

St. Catherine University

SOPHIA

Master of Social Work Clinical Research Papers

School of Social Work

5-2012

The Importance of Long Term Vocational Support for Persons with M.I

Justin Swanson
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/msw_papers



Part of the [Social Work Commons](#)

Recommended Citation

Swanson, Justin. (2012). The Importance of Long Term Vocational Support for Persons with M.I. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/94

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact amshaw@stkate.edu.

The Importance of Long Term Vocational Support for Persons with M.I

Submitted by Justin Swanson

May, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work
St. Catherine University & University of St. Thomas
St. Paul, Minnesota

Committee Members:
Felicia Sy, Ph.D.,MSW (Chair)
Ashley Trepp, LICSW
Erin Young Koernig-, LICSW

Abstract

Employment is an essential function in the process of recovery for persons with serious and persistent mental illness. Unfortunately the SPMI population has had a static unemployment rate of 90% since the 1970's. This rate appears to be as such due to the difficulty many people have in retaining their employment and managing their symptoms. An intervention that has been shown to be successful is the integration of mental health supports in vocational programming for the mentally ill. With such supports clients have shown a higher likelihood to be able to maintain their job.

Many mental illnesses are chronic and symptoms can be cyclical, due to this factor long term support without time limitation has shown to be the most successful model in supportive employment. The purpose of this project was to evaluate long term supportive employment from a professional's opinion. This project evaluated the opinions of professionals who were employed at a long term supportive vocational program. The project asked the mental health workers if they feel that their client's job retention had increased due to the support. It also asked the workers if they felt the client's reliance on other supports has changed since entering their program. The project evaluated on whether their clients appear to have improved feelings of self-efficacy and autonomy. In closing the project discussed how the professionals felt their client's opinions were valued in their roles as workers.

Acknowledgments

I would like to thank my committee. Dr. Felicia Sy has been very flexible throughout this process and has been an extraordinarily calming presence in what at times was a pretty rocky road. I would also like to thank my committee member Ashley Trepp. Ashley is a respected leader in the mental health field and it was a treat to have her on my committee. Her editing on my final draft was very helpful in completing this final product. She also, as always, brought great insight to the table. I would like to thank her for her support in this process. I would also like to thank Erin Young Koernig. Erin has been someone I have respected as a professional and as a person for quite some time now and I was honored to have her on my committee. She was very helpful in regard to suggestions and support during this process. I would also like to thank her long travels to St. Thomas for our meetings.

Finally I would like to thank fiancée Jenny for putting up with an absentee partner for the last three years. Thank you for your support. I would like to echo this point for my family and friends. I'm looking forward to returning to my normal life and making up for lost time.

Table of Contents

Abstract.....2

Acknowledgements.....3

Table of Contents.....4

Introduction and Research Question.....5

Literature Review.....6

Conceptual Framework.....17

Methods.....20

Findings.....23

Implications for Social Work, Practice, Policy and Research.....38

References.....42

Appendix A: Questions.....45

Appendix B: Consent Form.....46

Introduction

A key component identified by persons with serious and persistent mental illness in their recovery is an improved vocational functioning (Akabas, Gates and Galvin, 1992).

Unfortunately this desire is not met in practice with an overwhelming majority of the mentally ill remaining unemployed (United States Surgeon General, 1999). The high amount of unemployed serious and persistent mentally ill persons is not a result of a lack of desire for employment but rather is most likely a function of the nature of mental illness (Bybee, Mowbray & McCrohan, 1996). The cyclical nature of mental health symptoms makes it difficult for a person with a diagnosis of mental illness to retain employment due to the fluctuation of functionality that the person may experience due to their symptoms (Rogers, Sciarappa, MacDonald-Wilson and Danley, 1995).

Understanding the nature of mental illness is an important function for many vocational programs that serve the mentally ill in meeting their goal of employment (Beigal, Stevenson, Beimers, Ronis and Boyle, 2010). Two such vocational models that attempt to provide support for serious and persistent mentally ill clients are long term supportive employment and transitional employment services (Beigal et al., 2010; Philips and Biller, 1993). Long term supportive employment is program type that practices a “place and train” model that provides continued vocational supports for the client through the entirety of the client’s placement in a competitive work setting (Beigal et al., 2010; Bedell, Draving, Gerverey and Guastadisegni, 1998). Transitional employment services is a program that rather practices a “train and place” model which much like supportive employment provides supports for clients to cope with possible changes in functioning while the client is employed. The marked difference is that transitional employment services are time limited (Bedell et al., 1998; Phillips and Biller, 1993).

The effectiveness of the two program types is debatable. Long term supportive employment appears to have a positive relationship for clients in regard to job retention and increased financial status of the client (Rogers et al., 1995). Transitional employment services and other more short term vocational programs appear to have a positive relationship with feelings of autonomy, job satisfaction and the cost of the model is much less than long term supportive employment (Bedell et al., 1998).

This research will evaluate professional's opinions of participants who participate in longer term supportive employment in an effort to understand if this model is the most successful to clients with serious and persistent mental illness in regard to job satisfaction, feelings of autonomy, improved social functioning, improved mood, improved financial status and job retention. It will be important to identify the success of long term supportive employment in reaching such goals and to hopefully also evaluate what areas in which this model of programming is deficient in reaching such goals for the clients they serve.

Working and the Mentally Ill

For persons with mental illness finding employment can be very difficult. It has been shown that in a general sense that it is more difficult for a mentally ill client to retain a job than it is for them to find a job and to be hired (Secker, Membrey, Grove, and Seebohm, 2002). Historical estimations in the United States of America show that typically 90% of people with serious and persistent mental illness are currently unemployed (United States Surgeon General, 1999). Currently, no group of disabled persons has a lower amount of people, in regard to the percentage of employed, than persons with psychiatric disorders (Frey, 1994). It appears that this is not a result of a lack of motivation by persons that are serious and persistently mentally ill,

serious and persistent mentally ill persons will regularly rank finding a job as the most desirable form of rehabilitative programming (Clark, Haiyi, Becker and Drake, 1998).

Freud considered work to be the activity that binds the individual to their reality (Huxley, 2001). Employment offers an improved financial status to a worker and work also plays a vital role in self-esteem and ego formation (Frey, 1994). Employment can be a normalizing activity in the community for an employee (Connors, Graham and Pulso, 1987). Working can give a person a sense of purpose which can increase an individual's self-concept and independence (Connors et al., 1987).

There are numerous barriers and disincentives that may increase the number of unemployed persons with serious and persistent mental illness (Bybee et al., 1996). Funding such as social security and medical assistance, which are both very important in maintaining mental health supports, can both be placed in jeopardy with increased earnings (Frey, 1994). At times clinicians may encourage their clients not to work due to the clinician's concerns that acquiring and maintaining employment may increase the stressors to the client and thusly decrease the ability of the client to maintain their mental health (Laudet, Magura, Vogel, and Knight, 2002). It has been found, however, that when mentally ill persons are experiencing active symptoms, work does not typically increase the severity or frequency of their symptoms. It appears that, in fact, task orientated activities such as work may possibly assist in reducing symptoms (Akabas and Gates, 2000). Other factors such as lack of opportunities, deficiencies in independent living skills, inadequate social supports and lack of vocational skills may all be negative factors for the serious and persistent mentally ill when attempting to find and maintain employment (Frey, 1994). The episodic nature of mental illness creates an ongoing difficulty for

a client with mental illness; the fluctuating functional capacities that result create difficulties for the client to remain vocationally functional in the long term (Bybee et al., 1996).

