

Supported Employment for Adults with Psychiatric Disability: Results of an Innovative
Demonstration Project

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ABSTRACT

Meeting the vocational needs of adults with mental illness is one of the most critical issues currently facing mental health planners and policymakers. An extensive technology has been developed for one such service: supported employment (Danley & Anthony, 1987). This paper reports on an innovative three-year research and demonstration project which was designed to evaluate a supported employment program on a university campus designed specifically for persons with psychiatric disability. Twenty participants were enrolled in the intervention; enrollment was staggered and occurred over a period of 12 months. The vocational status, job satisfaction, work integration, symptomatology, and social supports of participants were assessed during the project, and a two-year follow-up of employment status was conducted. Based upon the experience of project staff, conclusions were that while a university setting was an ideal one in which to provide supported employment services for persons with psychiatric disabilities, the university itself was not a particularly receptive or compatible employer. Several project participants obtained employment in university-vended sites. The follow-up after two years showed that 10 of the subjects were employed an average of 17.5 hours per week with mean earnings of \$156 per week. This represents a modest increase in percentage of subjects employed, and a substantial increase in average hours worked and average wages earned. Most important, participants in the study strongly valued the attractive and nonstigmatizing site of the program.

Meeting the vocational needs of persons with psychiatric disabilities is one of the most critical issues currently facing mental health planners and policymakers. Programs for persons with psychiatric disabilities must offer real opportunities for growth and success in an environment which is supportive but nonstigmatizing (Anthony & Blanch, 1987). Supported employment is one such approach: It is characterized by a goal of paid work in integrated job settings with whatever ongoing support is necessary to maintain employment over time (Will, 1984). Most supported employment programs include job placement, job site training, monitoring and follow-up, and provide some variation of individual job placement, work crews, or enclaves (Wehman & Kregel, 1985). Supported employment programs generally provide skills' training only after a job placement is made.

The extensive technology that has been developed to provide supported employment to people with developmental disabilities has been adapted for other disabilities (Bellamy, Rhodes, & Albin, 1986; Wehman, Kregel, & Shafer, 1989) and modifications of these approaches have been suggested for people with psychiatric disabilities (Danley & Mellen, 1987; Trotter, Minkhoff, Harrison, & Hoops, 1988). This paper reports on an innovative three-year project designed to implement and evaluate a supported employment program for adults with psychiatric disabilities on a university campus.

METHOD

Twenty participants were enrolled in the intervention; enrollment was staggered and occurred over a period of 12 months. One subject refused to provide data and subsequently dropped out of the study, leaving an effective sample of 19 participants. Subjects were selected for the project if they:

- Had experienced a severe disability due to mental illness which resulted in impaired role functioning
- Were between 18 and 45 years of age
- Were interested in working in a university setting at least 20 hours per week
- Had symptoms from their mental illness that were managed by whatever supports or skills were necessary
- Had adequate and stable housing

Subjects were predominately white (95%), male (74%), never married (79%), with an educational level beyond high school (89%). The mean age was 36 years. Most subjects were living in an unsupervised residence (85%) at the time of intake into the study. The majority of subjects were diagnosed as having a major affective or bipolar disorder (53%), and 37% of the subjects were diagnosed as having schizophrenia. Subjects had a substantial history of psychiatric hospitalizations (an average of 22 months per lifetime), and most were taking psychotropic medication (84%).

All subjects had some competitive, supported or transitional employment experience. The mean number of months employed (either part of full time) in the five years prior to intake was 15.75. Six subjects were enrolled in a supported, transitional or competitive job when they entered this study (individuals employed in these capacities were referred to the project because they needed support services to maintain their status or to obtain more suitable employment).

Instruments

Vocational Outcomes and Job Satisfaction. Quarterly data were collected on vocational status, hours worked and wages earned. Job satisfaction was measured using the Minnesota Satisfaction Questionnaire (Weiss, Dawis, England, & Lofquist, 1977). This 20-item scale asks questions about job-related achievement and advancement, opportunities, compensation, coworkers, opportunities for recognition, working conditions, and so forth. The MSQ-short form has demonstrated adequate levels of reliability and validity.

Work Integration. Critics of the enclave and crew types of supported employment approaches in particular have argued that such programs merely move sheltered work into competitive job settings. Therefore, for those participants who became employed, a set of structured questions was developed to measure the level of integration into the work site. Participants were asked about: (1) the proximity of support staff and other disabled workers to the work site, (2) the amount of support provided at the work site by professional staff, and (3) the amount of work-related and non-work-related verbal interaction with supervisors, coworkers, and the general public. Questionnaires were then scored, and subjects were ranked as working in a highly integrated, a moderately integrated, a moderately un-integrated, or a highly un-integrated work setting. Work site integration was assessed 3 to 5 months after subjects became employed. Because the work integration tool was developed for this study, no reliability data or validity data could be obtained.

