

**WORKING TOWARD RECOVERY
IN NEW HAMPSHIRE:
A STUDY OF MODERNIZED
VOCATIONAL REHABILITATION
FROM THE VIEWPOINT
OF THE CONSUMER**

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Following the passage of the ADA and the Rehabilitation Amendments of 1992, vocational rehabilitation services offered by New Hampshire community mental health centers have striven collectively to streamline the efficiency of their interventions. Evolved versions of the two most frequently utilized modalities are compared, by measuring vocational satisfaction as it is rated by the perspective of the consumer. Both methods are found to be highly effective, but differ greatly in the nature of their impact and applicability. The strengths and weaknesses of each are identified in the context of psychiatric rehabilitation, and implications are presented for further research.

Since the passage of the Americans with Disabilities Act and the Rehabilitation Amendments of 1992, agencies of community mental health and vocational rehabilitation in New Hampshire have become renowned for their efforts to streamline the quality and accessibility of vocational services. This has included a gradual shift to a recovery-oriented philosophy that has developed in order to appreciate the individual needs and valued role of the consumer. It is a change in perspective and practice that has resulted from a continued, widespread effort in New Hampshire to evaluate, criticize, and, "reinvent" according to the assessed efficiency of different vocational support models. Two very different modalities which have proven to be effective consistently in New Hampshire and nationwide are the

services of the evolving sheltered workshop, and various versions of supported employment.

As the strengths of these approaches have become evident in recent years, various studies have also identified several limitations and criticisms of their traditional practices. This study investigates the nature of these strengths and criticisms, and evaluates the efficiency of a recovery-oriented, nontraditional sheltered workshop, which has in many ways integrated the values and practices of other more modern approaches. The impact of this program on consumers' vocational satisfaction is then evaluated in comparison to that of a second program: an evolved, community-based, more traditionally grounded supported employment model as it is practiced by a community mental health center.

THE STUDY AND OPERATIONAL DEFINITION OF VOCATIONAL SUCCESS OF PEOPLE WITH MENTAL ILLNESS

Employment is an important part of daily life for most people in their adult years, leading to social, economic, and personal rewards. The impact of a disability can substantially impede the chances of success in this endeavor, often denying individuals the benefits that so many of us may take for granted. Studies show that most people with psychiatric disabilities desire employment as much as anyone else, and more often than not identify paid employment as one of their personal goals (Lehman, 1995), despite the fact that the vast majority continue to be unemployed (Ridgway & Rapp, 1998). Whether the disabilities are developmental, mental, physical, or sensory-oriented, the idea of doing meaningful work, assuming real responsibility, feeling productive, achieving social inclusion, and keeping busy are identified as significant life needs that can be found in the workplace (Freedman & Fesko, 1996).

Obstacles to meeting these life needs are plentiful. Skills for effective interviewing and resume preparation are general necessities for obtaining employment, and they are common needs that have been identified in the vocational assessment of disabled employees (Freedman & Fesko, 1996). Lack of personal maintenance skills (Garff & Storey, 1998), settling for inappropriate job matches, and lack of transportation are other significant obstacles that are frequently identified (Freedman & Fesko, 1996). Finally, the personal motivation of an individual and the importance of maintaining a positive outlook are paramount in securing competitive employment, and lack of such motivation can

prove to be a detrimental obstacle (Alverson, Becker & Drake, 1998).

Motivation to any degree, however, can be drastically affected by internal and external influences, such as the commonly perceived "disincentives" of working to eliminate the need for social security benefits (MacDonald-Wilson, 1999). Equally devastating to one's motivation is the predominant stigma and discrimination that American society imposes on those with disabilities, including responses and beliefs of employers and professionals. This contributes greatly to an expressed fear that people feel when faced with disclosing their disabilities to prospective employers. As one participant in a relevant study stated, "You just don't walk in and say, 'I am a manic depressive and a recovering alcoholic. How would you like to hire me?'" (Freedman & Fesko, 1996 p. 54).

A similar awkwardness can accompany the need on a resume to account for time spent in hospitalization or decompensation due to a disability. Because of this stigma, it can be difficult for consumers to feel comfortable not only in applying, but in advocating for themselves, should they need to request special accommodations for a new job. These difficulties have prompted many people to turn to outside community resources and judiciary intervention in their effort to overcome these obstacles, often, until recently, finding a lack of such assistance in meeting these goals (Freedman & Fesko, 1996).

One very significant change in the struggle against vocational stigma occurred with the passage of the Americans with Disabilities Act and the Rehabilitation Amendments of 1992, which demanded increased public attention to the employment of people with disabilities (Freedman & Fesko, 1996) as well as an increased degree of quality and proactive outreach on the part of vocational rehabilitation agencies (Langton, 1997).

