7. VOCATIONAL/EDUCATIONAL SERVICES

7.1 Vocational Services: Introduction & Definitions

Over the past few decades there have been significant changes in the way vocational services for persons with psychiatric disorders have been organized and delivered. Until recently, most discharged patients did not move directly from hospital to a job but rather progressed through a series of interlocking programmatic steps which were related to the overall goal of work restoration and tailored to each individual's needs and resources. Now, however, there is greater recognition that because not everyone follows the same path and the progression is not always orderly (illness symptoms may recur unexpectedly), flexible and adaptive systems are important. Programs aimed at placing individuals more quickly into actual jobs and providing flexible levels of support for longer periods of time are the most promising new developments in the field. However, it should be noted that most of the evidence comes from the United States which has had significantly lower unemployment rates than Canada. Attempts to place clients into competitive employment depends not only on the efficacy of the program model but also on the economic context.

The first section of this chapter is a conceptual description of employment programs derived from a report by *Cochrane et al., (1990)* which was produced for Health Services and Promotion Branch, Health and Welfare Canada. The next section will review the published research which has investigated the relative merits and effectiveness of different employment and education models.

7.1.1 Employment Preparation Programs

Historically, services developed which focused on preparing clients for employment, prior to placement in the community. These programs are briefly described.

Work Adjustment Training Programs

Work adjustment training programs are aimed at assisting patients who have lost, or who never acquired, the fundamental work skills and habits necessary to obtain and hold a job in competitive employment. Deficit areas in job-related performance skills may include such problems as lack of punctuality, lack of motivation to work, inappropriate dress or behaviour and inability to interact effectively with co-workers and supervisors *(Anthony et al., 1983; Church & Pakula, 1984)*. Typically, work adjustment training programs are offered in sheltered hospital-based or similar settings. Such programs may, however, also be situated in community settings where acquisition of skills through daily living is the main focus.

Career Counselling Programs

Career counselling programs for psychiatric clients have traditionally been neglected in the vocational process although their relationship to successful vocational outcome is significant. Experts believe that outcome will be poor if the client has not been involved in formulating career decisions, since commitment and investment in the goal need his or her input *(Anthony et al., 1983; Hursh & Anthony, 1983)*.The emphasis should be on helping the client set realistic career goals congruent with his or her level of skill and degree of impairment. Anthony and colleagues *(Danley & Anthony, 1987)* have developed an approach they call the Choose-Get-Keep model. This model, which will be described more fully in the section on Supported Employment, encourages career planning, typically in career counselling sessions.

Career Placement Training Programs

These programs are aimed at helping clients develop effective job seeking and marketing strategies. Clients are taught to identify their skills and career goals and in addition, to learn presentation and interviewing techniques. There is some support in the literature for the idea of career placement training *(Anthony et al., 1983; Church & Pakula, 1984)*.

7.1.2 Employment Programs

Sheltered Workshops

These programs combine training and employment in community or hospital settings.Traditional sheltered workshops typically solicit factory contract work which is carried out in a segregated and protected environment. Newer alternatives to this are non-profit organizations often started by health professionals and affiliated with rehabilitation agencies. These organizations obtain contracts and employ clients to carry out the work. The programs are intended to help clients develop a work history and learn how to get along with others *(Lang & Cara, 1989)*.

Some work programs which fall under the general rubric of sheltered employment are initiatives developed by consumers. These programs are described in the chapter on Consumer and Family Involvement.

Cooperatives

The Fairweather Lodge program, which combines housing and work using a cooperative model, has been replicated a number of times in the U.S. It involves a group of former psychiatric patients living together and selling various services such as maintenance or gardening. This model is also quite common in Italy *(Mosher & Burti, 1989)*.

Home Employment

Cottage industries employing people working at home on a piece-work basis have been developed for other target groups such as the developmentally handicapped. The first report of the use of this vocational program model for the psychiatrically disabled who want to work but are unable or unwilling to participate in either sheltered or competitive work describes a program developed in Hamilton, Ontario *(Kates et al., 1989)*.

7.1.3 Supported Employment

Supportive employment (SE) represents a more recent focus in the rehabilitation field. Its philosophy is that all people, regardless of the severity of their disability, can do meaningful, productive work in normal (as opposed to sheltered) work settings – if they so choose, and if they are provided with access to a range of ongoing supportive services. Most supported employment programs have four basic components: job placement, job-site training, ongoing monitoring and follow-up. Supported employment was first defined in the 1980s and included the following features:

- clients work for pay
- they work as regular employees in integrated settings
- they receive flexible and ongoing support

Bond (1996) outlines four vocational rehabilitation models which have influenced the development of the SE model.