Researchers have found that a focus on employment for persons afflicted with mental illness is a vital function when working in the recovery model. It has also been found that the clinical process can be enhanced when a vocational focus is integrated in to the services provided (Akabas et al., 1992). Not having the conversation regarding work in the treatment process can possibly give the client a message that the treatment provider does not feel the client is capable of working (Akabas et al., 1992). It has also been found that ignoring the client's vocational goals may be a disservice to the treatment process because it may ignore important insights into the client's desires or goals (Akabas et al., 1992). If a client worked prior to their mental health struggles and a clinician is not having a discussion surrounding their vocational goals, it has been found that the lack of focus in this area may retard functional growth for the client. Ignoring this functional area can be counterproductive to the process of therapy, specifically when the focus of therapy is to improve functioning post onset of the mental illness (Akabas et al., 1992). In general, a program with a focus on addressing vocational goals for mentally ill clients can create a treatment plan that has less focus on benefits as a sole source of support and can improve feelings of worth for the client by reducing the client's reliance on disability services (Akabas et al., 1992).

Supportive Employment

Many believe and have shown that a key to rehabilitation or recovery for people suffering from serious and persistent mental illness is work and that work must be a central theme of that process (Connor et al., 1987). A model that has been created with a focus on creating support for

persons with disabilities on obtaining and maintaining employment is the supportive employment model (Phillips and Biller, 1993). The origins of supportive employment began as a program to support other disabled populations such as developmental disabled persons, in recent years the model has been used as a treatment model for persons with mental illness (Phillips and Biller, 1993). The program was originated in the 1980's and has become an important model for people in chemical health and physical health recovery (Rogan and Hagner, 1990). Supportive employment eventually became a successful model for clients with serious and persistent mental illness as well (Beigal et al., 2010). It has been found that persons with mental illness who have been referred to supportive employment programs were five times more successful in finding employment placement than in other models (Beigal et al., 2010).

Supported employment is defined by governmental agencies and experts in the field as employment programs that practice placement in the competitive job market where a client receives either wages or benefits (Bellamy, Rhondes, and Albin, 1988). A supported employment program must also continue to offer support once the client begins a job; supports include training and/or supervision (Bellamy et al., 1988). The program is typically integrated in a workplace where employees who are disabled work with others who are not, this does not mean the clients necessarily work in the same positions but rather that at a minimum the client is working in the same setting (Bellamy et al., 1988).

Supported employment has been shown to benefit the client in various aspects in the client's life (Rogers et al., 1995). Clients who began to work through a facilitating supported employment program have been able to show financial improvement. As could be expected mentally ill clients who received disability payments in the form of social security disability or supplementary social security income reduced the amount of financial support that is required for

them to survive financially (Rogers et al., 1995). Clients have also shown a decreased likelihood to require supplementary supports from other mental health services which appears to be a result of the existing supports in their supported employment programs. Specifically clients are much less likely to employ the services of day programming, inpatient hospitalizations, psychotherapy, and various crisis services (Rogers et al., 1995). An attributing factor to the lessening in their supports is the support the client receives in the supported employment program may possibly supplement or replace the need for additional services such as emergency psychiatric services, case management, day programming, individual therapy, group therapy and independent living skills assistance (Rogers et al., 1995).

A complimentary result to the program is an increase in social and recreational activities for a serious and persistent mentally ill person who is working in a supportive employment program (Rogers et al., 1995). The results may be due to the global nature of the individual support the client receives through supportive employment programming. The evidence shows a likelihood of employment support programming to work with clients on a multitude of functional areas and not specifically vocational issues (Rogers et al., 1995).

Successful Components of Supportive Employment

Successful supportive employment programs are more likely to have the following characteristics: the program is open to explore employment to all clients and does not discriminate based on race, appearance and other attributes (Bond, 2004). The program will take in to consideration what exactly are the client's preferences for work placement in regard to job choice (Bond, 2004). The program will have a focus on an expedited job placement for the client (Bond, 2004). A successful supported employment program will place the client in a

competitive job environment and not a sheltered environment (Bond, 2004). Successful programming will also include integrated mental health services in accompaniment with vocational services (Bond, 2004). It is also important for a program to provide positions to the clients that address each individual's personal strengths and values (Anthony, Cohen, and Danely, 1988). A successful program will provide an environment that will increase the vocational skills capacity of each client by providing an area that allows the client to learn and improve their working skills in conjunction with their coping skills (Anthony et al., 1988).

It has also been shown that successful supportive employment programming will place clients in an environment that improves the possibility of enhancing the client's self-esteem or feelings of self-worth (Anthony et al., 1988). This finding collaborates with the emphasis that supportive employment settings must be in competitive work settings and not secluded or in enclave settings. A majority of clients who suffer from serious and persistent mental illness report a positive experience when working in a competitive work environment alongside workers who are not receiving supportive employment services (Tice, 1994). In relation to these findings non-disabled workers who work alongside workers who are receiving supportive employment typically report a positive outcome when supportive employment programs begin working in their working environment (Tice, 1994). There appears to be a benefit to the community in the form of reducing stigma around mental illness when mentally ill workers in supportive employment programs work alongside workers who would identify themselves as non-disabled the work environment (Tice, 1994).

Typically supportive employment programs have a team of employment specialists that focus on assisting disabled persons who desire work and have entered the program for an opportunity to work towards fulfilling their employment goals (Biegel et al., 2010). A key to the

specialist position is the dual role as a vocational advisor and as a mental health services provider. The success of the client in the vocational setting can be greatly influenced by a mental health worker being present at the place of work and providing mental health services (Bond, Vogler, Resnick, Evans, Drake and Becker, 2001). The regular stressors that accompany a client on to the job may be overwhelming at times and may make it difficult for the client to access their coping skills (Black, 1992). However, it is also important for the specialist to be able to assist in more vocational tasks such as skill teaching and providing motivation. At times it has been shown to be difficult for mental health workers to be able to address the vocational needs of their workers such as skill building and providing motivation (Biegel et al., 2010).

The Reasons for Long Term Supportive Employment

The consistent struggles that occur for a majority of persons affected by serious and persistent mental illness appears to be directly related to the symptoms of their mental illness. It has been found that having a mental illness creates difficulties for a person in properly developing attitudes and functional competencies for decisions related to their vocational development, such as understanding and implementing the professional skills required of a profession (Ciardiello and Bingham, 1982). According to developmental theory characteristics of serious and persistent mental illness such as low self-esteem, pathological thought process, ego dysfunctions and a distorted sense of self knowledge can result in struggles for the client when the client is making vocationally related decisions (Ciardiello and Bingham, 1982). The functional limitations that are present with mental illness make vocational programming a difficult reality for with persons who provide support services. Despite improvements in supportive employment programs a rehabilitative model that centers on work continues to remain a difficulty for the population. In comparison programs which practice similar programming

with populations with physical disabilities the success rates are drastically higher than persons who have a mental illness (McCure and Katz-Garris, 1983).

The argument for a need for long term support in supportive employment programming for the serious and persistent mentally ill population covers a wide scope. Due to the nature of the illness, clients display a fluctuation in functionality in regard to vocational functioning and social functioning (Mueser, Liberman and Glynn, 1990). It has been shown that factors related to work adjustment and the ability to appropriately interact with peers are both essential factors in being successful in maintaining employment for mentally ill clients (Rogers et al., 1995). Due to the cyclical nature of mental illness it is vital for a client to have continued long term support centering on improving emotional and social functioning, two areas that are typically affected by symptoms of mental illness (Rogers et al., 1995).