The amendments that were made to the original act in 1992 further clarified this message, by replacing the term "employability" of individuals simply with "employment." By doing so, they removed the implied selectiveness in assisting those individuals with disabilities, and identified employability as neither an outcome of nor a prerequisite for rehabilitation services. The Amendment also mandated rehabilitation counselors to serve more people with severe disabilities, who were defined simply as "individuals experiencing significant disability-related limitations in one or more life functions" (Mullins, Roessler, Schriener, Brown & Bellini, 1997, p. 21).

The term "disability" is operationally defined quite commonly with similar or identical all-inclusive terminology in vocational studies, and in terms of mental health a very wide range is encompassed in this manifestation. Challenges commonly experienced by consumers of vocational rehabilitation, as found in previous studies, have included, but are not limited to severe retardation (Umbright, 1997), learning disabilities (Clausen, 1997), cerebral palsy, epilepsy (Butterworth, Gillmore & Schalock, 1998), acquired brain injury (Wall, Rosenthal & Niemczura, 1998), schizophrenic disorders, major affective disorders, personality disorders (Meisler & Williams, 1998), and substance abuse (Sengupta, Drake & McHugo, 1998).

In response to the mandate in the 1992 Amendments, most rehabilitation and mental health agencies continue to be involved in the process of reinventing or "re-engineering" their service delivery programs, hoping for increased employment outcomes and customer satisfaction (Mullins et al., 1997). With some 15,000 programs nationwide serving 500,000 people, vocational rehabilitation has become a 3 to 4 billion dollar industry, funded mostly by federal and state taxpayers. Despite all of this money, however, roughly two-thirds of

people with disabilities remain unemployed. One commonly blamed reason for this is the fact that there are no industry-wide measures for judging how well individual programs are doing (Meyerson, 1996).

Not surprisingly, in recent history the effective use of community-based instruction to integrate people with disabilities into community businesses have been contingent upon appropriate assessment strategies of the individual programs (Pancsofar & Steere, 1997). In order to adequately determine whether an intervention or agency is efficiently promoting vocational recovery, an equal amount of time must be spent in the search for a valid, reliable tool to measure it. But how does one quantify the aforementioned life needs that can be met with a vocational identity?

Frequently, variables used for the purpose of this type of study have included a wide range of differently defined measures of success. Previous studies have often concentrated on the easily defined, quantitative variables such as substance abuse, medication compliance (Alverson et al., 1998), dollars earned, hours worked, length of time employed, and/or nature of the job. However, in an effort to hit home with the more identity-oriented, recovery-based improvements achieved by working, the emphasis of the study has shifted recently to much more qualitative measures, such as job satisfaction, quality of life, social inclusion, informal supports in the workplace (Freedman & Fesko 1996), satisfaction with family, and overall sense of safety (Vanden Boom & Lustig, 1997). This change in focus for assessment concentrates more on the perceptions of the disabled employee as opposed to those of outside entities, an arguably obvious necessity that was previously overlooked in the vast majority of vocational studies (Freedman & Fesko, 1996).

The validity and reliability of an assessment also relies very much on its applicability to the nature of each individual program. An assessment tool's validity is often dependent on whether or not it matches the belief and value system inherent in the service that is practiced (Pancsofar & Steere, 1997). Therefore, in order to adequately measure one's vocational satisfaction, as it is defined by any means of assessment, it is important to first review the different types of vocational rehabilitation practiced today and the philosophies behind them.

Vocational Programs Commonly Utilized in New Hampshire

Traditional vocational rehabilitation dates back approximately 150 years, with resulting service prototypes still commonly used today (Goldstein, 1998). When the Rehabilitation Act Amendments called for revisions to improve the quality and refine the practicality of these prototypes, state agencies in New Hampshire embraced the concept of streamlining to "reinvent" their programs in accordance to the requirements. This highly motivated push toward productive change in vocational rehabilitation contributed strongly toward a new appreciation and improved understanding of consumer participation and choice.

The three primary goals of this change, as defined later by the service agencies of the state, were to promote faster and more efficient services, to produce more employment outcomes with the same resources, and to place more focus on the needs and participation of the consumer. The state as a whole has ultimately been considered quite successful in meeting these goals thus far. New Hampshire rehabilitated 1,150 people in 1993, 1,217 in 1995, and 1,401 in 1996, representing a 27% increase in the number of rehabilitations since 1992 (Langton, 1997).

Many different prototypes of vocational rehabilitation have been developed and implemented in this time. Today they are identified generally by six classifications (Lehman, 1995): (1) hospital-based programs; (2) sheltered work; (3) assertive case management; (4) psychosocial rehabilitation, including pre-vocational training, transitional employment, and volunteer placements; (5) supported employment; and (6) counseling and education. Specifically in reference to those practiced by New Hampshire mental health centers, this list is generally minimized to two popular classifications of vocational rehabilitation venues, which include the sheltered workshop and variations of supported employment (Drake et al., 1998).