1. **Job coach model** of supported employment: These originated in Virginia as a place-then-train approach. Clients were placed individually at work sites with job coaches who provided intensive on-site training and time-unlimited support. First targeted towards people with developmental disabilities this approach has been successfully used for persons with psychiatric disabilities.

2. **The Club House and Transitional Employment**: These programs were developed for people with serious mental illness by Fountain House, a psychiatric rehabilitation program in New York. Transitional employment (TE) programs provide time-limited assistance to clients who experience difficulty in making the transition from sheltered, non-competitive work situations to the open employment market. Transitional employment focuses on strengthening work-related skills by first providing pre-vocational training which is followed by supported placements in industrial and commercial settings within the open market. Placements range from minimal to total supervision, and may be fully or semi-integrated into the company's work environment. Placements are most often entry-level positions, consistent with the goal of facilitating behavioural work adjustment skills. The placements are usually time-limited, with clients who are capable of moving on into work in the competitive job market. The clubhouse model is similar to SE in its emphasis on community employment as a normalizing experience, and the assumption that clients usually need help in finding a job and support for maintaining the job.

The differences are that TE positions are temporary and that they are controlled by the club house.

3. **Assertive Community Treatment**: This model has been fully described in the chapter on case management. Employment has always been considered an integral part of the treatment plan and most ACT teams include a vocational services specialist. Vocational services in ACT have evolved over time and have not been adequately researched. Like supported employment, ACT emphasizes unlimited support and providing skills training in environments in which they are to be used.

4. **Choose-Get-Keep**: This model was developed by Anthony and associates in Boston *(Danley & Anthony, 1987)* as part of the psychiatric rehabilitation program. It emphasizes extended exploration of career options before community placement. The basic elements of this model are client choice in selecting, obtaining and maintaining jobs. The focus on client choice and preferences have become essential characteristics of the SE approach.

In SE programs both entry and non-entry level jobs (some of which may have career ladder possibilities) are considered because participants are involved in identifying work that fits in with their interests, aspirations and abilities. No empirical data are available on the population best served by supportive employment programs *(Anthony & Blanch, 1987)*. It is thought that a wide variety of persons can be considered appropriate for placement. Some agencies exclude those who are thought to be capable of going from transitional employment straight into competitive settings without supports. Others believe that SE is for those who function too well for TE, but not well enough to make it alone in the job world.

Supported employment differs from transitional employment (TE) in certain basic ways. In SE the training occurs after the job placement rather than before as in TE and other traditional vocational rehabilitation efforts. Training on the job is believed to reduce the possibility of inappropriate or irrelevant job skills training and maximize the fit between the client and the job. Another major difference between SE and TE is that on-the-job support in SE continues indefinitely. Some authors have noted that clients who are terminated from a time-limited support tend to regress *(Anthony et al., 1986)*. Therefore it is likely that some clients will need to have many years of support in order to achieve maximum vocational success.

7.2 Reviews of Vocational Research

In the past five years there have been three comprehensive reviews of the vocational rehabilitation research. These are summarized below. (Table 7.1)

The first of these by *Bond (1992)* provides a brief overview of the past, present and future of vocational programming for persons with severe psychiatric illness. He also reviews 24 studies of traditional vocational models conducted between 1963 and 1986 and selected studies of more recent transitional employment and supported employment models. The inclusion criteria for the studies are random assignment or a close approximation, an explicit vocational component in the experimental condition and reporting of vocational outcomes for individuals with psychiatric illness. Experimental programs included hospital vocational programs, halfway houses (eg Fairweather House which provides a structured setting for living, employment and peer support), sheltered workshops, vocational counselling, job clubs, assertive community treatment, and psychosocial rehabilitation centres (eg Fountain House - TE programs).

This review shows that vocational programs have succeeded in placing and maintaining clients in jobs. The results suggest that clients will be helped to maintain community employment as long as they continue to receive intensive supports. However, there is no evidence that the programs prepare clients for future competitive employment outside the support provided by the program. Studies of sheltered workshops have shown them to be ineffective for psychiatric patients, particularly with regards to making the transition to competitive employment. Hospital-based programs, however, have illustrated the fact that even institutionalized patients have the capacity to work and that employment programs are possible and should be encouraged for discharged long-term patients.