Why Long Term Supportive Employment is Successful

Long term supportive employment models understand the cyclical nature of mental illness. A successful program does not follow the traditional model of an exclusive initial assessment and a worksite placement. A long term supported program's assessment phase is continued process that takes into effect the varying and fluctuating degrees of functional capacities that exist for persons living with serious and persistent mental illness (Frey and Godfrey, 1991). A long term program practices from the "Process Learning" approach, this approach understands that the assessment period is long term and that support is individualized to represent the client's current functioning (Frey and Godfrey, 1991). Another important aspect of the assessment process is that assessment is framed in an integrated model, evaluating the client in two frameworks simultaneously, clinically and vocationally. When doing so the

assessment model understands that the vocational functioning of the client is directly affected by the client's current mental health status (Frey and Godfrey, 1991).

Long term supportive employment programs have been successful in maintaining employment for clients due to a long term integrated support system (Rogers et al., 1995). The importance of an integrated support system is critical to the success of a long term supportive employment as a modality. In a traditional supportive employment program many of the psychiatric supports systems are front loaded, meaning that they are prevalent in the initial phases of placement for the client but do not continue throughout the client's period of employment (Rogers et al., 1995). Much of the success of long term supportive employment programs can be credited to an approach that understands that success for persons afflicted with serious and persistent mental illness is not isolated to purely vocational skill but rather is a combination of various factors that include emotional functioning, interpersonal functioning and social functioning (Rogers et al., 1995). Long term supportive employment programs provide a continued support system that works with the client where they are at currently in regard to their overall functioning (Rogers et al., 1995).

Despite the understanding that it is vital for a successful long term support program to remain cognizant of a multitude of functional areas that may be affecting a client's vocational success, at times it becomes difficult for a program to maintain an environment for a client that has a continued focus on rehabilitative principles and mental illness (Frey, 1994). Rehabilitative professionals that provide support in programs appear to struggle with providing support for the symptoms of a client's mental illness (Frey, 1994). It is difficult for programs to find qualified staff members that are equally trained on the vocational needs of the clients and the mental health supports that a typical client may require to maintain successful employment for an

extended period (Brown and Basal, 1988). Proper ongoing training of staff in both the vocational realm and in regard to clinical skills can circumvent concerns that staff may not be meeting the needs of their clients through the lifespan of the client's vocational career (Rogers et al., 1995).

Alternatives to Long Term Support

An alternative program to long term supportive employment is transitional employment services. Transitional employment services have many of the same supports as long term supportive employment; both services provide initial vocational trainings that seek to improve vocational functioning of the client (Philips and Biller, 1993). Both services provide support once a client finds competitive employment (Philips and Biller, 1993). The major difference between the two services is that long term supportive employment provides continued support throughout the client's employment career which mostly likely occurs at the worksite and transitional employment programs are typically time limited and provide more case management like services post placement (Philips and Biller, 1993).

Another differential between the two models is that long term supportive employment practices a model called "place and train". The model consists of the client beginning their job in the placement and then training the client in the setting that they will continue to work in. The programs that practice the "place and train" method do not provide what is called readiness training (Bedell et al., 1998). Readiness training is a typical practice of transitional programming and is a pre-worksite training that occurs off of a work site and is done with the idea that preparing the client for the stressors that will come from the position can provide the client with the necessary skills to manage such stressors when they begin their job (Bedell et al., 1998). Some have argued that the lack of readiness training for the client does not allow a client

to develop the necessary skills needed to cope in a stressful work situation (Black, 1992).

Readiness training appears to be akin to a classroom setting where the clients simulate their future position in the field to prepare for possible stressors they may endure. Programs that practice such methods are considered “train and place” models of employment which is a function of transitional programs (Bedell et al., 1998).

It has been shown that the variance in client reports of worth between having training pre-placement is marginal at best (Bedell et al., 1998). Clients from both models of employment report similar effects in regard to their self-esteem rankings. It appears that clients are reacting in a typical manner that most people react when they begin to work, with reported improvements in ego functioning and reports of mastery (Bedell et al., 1998). Clients do appear to have a larger likelihood for success in “place and train” model, which appears to be due to the job related interventions that occur while the client is working in a setting they will continue to be employed in (Bedell et al., 1998).

Studies have shown that transitional employment programs provide the client with more autonomy than a typical supportive employment program (Bean and Beard, 1975). Transitional employment is framed in a model that believes that persons with mental illness have a better understanding when they are ready to work than the professionals that are supporting them (Philips and Biller, 1993). Transitional employment is also a much more cost effective model than long term supportive employment in relationship to direct programmatic costs which appears to be due to the shorter period of support (Philips and Biller, 1991).

Conclusion

The evidence for the necessity for long term vocational support for clients who live with mental illness and are seeking employment is overwhelming in regard to continued success. Programs that have offered such support have shown retention rates in a competitive work environment as high as 50% (Russert and Frey, 1991). A caveat to supportive employment is that it is that the continued supports are financially costly to the program and ultimately the governmental system that is the funding source (Philips and Biller, 1993). There also appears to be lesser sense of independence for the client in a long term supportive model compared to models that focus on job placement in competitive work environments without long term support (Philips and Biller, 1993).

Conceptual Framework

This research will attempt to identify the most successful form of supportive employment in regard to long term support and short term support. One framework that the research will employ is the psychosocial framework. The goals of this framework are to assess individuals in regard to social functioning, assess emotional functioning, focus on the strengths of an individual and mobilize those strengths, improving self-esteem and linking individuals to available resources. The psychosocial framework is more widely used with individuals but is also utilized and has been successful when working with groups. Improving ones vocational functioning is an important area of development for a person who has multiple functional deficiencies. Isolating the population to those afflicted with mental illness whose functionality varies due to the cyclical nature of the illness, a framework such as the psychosocial model will provide guidance in evaluation in regard to what this population desires and how to support such desires.

Stemming from the psychosocial framework it is important to understand how employment is an important function in ego formation and self-esteem. A person's identity in western culture is closely related to the vocation they undertake. With such a large portion of the mentally ill population being unemployed the affects to one's self-esteem is understandable. The psychosocial model provides a model that addresses the desire for employment with this population and also addresses the coping skills that are needed emotionally by provided support to model and teach the skills necessary for retaining employment. The model also addresses a need for basic employment improvement for this population.

For the persons living with mental illness the inability to work is a functional area that has been deficient. Over 90% of mentally ill persons are currently unemployed despite reported strong desires for employment. Understanding this reported desire from the general population of persons who are living with serious and persistent mental illness is a fundamental component of the psychosocial framework. Clinical diagnosis of persons with mental illness is a portion of the framework but is not a standalone intervention. Under the tenants of the psychosocial framework having the client identify their treatment is an essential piece to the process. Many persons have identified employment as a vital piece to their recovery but the proper resources and opportunities are not widely available. Going further many supports in the community have encouraged persons afflicted with mental illness to not pursue employment due to the perceived stressors and competency concerns that an individual with mental illness may encounter when employed. Such guidance from a support services is not congruent with the psychosocial framework.

