms</b>	ASD syndrome	2h
		Intellectual Disability	2h
		Schizophrenia	2h
		Affective disorders	2h
		Anxiety disorders	2h
		Obsessive -compulsive disorders	2h
	12 h		
11.4	<b>Workshop - training of diagnostic recognition</b>	Case studies about the main clinical syndromes and their pathological mechanisms	4h
11.5.	<b>Therapeutic approaches &amp; job coaching</b>	Psychotherapy and coaching process – differences, relations, the range of use in different syndromes	2h
		Psychotherapy and pharmacotherapy – differences, relations, the range of use in different in syndromes	2h
		Cognitive therapy description and its applications	
		Behavioral analysis applications to clinical syndromes	2h
		Other therapeutical approaches	2h
		Practical exercises	2h
	12h		
11.6.	<b>Family and immediate social surroundings coaching intervention</b>	Family and mechanism of its impact on the course of particular clinical syndromes	2h

		Impact of other immediate social surroundings of client's	1h
		Coaching techniques adopted to different family/ other impact situations	3h
		Practical exercises	2h
			2h
			10h
<b>11.7</b>	<b>Advanced ergonomics</b>	Assessing ergonomic and technical work- related risks for different clinical syndroms	2h
		Designing suitable workspaces for different clinical syndroms with help of SE (supported employment) model	3h
		Coaching coworkers and employer	1h
			2h
			8h
<b>11.8</b>	<b>Closing of the training module – clinical part</b>	Assessment with few trainees (with different diagnoses)	4h
<b>11.9</b>	<b>Closing of the training module – coaching methodology part</b>	Assessment of the set of coaching sessions done by two coaches – supervisors  (6 sessions each of 30 minutes guided with 1 client)	4h
<b>Total hours</b>			<b>60h</b>

- Overall amount of the teaching hours with direct assistance of the teachers: 60h
- Expected amount of student self- learning hours: 120 h
- **Total amount of student teaching/learning hours: 180 = 6 ECTS.**

## Outlook

Internationally recognized qualification profile for the further education and training of job coaches at European level is the idea of a great importance and can be adapted to different variants of disability. People who have received these specific clinical diagnoses represent a wide spectrum of disability and therefore require a highly-specialized Job Coaching approach. Job coach for persons with disabilities, as specialized career – coaching professional, educated on the 6<sup>th</sup> / 7<sup>th</sup> levels according to EQF frame, has to respect individually differentiated health peculiarities and barriers of the client and be able to transform them into advantages on the way to help him with employment. He needs to acquire a set of the interdisciplinary advanced knowledge and skills in such disciplines as: basics of psychiatry and clinical psychology, practical training in advanced coaching methods and selected psychotherapeutic models, family therapy and interpersonal training, advanced ergonomics adopted to supported employment system. The proposed total amount of student teaching and learning hours dedicated to the

additional module focused on job coaching of specific disabilities allows to estimate its worth at the level at least of 6 ECTS. The condition for obtaining final certification should be obligatory practical exams. In our proposal they have form of two assessments: one with few trainees (for clinical part) and one from the set of coaching sessions with the same client (for coaching workshop).

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