Symptomatology. Psychiatric symptoms were measured using the Brief Psychiatric Rating Scale (BPRS; Overall & Gorham, 1962), a widely used instrument, measuring severity

and extent of a variety of psychiatric symptoms. The BPRS has demonstrated reliability and validity (Ciarlo, Edwards, Kiresuk, Newman, & Brown, 1981). The BPRS was administered quarterly.

Social Supports. Subjects were asked several questions about the intensity, frequency and type of contact with individuals in their social network, and how satisfied they were with those contacts. This social support instrument was developed, pilot-tested and refined for another Center project and has demonstrated adequate reliability (Rogers, Anthony, Toole, & Brown, 1991).

Project Satisfaction. A self-report questionnaire was developed to assess subjects' satisfaction with the supported employment intervention. Subjects were asked to rate their level of satisfaction with: (1) the accessibility, speed, and effectiveness of program staff; (2) the amount of support they received from program staff; (3) whether the program staff met their initial expectations; and (4) whether they would recommend the program to other persons with disabilities. The questionnaire was administered once after the subject was enrolled in the study a minimum of 6 months.

Procedures

Data was collected at entry into the study and then quarterly thereafter via participants self-report and by structured interviews. Two years after the project ended participants were once again contacted to determine their vocational and educational status.

The program model for this study, named the "Choose-Get-Keep Approach," was designed to incorporate the principles and practices of psychiatric rehabilitation and consists of activities which help participants to select, secure and sustain employment in environments of their choice (see Table 1 for a list of model components, MacDonald-Wilson, Mancuso, Danley, & Anthony, 1989; Danley & Anthony, 1987).

Three sets of program activities, *Choosing*, *Getting* and *Keeping*, form the program structure and parallel the supported employment components described by others as pre-employment, placement, and training/follow-along (Moon, Goodall, Barcus, & Brooke, 1986). In this model, the terms *Choose*, *Get* and *Keep* were deliberately selected to focus the process on the participants' activities rather than on the practitioners' activities.

The supported employment activities needed to help people with psychiatric disability may differ from those needed for other disability groups. One goal of this study was to refine these interventions for the unique needs of this population. Further, issues related to stigma and disclosure of disability frequently dictate that many of these interventions be provided away from the workplace and also mean that participants may not want program staff to make themselves known to an employer. We have also found that persons with psychiatric disabilities may take considerable longer in the "Choosing" phase than persons with other disabilities and that the timing of intensive support may depart from the prevailing job-coaching model of intense up-front support, followed by a fading out of support over time (Barcus, Brooke, Inge, Moon, & Goodall, 1987; Botterbusch, 1989). One hallmark of this study was the emphasis on

practitioner flexibility and responsiveness to the episodic and often unpredictable nature of psychiatric disability.

RESULTS

Vocational Outcomes. The number of participants employed and the number of hours worked increased dramatically over the first three quarters of participation and then decreased slightly in the fourth quarter and at the end of the study (see Table 2). Increases were again noted at the two-year follow-up. A repeated measures' analysis of variance with time as the repeated measure was performed on number of hours worked per week which showed a significant and positive increase over time to the study's end, $F(5,75)=5.41, p=.0003$.

Earnings also increased from a mean of \$2,286 in the year prior to enrollment to \$3,693 in the year after enrollment (unadjusted, not including fringe benefits), but this increase was not statistically significant. Most participants who were working held semi-skilled or clerical positions, and this did not change over time. The decrease in employment that we noted in the fourth quarter seems to be explained by examining the reasons people chose to leave jobs and their vocational status at the end of the project. An analysis of the participants who left employment during the fourth quarter suggested that only one left due to unsatisfactory job

Table 1. Components of the Choose-Get-Keep Approach to Supported Employment

Choosing Activities	Getting Activities	Keeping Activities
<ul style="list-style-type: none"> • Employment Goal Setting • Job Development • Decision-making 	<ul style="list-style-type: none"> • Placement Planning • Direct Placement • Placement support 	<ul style="list-style-type: none"> • Skill Development • Service Coordination • Employer Consultation

Table 2. Participants Competitively Employed, Hours Worked and Earnings by Quarter

	Percent Employed	Mean hours worked per week	Mean weekly earnings
Base Line	31%	2.95	\$19
First quarter	47%	7.56	42
Second quarter	68%	13.51	100
Third quarter	84%	15.24	105
Fourth quarter	73%	14.58	85
End of project	36%	7.74	49
At 2-year follow-up	58.8%	17.50	156*

*Based upon the status of 17 participants; 2 individuals died during the follow-up period; the status of 1 individual was unknown but counted as unemployed.

performance, and only one was uninvolved in either work or school at the end of the study. A final status review of all 19 participants two years after the project ended revealed that 10 subjects were working, one was attending post-secondary training, two were deceased, and six were unemployed. One participant's status remained uncertain; in the calculation of percent employed, he was considered unemployed. Two of the individuals employed were working part-

time and were matriculating in undergraduate programs. Three of the unemployed individuals were looking for work. (Informally, we were able to verify employment status only at three years after the study ended; 10 out of 17 subjects were employed).