The practice of supportive employment has been successful in creating opportunities and resources for persons living with mental illness. The varying levels of supports has created

varying successes for persons in regard to improved vocational functioning. This research will evaluate the effectiveness of long term supportive employment with the idea that long term supports will provide the clients with adaptive support throughout the subject's period of employment. Long term support provides the client with a method of support that is associated with the assumptions of the psychosocial model that assessment/interventions should be malleable to meet the person's needs with the understanding that persons with mental illness may experience changes in their functioning due to the nature of their illnesses.

Systems theory will also be used to assess the research of this study. The research will attempt to show the distinct relationship between long term support and success for a mentally ill person in a vocational setting throughout the entirety of the vocational environment. The findings will attempt to show a higher likelihood for success in relationship to the person's feelings of mastery, self-efficacy and self-esteem relationship to the opportunity to maintain supports in their supportive employment environment or mezzo-system. The interaction between long term supports that exists in a person's mezzo-system in their employment setting should show the effectiveness that such supports have with the person in regard to maintaining employment and improving their vocational functioning. Conversely the lack of such supports long term may show a higher likelihood for the client to not retain their employment and thusly create an interaction between the person and their environment that will have a negative interaction in regard to the client's success.

A finding that long term supports are effective in maintaining employment and improving vocational functioning may have implications in regard to the macro-system that a serious and persistent mentally ill person is a part of. The macro system has been homeostatic in regard to the allocation of supports, allocating many of their dollars to upfront training costs rather than

supporting larger long term support programs. The findings of this study may shed light on the macro-systems effects of the client in regard to the apparent success of long term supports and the lack of resources that practice such models in the macro-system.

Methodology

This section will depict the rationale for the implemented research design, and how the research subjects were recruited, a brief summary of the subjects, the IRB (Institutional Review Board) and the interview process, as well as an account of the data gathered.

Research Design

The research is that of a Phenomenology qualitative design in that the research attempted to discover the lived experience of the participants that were interviewed. The researcher wanted to investigate the effectiveness per professional reports of long term supportive employment. The researcher chose to conduct interviews in order to obtain in-depth information. Interviews allowed for a more personable experience in which the researcher could utilize open-ended questions and observe the participants' responses. A quantitative design and surveys were not used because they did not allow for in depth questions, a quantitative method would not allow the researcher to clarify a question if it was misunderstood. The researcher also may feel removed from the data gathering process by not participating in qualitative interviews.

The interviews consisted of eight questions, all of which were open-ended. The first question explored the research participants' opinions of the demographic of the participants in the programs they served while the other seven questions focused on information related to the research question. The interview questions were developed from the themes presented in the literature review.

Subjects

The researcher recruited participants for this study by recruiting through one organization. An initial list of subjects and their contact information was provided to the researcher by a supervisor through Tasks Unlimited. All participants were currently employed as vocational support professionals at a long term supportive employment program in a metropolitan city in the Midwest.. The subjects were contacted in person by the researcher and an interview time was arranged. At each initial meeting, the researcher read the participants a detailed script informing them of the purpose and procedure of the study (Appendix D). Six professionals were recruited for this study.

Subjects' Informed Consent/Confidentiality

Before the researcher began any of the interviews, the researcher recited St. Catherine's University Institutional Review Board (IRB) consent form (Appendix A), which had been approved by the IRB. The researcher then answered all the participants' questions before having them sign a consent form which was approved by the IRB. The researcher informed each subject of the following information: the interviews will be digitally recorded, all of the recordings and field notes associated with the interviews will be kept locked by the researcher in a lock cabinet in the researchers home office, only the researcher will review the digital recordings and field notes, and all data will be destroyed after 7 years has as passed. The subjects were then informed that they had the option to withdrawal from the study at any point and that their wishes would be respected by the researcher.

The researcher met each subject in the community. The interviews were conducted in a closed off area that was private for the individual and the researcher. Before the interview,

participants were informed that they can review and change their responses at the conclusion of the session if they would like.

Data Collection

The interviews took place in the community at a location which the subject chose. The researcher conducted the interview with each of the participants. The first question asked for demographic information, the next six questions asked the participants their perceptions of long term supportive employment and it's effective in improving job retention for the participants, a lessened reliance on other supports, improved feelings of self-efficacy, improved feelings of autonomy, feelings of value in their roles as workers, a rating of job satisfaction, ideas of autonomy and feelings mastery. The researcher included probing questions if the researcher felt that such follow up questioning was needed to clarify the subject's responses.

Data Analysis

Content analysis was used in the examination of the data gathered from the interviews. The researcher had the interviews transcribed professionally. The transcriptions read verbatim and identified common themes, such as the client's job satisfaction, feelings of efficacy, feelings of autonomy, improved social functioning, improved feelings of worth, individual job retention and improved self-efficacy. The analyzed data will hopefully provide information that will assist in the advancement of knowledge and understanding of effective vocational programming when working with a serious and persistent mentally ill population.

Findings

To observe the researcher's question: Is it the professional opinion that the essence of those interviewed experience that participants in long term supportive employment appear to have improved job retention, a lessened reliance on other supports, improved feelings of self-efficacy, improved feelings of autonomy, do the participants feel valued in their roles as workers and do they have a high rate of job satisfaction. The researcher conducted six interviews for this research. All subjects met the criteria that were outlined in the study's design for participation, which was they were currently employed as a vocational support professional at a long term supportive employment program. All interviews were analyzed via coding, which resulted in six major themes: 1) the importance of long term support in job retention 2) an apparent increase in complimentary mental health supports since beginning in a long term supportive program 3) a lessened reliance in acute mental health supports 4) improved feelings of self-worth and/or quality of life 5) perceived independence in job tasks of participants but not necessarily job choice, and 6) improved feelings of mastery of participants. This section will discuss the themes, how they were coded and the findings derived from the analyzed data.

Importance of Long Term Support in Job Retention

The importance of long term support in job retention for mental ill clients was coded by the researcher when a reference was made by a participant regarding tenure at the program, long term support in relationship to job retention, symptom management while at the work site, comparison discussion regarding past failures of clients in jobs that did not provide long term support and perceived difficulties that the client's experienced at work in which long term support was essential in maintaining the client's employment.

A question was asked regarding job retention of the participants of the client's the professionals served in their current long term supportive setting. All of the participants reported that they have served clients who have been working in their program for multiple years. One participant described a case load in which she was working with workers who have all been working for over 20 years in the program. Another participant described how her case load could be divided into two different groups: "...it seems as if there is..are two different types right now at our organization. On the one hand there is a group of people who have been there for over 15 years or so I guess. On the other hand there is a group of young workers who are about three years or less." This opinion was echoed by another participant in the study: "...there are the young guys who are newly ill and are just entering the program. Then there is a group who has been here for quite a long time."

A second question was asked regarding the people they serve past job histories. The responses from the participants were fairly consistent. All of the participants that were interviewed reported that many of their clients have not had success working in a competitive environment in which they did not receive any supports. All of the participants cited their client's struggles with their mental health symptoms as being the primary factor for their lack of success in a competitive work environment with no supports and their current need for supportive employment. One participant stated: "...it's hard for a lot of the young folks. The nature of the illness is that the onset is in early adulthood. Many folks know who they are at that point in their lives and then have to change their thoughts because now they have an illness. They try jobs that they feel they always could have done and now they can't because they get depressed, or hear voices, or are paranoid." The theme that mental health symptoms directly affected the client's ability to manage a job was a common one from those interviewed, as was

the thought that long term supports at the worksite was an effective measure in assisting the clients in managing their mental health symptoms. One participant gave an anecdotal example of a client that he is currently working with that had struggled in a competitive work environment but is now working at his program and has been successful:

I have one guy who has a doctorate as an engineer who had late onset schizophrenia. That bucks the trend for most of my guys because they are unable to finish schooling due to the normal onset of mental illness coming on during the college years. This guy, like many of the people that work here, have a very scattered job histories. They have held like quite a few jobs which is probably due to the fact that they lack consistent attendance due to their illness, or they may be evaluated as having odd interpersonal skills or whatever, either way they were not able to keep their positions due to the symptoms of their illness. They come to um our program and they ah are able to receive the accommodations and the mental health supports that makes them successful in their jobs and results in them being able to keep their jobs for a long period which um is something that they couldn't have done before.