Prior work experience was found to be a predictor of future employment. It is felt that clients with prior work experience could benefit from higher expectation programs. On the other hand, there was a subgroup of patients with little prior work experience for whom the vocational programs had little effect. These individuals might be helped to achieve employment after attending “supported education” programs.

This review includes research on current vocational models. However the more recent review by *Bond et al., (1996)* will be used to provide a more up-to-date and comprehensive description of the effectiveness research of these models .

Lehman (1995) reviewed studies of vocational rehabilitation programs focusing on outcomes for persons with schizophrenia. Lehman’s review summarizes findings from a meta-analysis of 19 studies conducted between 1955 and 1985 *(Bond, 1986)*, a subsequent review by *Bond (1992)* and then reviews additional studies conducted between 1992 and 1993.

The main research question in this review is whether vocational interventions of any kind have an effect on vocational or employment outcomes of persons with schizophrenia. There is very little discussion of the relative effectiveness of different models of vocational interventions on outcomes. In general the studies reviewed found a positive impact of vocational programs on paid employment,

job starts, full-time employment, duration of employment and earnings. Despite this there is no evidence that these programs have been helpful in preparing clients "for future competitive employment outside the support provided by the rehabilitation program" *(Bond, 1992, p250)*. These findings appeared to hold for the subset of persons with schizophrenia when the data were re-examined by Lehman.

The most recent review is by *Bond et al., (1996)*. This review was limited to studies of employment programs labeled as SE which examined outcomes for persons with serious mental illness. The settings, program features, sampling strategies and research designs were diverse. The designs of the 14 studies reviewed included seven descriptive, one quasi-experimental and six experimental. Control conditions in the quasi-experimental and experimental studies included sheltered worksites, referrals to the Vocational Rehabilitation (VR) system (the usual system), traditional day treatment with brokered VR, and prevocational services before SE. These studies were published between 1988 and 1996.

Although the SE models and the study designs differed, *Bond et al., (1996)* found that all these studies provided positive evidence for the SE model in relation to the traditional vocational models. Among the experimental and quasi-experimental studies, the mean rate for obtaining employment was 49.8% (range=29.4% to 76.4%) compared to a mean of 20.6% (range=5.9% to 40.3%) for clients in the control condition. Hours employed and wages earned were also better for the experimental subjects. In addition to the finding of increased competitive employment, the research produced evidence in favour of basic SE principles. Results suggest that it is not enough just to provide case management, or skills training or prevocational training without also focusing on obtaining competitive employment. A second finding from at least four of the studies was that clients who were placed directly into jobs with training and support had higher rates of employment than those who had extended prevocational preparation. The third finding was that integrating clinical and vocational approaches leads to better results than brokering the two services. Referral to VR services had almost no impact on clients' rate of employment. Studies also found that attending to clients' preferences leads to greatly improved outcomes. Two of the studies reported that clients held their jobs almost twice as long as those in non-preferred work settings and reported higher levels of satisfaction.

7.2.1 Summary of Research Findings

One of the most basic findings is that most people with serious psychiatric illness have the capacity to work and that employment programs should be encouraged for even the most disabled and institutionalized individuals. Most of the employment and vocational preparation services studied have been effective in helping clients obtain and maintain jobs.

However, traditional programs and services appear to be less effective in helping clients achieve competitive employment.The more recent alternatives, particularly the various supported employment models, have produced superior outcomes when compared to more traditional models. The most critical elements for the success of these programs are continued, time-unlimited support, attending to

client preferences and the place-train philosophy which involves the provision of on-site job specific skills training.

7.2.2 Research Directions for Supported Employment

The authors of the above reviews have suggested further areas in the field of supported employment which require more investigation:

- The issue of how long to provide employment support and the best types of support have not been adequately studied. Studies have shown that clients who receive long-term and continuous support keep their jobs longer than those receiving intermittent or short-term support.
- Attention needs to be paid to the process of accessing SE services. Traditionally professionals have decided when clients are ready for vocational rehabilitation. This goes against current thinking which says that consumers have the right to decide which services they need and research findings which suggest that if clients are given adequate information about programs and services they will be able to make appropriate choices.
- Once access is assured, researchers should investigate the characteristics that lead to retention in the SE program.Studies commonly report high dropout rates. The support of a multidisciplinary case management team has been shown to increase retention. Bond and colleagues speculate that this occurs because services are time unlimited, readily available, include assertive outreach and are sensitive to fluctuations in the client's clinical condition. Closely related to this is the issue of duration of employment. The few studies which have looked beyond a two-year follow-up suggest that longer periods of support will lead to higher employment rates. Job stability and satisfaction with the job are related areas which have not been carefully examined.
- Another little studied process is that of job development. Programs which require the client to take responsibility for finding a job do not appear to be satisfactory for most individuals with SMI. Staff roles and responsibilities in helping clients to find jobs and in the interview process, need to be clarified. The issue of disclosure, contact between staff and employers and employers' obligations to make accommodations for SMI employees also require thoughtful study.
- Cost-effectiveness studies of vocational programs are needed which take into consideration the perspectives of clients, families, society and health systems.
- Methodological considerations: *Bond et al., (1996)* reiterate the necessity of conducting controlled experimental studies, providing complete descriptions of the experimental, and control conditions, defining specific elements of the programs, implementation criteria and staffing.

