Hidden Barriers to Person-Centered Support in SEMP: Mental Health Diagnoses, Role Definitions, and Systemic Gaps in Vocational Rehabilitation

An AMSI Insight Article – For Service Providers, Direct Support Workers, and Supervisors

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Introduction

Many service provider organizations endorse the principle of person-centered planning. However, in Supported Employment (SEMP) programs, both individuals with intellectual and developmental disabilities (IDD) and the staff who support them frequently encounter hidden barriers rooted in clinical assumptions and structural constraints. These barriers often stem from the diagnostic frameworks of the DSM-5 and a mismatch between actual job responsibilities and formal occupational classifications.

This article explores how DSM-5 diagnoses and the Standard Occupational Classification (SOC) system—specifically SOC 21-1015 *Rehabilitation Counselors*—can unintentionally obstruct the implementation of person-centered approaches in SEMP settings. The focus is on two critical roles: Direct Support Workers (DSWs) acting as VR job coaches and their supervisors.

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1. Defining the Context

1.1 SEMP and Vocational Rehabilitation Services

Under the 2018 SOC system, code 21-1015 defines *Rehabilitation Counselors* as professionals who:

“Assist people with physical, mental, developmental, or emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible.”

In practice, VR job coaches (DSWs) working in SEMP programs often carry out these duties, particularly during the maintenance phase of competitive integrated employment. However, this alignment is not always formally recognized or reflected in internal policies, training, or supervision practices.

1.2 What Is a Person-Centered Approach?

A person-centered approach emphasizes:

- Centering the individual's goals, strengths, and preferences
- Enabling informed choice and dignified risk-taking
- Addressing systemic and interpersonal barriers to autonomy

Despite regulatory support, these principles are often undermined by how service systems interpret clinical diagnoses and define job roles.

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2. DSM-5 Diagnoses as Barriers in Practice

In addition to the diagnoses listed below, it is important to consider how certain **antisocial personality traits and disorders**, including **Antisocial Personality Disorder (ASPD)** and **psychopathic traits**, can create systemic barriers to person-centered support. ASPD is defined in DSM-5 as a pervasive pattern of disregard for and violation of the rights of others, often involving manipulation, impulsivity, and a lack of empathy or remorse. While **psychopathy is not a separate diagnosis in the DSM-5**, it is recognized in clinical literature as a more severe presentation of ASPD, typically involving superficial charm, deceitfulness, and emotional detachment.

In SEMP settings, individuals with IDD may display protective or trauma-related behaviors that are misinterpreted as intentional manipulation or aggression. Staff who question procedures or advocate assertively may be mislabeled as disruptive. These misinterpretations, especially when influenced by stigmatizing language or poor understanding of trauma, can undermine person-centered planning, reduce staff morale, and promote punitive or compliance-based models of support.

DSM-5 Diagnosis or Practice	Barrier Created in SEMP Context
Intellectual Disability	Emphasis on deficits promotes overreliance on compliance models rather than choice-making.
Autism Spectrum Disorder	Social and communication differences misinterpreted as incapacity or unwillingness to participate in planning.
Oppositional Defiant Disorder (ODD)	Behaviors communicating distress or unmet needs labeled as defiance.
Depression or Anxiety	Emotional needs of individuals or staff viewed as symptoms, not valid responses to environment.
PTSD	Trauma responses are often missed or punished, especially among nonverbal individuals.
Personality Disorders (e.g., Borderline, Antisocial, Narcissistic)	Applied to staff or individuals without trauma-informed understanding; may lead to exclusion from decision-making.
Undiagnosed neurodivergence in staff (e.g., ADHD)	Impacts job performance and communication but is rarely acknowledged or supported.

3. Misalignment with SOC Role Definitions

3.1 Underrecognition of Job Coach Role

Although DSWs performing job coaching in SEMP fulfill core duties under SOC 21-1015, their role is often undervalued, leading to insufficient training, supervision, and career development pathways.

3.2 Supervisory Gaps

Supervisors may:

- Prioritize rule compliance over collaborative goal-setting
- Avoid complex cases tied to mental health or trauma
- Overlook staff well-being and communication needs

This misalignment weakens the effectiveness of person-centered services.

4. Recommendations

For Provider Organizations:

- Train staff and supervisors on trauma-informed interpretation of DSM-5 diagnoses
- Clarify job roles in alignment with SOC 21-1015
- Center planning processes on the individual's voice and strengths

For DSWs / VR Job Coaches:

- Request role-specific training in vocational rehabilitation
- Use reflective practices to identify diagnostic bias
- Advocate for inclusive planning and language use

For Supervisors:

- Encourage two-way inclusion for both staff and individuals
- Support staff in managing neurodivergence, stress, and communication challenges
- Align team expectations with person-centered values and SOC duties

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5. Toward Standardization

This article is intended to inform ongoing efforts toward developing a future AMSI standard that explores how systemic and diagnostic barriers may impact person-centered planning in SEMP settings. A potential draft standard, AMSI PCS1, may build on the considerations presented here and offer practical, SOC-aligned guidance for direct support roles and their supervision.

Appendix

Selected DSM-5 Diagnoses Referenced:

- **Intellectual Disability (ID):** Characterized by deficits in intellectual functions and adaptive functioning across conceptual, social, and practical domains. May

contribute to overly deficit-based planning unless balanced by strength-based frameworks.

- **Autism Spectrum Disorder (ASD):** Defined by persistent deficits in social communication and interaction, alongside restricted, repetitive patterns of behavior. Needs individualized interpretation to avoid assumptions of incapacity.
- **Oppositional Defiant Disorder (ODD):** Marked by angry/irritable mood, argumentative/defiant behavior. May mask trauma responses or communication frustration in people with IDD.
- **Major Depressive Disorder / Generalized Anxiety Disorder:** Persistent sadness, loss of interest (MDD), or excessive anxiety/worry (GAD). Can be both underdiagnosed and misinterpreted in nonverbal individuals with IDD.
- **Post-Traumatic Stress Disorder (PTSD):** Exposure to trauma leading to intrusive symptoms, avoidance, hyperarousal. Often missed in people with IDD or misattributed to behavioral issues.
- **Personality Disorders (e.g., Antisocial, Borderline, Narcissistic):** May stigmatize individuals or staff without trauma-informed assessment.
- **Psychopathic Traits:** Not a DSM-5 diagnosis, but described in clinical settings as a severe form of ASPD marked by emotional detachment, deceit, and lack of remorse.
- **ADHD (Attention-Deficit/Hyperactivity Disorder):** Inattention and/or hyperactivity-impulsivity that affects functioning. Undiagnosed ADHD in staff can lead to performance issues or poor support matching.

SOC 2018 Code 21-1015: Rehabilitation Counselors

“Assist people with physical, mental, developmental, or emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible. May counsel individuals, develop and implement programs, and coordinate services.”

In the Standard Occupational Classification (SOC) system, VR job coaches working in Supported Employment (SEMP) programs are classified under **21-1015 Rehabilitation Counselors**. This includes job functions such as providing on-site support, maintaining employment, and coordinating accommodations. However, the SOC description does not specify the unique methods and supports required for individuals with **intellectual and developmental disabilities (IDD)**.

To address this gap, the **AMSI VRJ1 Standard** was developed. It offers a detailed, competency-based description of vocational rehabilitation job coaching specifically for supporting individuals with IDD. The standard defines the expectations, support methods, and documentation practices needed to maintain **competitive integrated**

employment in line with SOC 21-1015 but grounded in the real-world context of IDD support services.