Not all participants could give as specific of examples regarding their client's past job histories but all hypothesized from working with their client's currently that they believed that without long term supports a majority of the clients they served would be unable to hold a job in a competitive work environment without support. One participant discussed how the accommodations that are made regularly in their program would not be mimicked in a competitive work environment which did not have formal vocational support for the mentally ill:

We're able to evaluate the situation as a whole and accommodate a person's working route by looking at all things that may be a triggers for them as far as symptoms goes. We can put someone on a job which is not around a lot of people if a person is paranoid. My guess is that something like this would not be accommodated for by um in a similar business that does the same job and does not provide mental health supports.

This opinion was repeated in some form by all of the participants when interviewed.

Increase in Mental Health Supports/Lessening of Acute Services

When evaluating the professional's opinions of their client's reliance on mental health supports participants were asked to evaluate a change, if any, of their client's likelihood to seek mental health supports since they have begun working in the long term supportive employment program. All participants responded with a two part answer, the first portion being that a majority of the clients served in the long term supportive employment program have increased their involvement with supplementary supports which were coded as: case management, ARHMS services, psychiatric services and supportive housing. The second portion to all of the participant's responses was a lessened reliance on more acute services which were coded as: short term mental health hospitalizations, long term mental health hospitalizations, crisis services, ACT teams and emergency medical services.

In regard to the increased supplementary services four of the six people interviewed discussed an increase in case management services for the clients they served. One participant discussed this as such: "...before the program our clients are coming from mental health hospitals or mental health wards or whatever in hospitals. They are usually referred out to our program from such places and therefore are just entering a supportive environment. We then set them up or refer them to supports such as case management." Another participant discussed the likelihood of referral to ARHMS services: "...ARHMS is a program where the client can create goals surrounding their mental health and building coping skills. This is something that is happening outside of the worksite and is helpful with, is helpful with the client's ability to build coping skills that assist in getting to work and in a more general sense improving their ability to manage their mental health." Another participant discussed why the client's in the program have

a higher likelihood to access such services as case management, ARHMS and psychiatric services while in their program than they had prior to the program:

I think that before our folks were probably going through the process of adjusting to their illness. For many of them this occurs at a pretty young age: 18, 19, 20 and so on. After the first break or first time they get sick they have a hard time getting adjusted to this major shift in their life. The illness is a difficult thing for them to gain the skills around to manage. It's also difficult for many to be able to accept this change in their in life. It's almost like they go through a phase of grief or adjustment which takes a lot of time to get used to. Many of the guys talk about going to the hospital a lot, or not taking their meds when they first get sick. They also talk about how they were resistant of receiving outside support because they were used to being able to manage their lives independently or whatever prior to being ill. It takes time to get used to the idea that they may need support to manage their mental health. So what I'm getting at is that when they get hooked up with a program like ours they are just beginning to start the phase or stage where they are okay with receiving help. This is probably why they don't have such supports that they have before, that and once they get a little support like a case manager or something supports like that can help them find the other supports they need like something like ARHMS which is more day to day or a psychiatrist to help them with their medication management.

Despite the reported increase in supplementary supports which was described by the participants as a more day to day service a paradoxical frequency was also reported by all of the six participants in regard to more acute services such as short term psychiatric hospitalizations, long term psychiatric hospitalizations and reliance on emergency medical services. One participant reported: "...we just completed a survey on that question and found out that our clients have a 95% reduction in hospitalizations since they began with our organization in comparison to before they were in the program." Another participant reported: "Out of the 12 or so people that I have worked with in the last two years none of them have gone to the hospital for their mental health. From what they have reported this is a pretty big change from where they were at before they began with us." Another participant reported:

I think in the last year, as far as I can recall, no one from my caseload has gone to the hospital. I think we do a good job of being proactive in our work. We are able to work with our folks and help them manage their mental health through the worksite and the

other supports we offer. Also I think just having a job gives people motivation to not want to go to the hospital. They feel a responsibility to their job and maybe more important to them their peers at the worksite. They worry about who will get their work done if they didn't. So maybe if they are in the hospital they would worry who would complete their job or whatever and it may give them a little more drive or something to get through some of the tough periods or to seek out more support during those times from their peers or from support staff when needed. It's something I have heard from my guys, I also think there is something to the work in general to, in that doing the job or something will help them with managing their mental health. It definitely makes them feel better about themselves and have pride in their work which in turn makes them feel better about their life which may help reduced feelings of being down or depression.

Improved Feelings of Self-Worth/Quality of Life and Job Satisfaction

All participants were asked their opinions on how they felt their client's feelings of self-worth have changed since they have entered the long term supportive employment program. All participants reported an improved feeling of worth due to being able to hold a job and the economic advantages that come from holding a job. One participant responded that she believed that her clients report pride over being able to have improved economic status due to holding a job: "Having a job means to a lot of the people I work with that they can be normal members of society. They get to pay for their own housing, have cars and can purchase the things they need to live." The participant continued by describing how improved economic standing also creates a reduction in perceived stigma for the clients: "...I've heard from some of my folks that they didn't like relying on social security or other governmental aid. Not having to rely on that gives them a sense of accomplishment that they are a contributing member of society". This sentiment was echoed by other participants, a more tenured participant in the study discussed how she felt that for many clients in the program it has given them opportunities that would have otherwise not been possible: "...I have a few clients that own cars and are able to drive. This obviously gives them a freedom that they did not have before and a freedom that maybe we all take for granted." She expanded: "I have one person who has been able to purchase a home by working

for our program. People also get the opportunity to become managers and get the opportunity to completely get off social security. This is empowering, I believe, it's a great feeling, people discuss this at the worksite all the time, they report the pride they take in having a job something they didn't have before the program."

Besides the reports of improved self-worth through economic advancement three participants reported observable improvements through the behavioral changes that result in going to work on a daily basis. One participant reported: "You can see it on their face from when they start the shift to when they complete the shift. Maybe they were isolating for much of the day and you can tell that the symptoms were affecting them when the day started, when they start working on a task you can see that their mood changes or more basically they just feel better about themselves." Another participant reported that she has heard from numerous clients reports such as this: "...my client's tell me that they feel better about themselves because they are working and while they are working. I had this one person who has told me that they were always anxious or whatever and now that they are working they feel good about themselves. They said their anxiety is not as prevalent as it was before and that they credit that they now know that they can have a job and keep a job which they didn't think they could before." Another participant gave an anecdote regarding a particular client who has struggled with mental health for much of his life and credits his work for his improvement:

There is a guy I work with who reports that without his work and the supports that he receives that he would be back in the hospital like he was prior to working. He reported that before he worked he didn't have much for motivation or drive in his life and work gave him an outlet for such drive. He reported that managing his mental health was difficult for him because he did not have much to do in his day and he spent much of his day isolating. He stayed in his apartment and did not leave. He reports that people encouraged him to leave but he really didn't have a reason to do so. When he got a job that changed for him. He became motivated to be at work and to be around others, it wasn't so much the work or the pay but the comradery that he gained at work. He hadn't

had such a thing in his life since before he got sick and after that he felt like he belonged to something. He wanted to come to work and that got him out his apartment and he continued to come to work. It helped with his mood, specifically his depressive symptoms which were a large struggle for him with his mental illness.