7.3 Educational services

The development of educational programs for persons with mental illness is a relatively recent occurrence. Since the first onset of serious mental illness usually occurs in young adults, disruption of normal developmental tasks often results. Educational and career plans are frequently interrupted when, as is often the case, the young person drops out of school.

Psychiatric Rehabilitation Through Education

A growing body of evidence suggests that the psychiatrically disabled are capable of learning a variety of skills despite sometimes severe and continuing symptomatology, and that skills acquisition in such areas as vocational preparation, community living and coping with daily activities can result in functional improvements *(Anthony et al., 1983)*. Especially for younger clients, the use of non-stigmatizing, more familiar environments is thought to be important in encouraging them to take advantage of opportunities to develop such skills. Thus, programs employing a learning/teaching model in a classroom setting have been set up in post-secondary educational settings such as community colleges in various parts of Canada and the United States *(Unger, 1989)*. Although such programs are believed to be beneficial, no controlled studies have been conducted to link the intervention to reportedly favourable results.

Supported Education

Supported education programs have been developed which facilitate a return to the appropriate educational level *(Housel & Hickey, 1993; Cook & Solomon, 1993)*. These programs attempt to ease the transition from hospital to college, maintain educational and career aspirations and enhance self-esteem. One such program was developed and evaluated at an inpatient setting in New York state. *Hoffmann and Mastrianni (1993)* investigated the efficacy of supported education (SE) by comparing two treatment settings which were comparable in every way except that only one of them included a SE program. The SE program provides opportunities for patients to participate in educational activities as an integral part of their treatment program. The patients take part in individually tailored academic activities with a neighbouring university or community college or a continuation of studies at the person's home institution. These activities are supported by the therapists and other treatment team members. The subjects of this study were seriously mentally ill inpatients aged 18 to 24 at two private hospitals. The experimental group comprised 68 patients who participated in the SE program at one of the hospitals from the initiation of the program until they were discharged. The control group (n=63), matched for age, prior education and hospitalization was selected from the institution without a SE program. Both groups were interviewed after discharge from hospital to obtain information about their post discharge activities. Areas of inquiry included housing, college and work activities, educational aspirations and experiences, and nature of follow-up care received. Recipients of the SE program were significantly more likely to return to college, and more SE returned to school on a full-time basis. The transition from hospital to school was reported as difficult by both groups, but was somewhat less difficult for the SE group. The SE group also retained significantly higher

educational aspirations than control subjects. The control subjects were more likely to be living in supervised housing or to be involved in day treatment programs. The authors find the results of this preliminary research to be encouraging in that the SE program enabled patients to re-enter settings that “are more normative for their age”(p119).

7.4 Best Practices: Vocational/ educational Services

Research Evidence

There are a number of fairly rigorous studies which demonstrate that:

- ★ People with serious psychiatric illness have the capacity to work
- ★ Employment programs should be encouraged for even the most disabled individuals
- ★ Supported employment is more effective than other employment models
- ★ Supported education enables clients to return to school on a full time basis

Key Elements of Best Practice

There is a shift from traditional methods of providing vocational services to supported employment which includes:

- ★ continuous, time-unlimited individual support
- ★ attention to client preferences
- ★ a place-train philosophy with on site job specific skills training

Supported education and social recreational programs are viewed as promising approaches in need of further evaluation.

Table 7.1: Reviews of Vocational Studies

Authors	Type of Review	Years	Number of Studies reviewed	Types of Models	Design of Reviewed Studies
Bond (1992)	Narrative	1963-1986	24	Various	RCT, quasi experimental
Lehman (1995)	Narrative (related to schizophrenia)	1955-1993	?	Various	not specified
Bond et al., (1996)	Narrative	1988-1996	14	Supported employment compared to other models	6 experimental; 1 quasi 7 descriptive

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