Job Satisfaction. Job satisfaction was measured 3 to 5 months after employment on 13 subjects. Participant scores were compared with normative data provided by Weiss et al. (1977). Participants ranked in the 40th percentile when compared to a group of non-disabled, unskilled workers and in the 20th percentile when compared to disabled workers. Project participants tended to be younger, more educated, less experienced, and employed in jobs requiring less skill. This “underemployment” may have led to lower levels of job satisfaction.

Work Site Integration. Although the number of subjects was small and the methodology was new and untested, work site integration was examined as a qualitative measure of effectiveness. Of the 10 subjects who were employed and who could be rated on work integration, seven were judged to work in highly integrated settings scoring between 12 and 18 out of a possible 18 points on the Work Integration measure. Two participants were judged to work in moderately integrated settings scoring between 7 and 11 points on the Work Integration measure. One person worked in a moderately un-integrated setting, scoring below 7 on the scale.

Symptoms and Social Supports. Participants experienced no changes in symptoms, satisfaction with social supports or frequency of social contact over the course of the project. Subjects entered the study relatively asymptomatic, and they remained so during the project, paired $t(18) = .12, p = .90$. Of interest, however, was a rather dramatic decrease in the number of hospitalizations experienced by the participants when the rate one year before participation was compared to the year after. As part of the cost-benefit study conducted for this project, we determined that costs for psychiatric hospitalization decreased from \$42,189 in the year prior to the intervention to \$19,201 in the year after (Rogers, Sciarappa, MacDonald-Wilson & Danley, 1995). Subjects began the project moderately dissatisfied with their social supports, and this did not change over time, paired $t(18) = .29, p = .77$.

Project Satisfaction. Of the 15 participants completing the satisfaction questionnaire, the vast majority stated that they were very satisfied, two were somewhat satisfied, and one was not satisfied with the supported employment intervention overall. Satisfaction was positively associated with employment; employed subjects indicated higher levels of satisfaction with the program. On specific questions regarding the accessibility and availability of assistance from staff, 86.7% of the respondents stated they were very satisfied; 60% were very satisfied with the speed of staff response to their problems; 87% were very satisfied with the effectiveness of the staff in helping them address supported employment problems; 74% felt the project helped them meet their employment goal “very well”; 87% felt they received the “right amount” of support services. The most notable area of dissatisfaction was related to the length of time it took to obtain employment: Only 40% of the participants completing the questionnaire felt very satisfied in this area. All of the participants stated they would recommend the program to a friend in need of supported employment services.

CONCLUSIONS

The supported employment program appeared to have a satisfactory effect upon employment status and no effect on symptoms or social supports, as might be expected. Job satisfaction was somewhat low but satisfaction with the intervention was high. We concluded from this study that a university is an appropriate setting for a supported employment program for adults with psychiatric disabilities but that it is not necessarily a good employer for persons with psychiatric disabilities. Of the 19 project participants, only eight applied for posted positions within the university and five of those were offered positions. Unfortunately, the hiring procedures of the university were both cumbersome and slow, which often resulted in a loss of participant motivation. The inability to have direct contact with supervisors in the university's departments (because the Office of Personnel was the point of entry) created problems in marketing the program to those responsible for hiring. In addition, university job openings were mainly technical and clerical, which often did not match the interest and skills of participants.

We did, however, find a great deal of success generating placements within the vendored services on campus. These were the employers under contract to the university that do their own hiring (e.g., food service, retail store vendors). One of these contractors, the university bookstore, proved to be an excellent source of employment for several project participants, largely due to the interest of the personnel director.

Anecdotally, our findings suggested that participants who appeared to do well in the intervention were those who came into the project with greater readiness for supported employment and clarity about their job goals. Readiness and clarity about vocational goals also appeared to increase over time as a result of participating in the intervention. That may account for the continued improvements we saw after the project terminated, since many of the participants continued to receive supported employment services after the study ended.

Though these findings must be replicated with a more rigorous research design, we found dramatic changes in employment status early in the project, and while some of those gains were eroded by the end of the study, the majority of subjects left employment to pursue other vocational or educational goals and were not terminated from employment. After two years, a follow-up revealed higher average wages and higher average hours worked than at the study's conclusion or baseline. Several participants who were employed during the third quarter, unemployed at study's end, and employed again at the two-year follow-up had found new employment. Many of these subjects were those who were dissatisfied with their initial employment and had moved to jobs that demanded higher levels of technical skill. These findings would suggest that for persons with psychiatric disability a minimum of two years in a supported employment program may be needed to achieve the greatest gains.

Our findings tentatively suggest that supported employment can be successful in affecting vocational outcomes and that program administrators should consider siting their programs in settings other than mental health centers or similar traditional programs.

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