Improved Feelings of Independence

All participants were asked their opinions of their client's feelings of autonomy regarding their work duties and/or choice of the work they complete. Five of the participants reported that they believed that the clients felt that their opinions were valued in regard to completing the tasks of their work and the reliance on supervisory staff in that realm was limited. One participant stated, "...our guys are encouraged to share their opinion regarding how to complete the work and to discuss how they as individuals may complete their work more effectively." Another participant discussed the levels of advancement allow for ways to empower clients for more independence:

We give the clients up front supports and they we try to rely on the clients to complete their duties. We work with them to empower the clients so were not telling them what to do, were not their dad or anything, sometimes we need to crack down to get a job done like anyone. But for the most part we are working with the clients to collaboratively problem solve and to ultimately make the problem solving decision that of the clients and not of the support staff or the worksite supervisor. This process seems to work, sometimes it takes some skill to work with the client to encourage them to make these decisions but for the most part this is successful and improves the client's feelings of independence or autonomy or what you want to call it in problem solving the pieces of the job.

Another participant reported that, "I think the participant's opinions are strongly, strongly valued both at a systematic level and at a macro level. Regarding their specific work route we design work routes based on people's specific interests."

In regard to individual's independence in choosing their specific work there were differences in opinions from the participants who were interviewed. Three of the participants reported that they believed that the client's independence was valued in seeking new job

opportunities in regard to job choice and business opportunities. Three other staff members felt that the client's independence in regard to find new job opportunities was not as encouraged as it could be due to the functions of long term support, the limited amount of jobs available and the concerns from administrative staff to incorporate new jobs into the programming.

Participants reporting that client's individual preference in regard to specific job choice reported that they felt that organization did an adequate job in listening to individuals wants for jobs. One participant reported, "I have a client who has discussed another job and we have incorporated that want into his goal plan. We are working together towards reaching that goal." All three of the participants who felt that client's goals toward independent job choice were encouraged reported that on a macro level the organization was working towards job exploration through committee. A participant summarized this committee as such:

The organization has recognized that we have not met the need of providing various job opportunities besides our most common choice of janitorial work. We do provide opportunities that are other than janitorial such as office work and remodeling. However we do not provide a large amount of opportunities beyond that and it has come apparent from the clients that they would like to have different opportunities but at the same time receive the supports that they currently receive through our program. The committee that has been created includes the clients and staff so yes I would say that clients that would like to independently pursue other options of work is a request that the program is listening to.

Three of the participants reported that they felt that due to the long term supportive employment programming independence in relationship to individual job preference was not as strong as individuals in the programming would like it to be. A participant reported, "...it's kind of line that is difficult. You have a client who has struggled historically to hold a job independently but they want a different job. It's hard to encourage that person to seek independent employment because you know the support is going to end." The participant expanded by stating, "...where we get caught some times is that we recognize the importance of

support and we can't systematically provide that support in an individual setting. So it's difficult to necessarily encourage people to seek new employment independently that does not have support around it. If there was such a thing I think we would do that more often." Another participant reported that, "...yeah there may be a quandary there which is difficult, we want to support people in managing their mental health symptoms and sometimes our clients lack insight into their illness which may possibly lead them to jobs that may be stressful and may exasperate their symptoms."

In regard to individuals seeking employment outside of the long term support program a few participants reported some minimal success in their program working with such clients. However a majority of those interviewed reported that such endeavors typically turn out to be unsuccessful for individuals in the program because the long term support is not provided in such a setting. One participant reported the following:

I have had a few people who have tried to work at other jobs. Some of our folks do not like the nature of the jobs we provide at our program so they have sought out other jobs in a competitive work environment. We always will support them with this if it is their goal; however once they start the job we are unable to provide them with support on the job as we do in our program. In my experience all of the people who I have worked with who have done this have not had much success, usually because when they take on these jobs they lose that mental health support at the job and they get depressed or experience other symptoms for which they have always experienced and they miss work. When they miss work like you would expect they eventually lose their job. I may be misremembering this but I'm pretty sure all of the folks that I have worked with who have sought other jobs and have gotten them ended up losing their job and have attempted to come back to our program. It's really sad actually but at the same time it's great that they have a program like ours that they can return to, most likely, and receive the supports they require.

Self-Efficacy

All of the participants reported that individuals in the program reported improved feelings of mastery in relationship to their skills on their job. Participants reported that clients have self-reported a feeling of expertise regarding their various job tasks. One participant reported, "...we have a program in which clients can learn how to work different janitorial equipment. It's pretty cool to see because many of them started in the program and were unable to do the basic functions of the job but are now able to run a pretty difficult piece of equipment like a low speed buffer." Other participants reiterated that statement in their interviews.

Discussion

To investigate the researcher's question: Is it the professional opinion that the essence of those interviewed experience that participants in long term supportive employment appear to have improved job retention, a lessened reliance on other supports, improved feelings of self-efficacy, improved feelings of autonomy, do the participants feel valued in their roles as workers and do they have a high rate of job satisfaction. The findings of the researcher's study were consistent with the current literature. All of the participants provided vocational support in a setting that provided long term supportive employment to persons with SPMI. All of the participants generally agreed that long term supportive employment improved job retention, increased preventative mental health supports and reduced acute services, improved feelings of self-worth and improved feelings of mastery. There was a varying in responses from participants regarding feelings of autonomy for those employed in a long term supportive employment program. All of the participants generally agreed that their clients felt their opinions were valued

however this was some varying responses regarding encouragement or support around job choice of the individual.

Job Retention in Relationship to Long Term Support

The researchers study showed a consensus among those interviewed in that all participants believed that long term support for persons with mental illness improves job retention for the population they serve. This was apparent in reviewing their client's past job histories. A majority of those interviewed gave anecdotal accounts of clients they are currently serving who had lost a job or multiple jobs before entering the long term supportive program. All participants believed that the lack of support during periods of increased symptoms for the client was the facilitating factor for those clients losing their jobs prior and thusly entering the supportive employment program. Such reports from the participants are consistent with the current research.

Due to the nature of mental illness, decision processes and distorted sense of self knowledge may affect the ability of a person with mental illness to develop vocationally to a point in which they may not need support (Ciardiello and Bingham, 1982). This is coupled with the cyclical nature of the illness which may in turn result in periods in which an individual may have periodic episodes in which their vocational functioning varies in regard to the individual's symptoms (Rogers et al., 1995). Many of the participants echoed the sentiment that the symptoms of mental illness create vocational instability for the client and without accommodations and support it is a difficult hurdle for the client to work through such periods. It appears that a strength of long term support is that the continued supports provides an opportunity for the support workers to be fluid in the interventions or accommodations they are

providing for their clients. This appears to be an important function of long term support as a whole. As discussed earlier the symptoms of mental illness can be cyclical and the ability for the workers in these programs to be aware of this and to adjust their services accordingly is an essential component to the success of the programming.

Apparent Increase in Mental Health Supports

A surprising finding in the research was the consistent report from the participants that they felt complimentary mental health supports increased after individuals began in the supportive employment program. This finding was in contrast to the research which reported that complimentary less acute mental health supports decreased in most clients who began working in a supportive employment program (Rogers et al., 1995). The explanation for this finding may be a result of the client population the professional's interviewed serve.

Three of the participants reported that most of the new clients served in the program were younger in age. One participant reported that the average age of new participants would be in their late twenties and early thirties. It may be that this age group is still in a period of adjusting to their mental illness and have also been more reliant on acute services such as hospitalization during this period of the life and have not been referred to supportive services such as case management or therapy. One participant discussed how many of the new clients have been referred to the program through social workers at hospitals or other acute crisis services. One could hypothesize, as two participants stated, that a possible cause for an increase in non-acute services for people in a supportive vocational program is not a causal relationship but rather more correlative, the beginning stages of mental illness would most likely be a period in which

such services would be added regardless if the individual was participating in an employment program or not.

Reduction in Acute Mental Health Services

The findings of the research was in conjunction with previous research in that the participants who were surveyed reported in general that their clients experienced a reduction in hospitalization and crisis services upon intake into the long term supportive employment program. Research has shown that clients involved in employment in general are less likelihood to access mental health crisis services (Rogers et al., 1995). Participants in this study reported unanimously that their clients in general have reduced their reliance on crisis services as evidenced by a marked reduction in their annual mental health hospitalizations.

Feelings of Autonomy

The studies finding regarding autonomy appeared to measure two different forms of independence regarding the participant's perceptions of the feelings of the clients they serve. All participants served felt that the client's opinions regarding the tasks they complete was heard and held in high regard by the program. The feelings regarding independence in relationship to choice of job was not as consistent. A majority of the participants reported that they felt that variety provided by the program itself did not necessarily meet the clients need in regard to choice. Three participants reported on how the program has recognized this deficiency and is attempting to create more choice inside the program.

The long term supportive employment program that this study's participants are employed in appears to not provide supported vocational services outside of the vocational opportunities that are offered in their program. This appears to be common for long term

supportive employment programming. A majority of long term supportive programming provide services in vocational areas in which the program itself is able to create job (Bedell et al., 1998). This appears to be mostly likely due to the cost effectiveness of providing support for a larger number of clients in one setting rather than providing individual support in multiple settings (Phillips and Biller, 1993). Programs that do provide supportive employment on an individual basis such as transitional employment services are usually time limited due to the high cost of such an undertaking and have not shown as high a retention rate as long term supportive employment (Rogers et al., 1995). Although the amount of subjects were limited in this research the findings echoed the current research regarding a lack of autonomy in regard to a person with mental illness being able to have the job choice that is offered in the competitive job market and receive long term vocational support.

Strengths and Limitations

One strength of the study was that due to the qualitative design of the research, the study was able to retrieve data based on human experience which may have been more powerful than the alternative of a quantitative design. Another strength of this study is that it has added information to the current social work body of knowledge regarding supportive employment specifically long term supportive employment when working with individuals with mental illness. The current study helped identify professionals' perceptions regarding the effectiveness of long term supportive employment in regard to job retention, feelings of autonomy, reliance on other mental health supports, feelings of self-worth and improvement in self-efficacy. As a result of this study social workers who are assisting in vocational development in their client's recovery process may have become more aware of the effectiveness of long term support in vocational settings for the clients that they serve with severe and persistent mental illness.

Some limitations to this study may have been that the presence of the researcher during the questioning may have affected the participant's responses. Another limitation to this study was that the study's questions were created by the researcher which may have hindered the questions' credibility and reliability. Finally another limitation of this research was the limited amount of participants in the study, which were six. The population that was interviewed resided in a metropolitan area in the Midwest which resulted in a lack of diversity in the sample.

Implications for Social Work Practice, Policy and Research

Practice

There are several implications for the field of social work as result of this research. The study showed the importance of long term support in relationship to job retention. Job retention has shown to be a very difficult hurdle for the mentally ill and for social workers working towards assisting clients in reaching their goal for employment. This is evident in that the unemployment rate for mentally ill people has remained static at 90% since the 1970's (United States Surgeon General, 1999). The research provided further support that due to the cyclical nature of the symptoms associated with mental illness long term support that includes mental health interventions and worksite accommodations is an essential function for the mentally ill in regard to maintaining work.

Another practice related implication is related to the importance of vocational functioning for people with mental illness in their recovery process. This research in conjunction with other research has shown the importance that persons with mental illness place on holding employment. There is a reported relationship to working and improved feelings of self-worth

and quality of life. It is important for social workers to be aware of this desire and to understand the importance that work has for their clients in regard to their identity.

Policy

Social work policy will be impacted by whether or not long term support is universally adopted as the best practice for vocational programming for the mentally ill. Due to the higher upfront cost of such programming other programming that involves limited supports has been championed by various interest groups despite the recognized limitation of such programming's effectiveness. Mental health policy may benefit in the future by including employment in recovery based social policy. It may also be beneficial to policy to evaluate further the reduction in reliance on crisis services for people who are employed. A cost comparison of providing supportive employment long term to the reduction on other services such as crisis services may impact the perceptions of the costs of long term supportive employment. It would also be interesting to see what affects improved employment for the mentally ill would have on other large social programs such as social security.

Research

This study was limited to only six participants; therefore, future studies would require a larger sample size if a generalizations would like to be made. In addition all participants had a positive perspective in regard to the effectiveness of long term supportive employment. It would be interesting to include professionals who have worked in other models of employment to gain their perspective. Specifically it would be interesting to interview professionals who have participated in programs that assist in placement in competitive employment settings. As the

current research has suggested, such programs have reported a higher likelihood of self reported feelings of autonomy or independence in their clients.

An area of research that requires further examination is a cost analysis of the overall cost of long term supportive employment. There appears to be reluctance from policy makers to support financially an expansion of supportive employment due to the perceived cost that is required to provide support that is not time limited. Further examination of the actual cost in relationship to a possible reduction in cost of other services such as social security and psychiatric services may show an overall cost savings for providing a higher upfront cost with long term supportive employment.

Another area in which further research may be required is related to the apparent lack of job choice independence that currently exists in a majority of long term supportive employment programs. There is an obvious cost savings for programs to provide programs in which many employees can receive support rather than individualizing services which would have an obvious higher cost. More research in the area of job development for supportive employment programs is needed.

In conclusion, the results of this study support the literature that long term supportive employment is the most effective model in relationship to job retention, improved self-worth, a reduction in reliance on acute mental health services and improved self-efficacy. The research also shows that long term supportive employment does not necessarily meet the desires of their employees in regard to personal choice of work. Further research needs to be conducted that evaluates the overall cost of long term supportive employment which factors in the total cost savings that occurs when a client is less reliant on other services while working. Overall this

study contributes to the body of knowledge in social work and provides a framework for future studies to examine professionals' opinion on the effectiveness of long term support in a vocational setting.

References

- Anthony, W. A., Cohen, M. R., & Danely, K. S. (1988). The psychiatric rehabilitation model as applied to vocational rehabilitation. *Vocational rehabilitation of persons with prolonged psychiatric disorders*, 59-80
- Akabas, S. H., & Gates, L. B. (2000). A social work role: Promoting employment equity for people with serious and persistent mental illness. *Administration in Social Work*, 23(3/4), 163-184.
- Akabas, S. H., Gates, L. B., & Galvin, D. E. (1992). Disability management: A complete system to reduce costs, increase productivity, meet employee needs, and ensure legal compliance. New York: AMACOM
- Bean, B. R., & Beard, J. H. (1975). Placement for persons with psychiatric disability. *Rehabilitation Counseling Bulletin*, June, 253-258
- Bedell, J. R., Draving, D., H., A., Gervery, R., & Guastadisegni, P. (1998). A description and comparison of experiences of people with mental disorders in supported. *Psychiatric Rehabilitation Journal*, 21(3), 279.
- Bellamy, G. T., Rhodes, L. E., & Albin, J. M. (1986). Supported employment: In w. kiernan & j. stark (eds.), *Pathways to Employment for Adults with Developmental Disability*, 129-138. Baltimore: Paul H. Brookes Publishing Co.
- Black, B. (1992). A kind word for sheltered work. *Psychosocial Rehabilitation Journal*, 15, 87-89.
- Biegal, D. E., Stevenson, L. D., Beimers, D. D., Ronis, R. J., & Boyle, P. P. (2010). Predictors of competitive employment among consumers with co-occurring mental and substance use disorders. *Research On Social Work Practice*, 20(2), 191-201.
- Bond, G. R. (2004). SUPPORTED EMPLOYMENT: EVIDENCE FOR AN EVIDENCE-BASED PRACTICE. *Psychiatric Rehabilitation Journal*, 27(4), 345-359.

- Bond, G. R., Vogler, K. M., Resnick, S. G., Evans, L. J., Drake, R. E., & Becker, D. R. (2001). Dimensions of supported employment: Factor structure of the IPS fidelity scale. *Journal Of Mental Health, 10*(4), 383-393. doi:10.1080/09638230120041146
- Brown, M.A., & Basal, D. (1988). Understanding differences between mental health and vocational rehabilitation: A key to increased cooperation. *Psychosocial Rehabilitation Journal, 12*, 22-33
- Bybee, D., Mowbray, C. T., & McCrohan, N. M. (1996). Towards zero exclusion in vocational opportunities for persons with psychiatric disabilities: Prediction of service receipt in a hybrid vocational case management service program. *Psychiatric Rehabilitation Journal, 18*(4), 15-27.
- Clark, R. E., Haiyi, X., Becker, D. R., & Drake, R. E. (1998). Benefits and costs of supported employment from three perspectives. *Journal Of Behavioral Health Services & Research, 25*(1), 22.
- Ciardiello, J. A., & Bingham, W. C. (1982). Career maturity of schizophrenic clients. *Rehabilitation Counseling Bulletin, 26*, 3-9.
- Connors, K. A., Graham, R. S., & Pulso, R. (1987). Playing store: Where is the vocational in psychiatric rehabilitation. *Psychosocial Rehabilitation Journal, 10*(3), 23-33.
- Frey, J. (1994). Long term support: The critical element to sustaining competitive employment. *Psychosocial Rehabilitation Journal, 17*(2), 127.
- Frey, J. L., & Godfrey, M. L. (1991). A comprehensive clinical and vocational assessment: The . *Journal of Applied Rehabilitation Counseling, 22*(2), 25-28.
- Huxley, P. (2001). Work and mental health: An introduction to the special section. *Journal Of Mental Health, 10*(4), 367-372. doi:10.1080/09638230120041128
- Laudet, A. B., Magura, S., Vogel, H. S., & Knight, E. L. (2002). Interest in and obstacles to pursuing work among unemployed dually diagnosed individuals. *Substance Use and Misuse, 27*, 145-170.
- McCue, M., & Katz-Garris, L. (1983). The severely disabled psychiatric patient and the adjustment to work. *Journal of Rehabilitation, 49*(4), 52-58
- Mueser, K.T., Liberman, R.P., & Glynn, S.M. (1990). Psychosocial interventions in

schizophrenia. *Journal of Consulting and Clinical Psychology*, (72), 479-490

Philips, J. R., & Biller, E. F. (1993). Transitional employment program for persons with long-term mental illness: A review. *Psychosocial Rehabilitation Journal*, 17(2), 101.

Rogan, P., & Hagner, D. (1990). Vocational evaluation in supported employment. *Journal of Rehabilitation*, 56(1), 45-51.

Rogers, E. S., Sciarappa, K., MacDonald-Wilson, K., & Danley, K. (1995). A benefit-cost analysis of a supported employment model for persons with psychiatric disabilities. *Evaluation of Program Planning*, 18(2), 105-115.

Russert, M. G., & Frey, J. L. (1991). The PACT vocational model: A step into the future. *Psychosocial Rehabilitation Journal*, 14, 7-18.

Secker, J., Membrey, H., Grove, B., & Seebohm, P. (2002). Recovering from illness or recovering your life? Implications of clinical versus social models of recovery from mental health problems for employment support services. *Disability and Society*, 17(4), 403-418.

Tice, C. (1994). A Community's Response to Supported Employment: Implications for Social Work Practice. *Social Work*, 39(6), 728-736.

United States Surgeon General (1999). *Mental health: A report of the Surgeon General 1999*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, SAMHSA.

Appendix A

Questions:

What are the typical demographics of the clients you serve?

Typically how long have the clients that you serve been in your program?

What other jobs have the clients you served held? Were they successful in those jobs?

How would you describe your client's job satisfaction?

How have your client's feelings of self-worth changed since they began working in your program? Can you give me some examples?

In comparison to when your clients began working at their current job how has their reliance on other mental health supports (day programming, therapist, case management, etc.) changed? Please give examples.

How are your client's opinions valued in regard to completing the various tasks of their job?

How competent are your clients in the tasks they complete while working? Please give examples.

Appendix B

General Information Statement:

This study is hoping to find the individual perspective of vocational supportive employment professionals who serve SPMI clients employed through a supportive employment program. The questions I will be asking will measure retention, feelings of self-worth, reliance on other supports, feelings of self-efficacy, feelings of autonomy, feelings of value, job satisfaction and other demographic questions.

You are being invited to participate in this study because:

You currently work at a long term supportive vocational program serving clients in which this project is studying.

This study is being completed by Justin Swanson under the chairpersonship of Dr. Felcia Sy through the School of Social Work at the University of St. Thomas and University of St. Catherine's.

Background Information:

The purpose of this study is to gain an understanding of a vocational support professional in a long term supportive employment program. Through questioning the research will hope to discern what aspects of long term employment are effective in regard to improved retention, job satisfaction of the participants, feelings of worth/independence of the participants and which aspects are not.

Procedures:

If you agree to be in this study, I will conduct an interview with you. The interview will include questions about your observations surrounding your client's job retention history, feelings of self-worth, reliance on other supports, feelings of self-efficacy, feelings of autonomy, feelings of value, job satisfaction and other demographic questions. The interview will take approximately 45 minutes to complete. With your permission, I would also like to digitally record the interview.

Risks, Benefits and Compensation:

There are no risks for you as the professional. There are no benefits to you. There is no compensation to you.

Confidentiality:

The records of this study will be kept private. If any sort of report is made public I will not include any information that will make it possible to identify you or your clients. Research records will be kept in a locked file; only the researcher will have access to the records. I will digitally record the interview after which I will destroy the file after it has been transcribed, which I anticipate will be within one month of the recording. Your

actual name will not be used in the study but rather a pseudonym will be used to represent you as the subject being interviewed. This will also be the case for any clients you identify during the interview process. The interview will a in person interview which will take place at a location of your choosing.