Strengths and Criticisms of the Sheltered Workshop

Sheltered workshops are an example of what is considered a pre-employment program (Drake et al., 1998). They are loosely defined as settings in which people with disabilities are congregated together and are trained in a supervised and sheltered employment environment by trained individuals. More often than not this is offered in a segregated setting (Zana et al., 1988), and is considered a valuable resource for those severely disabled who may have limited opportunities for inclusion and a career in competitive work (Bollingmo, 1997).

While involvement may be long-term and a "level" system may be included to measure progress, graduation to competitive employment is the ultimate goal (Zana, Rogan & Shoultz, 1988). One of the strengths that is identified with a sheltered workshop is the amount of ongoing, intensive attention to each participant's progress in a vocational environment. The rehabilitation achieves a focused, relatively less impersonal treatment than can be achieved by other models, and the quality of care can therefore be defined by the individual.

Services and environmental factors can be tailored individually to provide a workplace most conducive to a consumer's recovery (Umbrecht, 1997). Sheltered environments are also known to be cost-efficient (Cimera, 1998) and often involve a great deal of peer support, which provides social inclusion that would not necessarily be found elsewhere (Torrey, Mead & Ross, 1998).

Criticisms of the sheltered workshop as a source of vocational rehabilitation come from beliefs that it promotes limited self-determination, unless an effort is made to empower the individual to progress (Li Eria, 1998). Statistics in graduation rates to competitive employment for most sheltered workshops are generally found to be minimal from year to year, one reason being that the best workers would be the hardest to let go (Zana et al., 1988). Many workshops may involve simulated tasks with little to no work value, which rarely are comparable to those found in community employment (Zana et al., 1988), and wage and economic incomes tend to be minimal compared to nonsegregated employment (Mank, O'Neill & Jensen, 1998). Finally the readiness to graduate to community work is oftentimes subjectively determined, and it relies on criteria that are not necessarily valid in each case (Zana et al., 1988). For similar reasons, community mental health centers have traditionally opted to work toward meeting the needs of consumers by converting sheltered services to models more faithful to the concept of supported employment (Torrey et al., 1998).

Strengths and Criticisms of Supported Employment

Supported employment is operationally defined in accordance with the definition in the Rehabilitation Act Amendments, which defines it as any model that includes a client working for pay, working in an integrated setting, and receiving ongoing support. Despite the intent behind the federal guidelines

to provide these services specifically for the most severe disabilities, some supported employment programs have implicit or explicit admission criteria, based on work readiness or case manager referrals (Bond, Becker, Drake & Vogler, 1997). Therefore, many community mental health centers are attempting to implement such programs in the hope of incorporating them into a recovery-oriented treatment plan (Becker, Torrey, Toscano, Wyzik & Fox, 1998). The principles behind supported employment, when provided by a mental health agency, are

- a) that the agency should seek the highest degree of social integration possible for each person;
- b) that people should be paid according to the quality and quantity of their overall work, with earnings based on the prevailing wage for the job;
- c) that the individual's value as a worker and a human being should not be tied in any way to his or her productivity; and
- d) that the supports should be individualized to each employee's road to recovery, for as long as the individual needs them (Zana et al., 1988).

One common criticism of the supported employment approach is that it relies to a large degree on the placement skills of the vocational specialist, which are subjective and may or may not produce an accurate match (Test & Wood, 1997).

Other criticism refers to the fact that the more severely disabled are underrepresented in this practice (Mank, Cioffi & Yovanoff, 1998), very often due to the lost benefits of attention (Zana et al., 1988), and due to the fact that supported employment as a whole is generally found to result in less-than-competitive job tenure (Xie, Dain, Becker & Drake, 1997). Some believe that this model may let on the job problems that arise go unnoticed,

(Becker, Drake, et al., 1998), which ultimately contributes to lost opportunities for career advancement (Petty & Fussell, 1997). Finally, with a widely perceived prognosis of capitated payment in the world of managed care, supported employment in comparison to other models may not be as readily available or cost-effective a service (Clark, 1998).

The Sheltered Workshop Versus Supported Employment: The Continued Search for Quality Vocational Rehabilitation

The proponents of sheltered workshops and supported employment tend to characterize their positions by polar extremes, attributing the divisiveness between the two camps to differences in values, beliefs, and organizational philosophy. Advocates of supported employment would normally share a set of beliefs and values that drive decisions to close sheltered workshops. However, decisions of this type are countered by opposite beliefs of many professionals, consumers, relatives of consumers, community members, and policy-makers who consider sheltered workshops to be valuable and effective service options (Block, 1997).

Past studies vary widely in their accounts as to which service promotes recovery more effectively than the other. Some findings reveal that the predominant shift from sheltered workshops to supported employment lead to much higher rates of successful competitive employment (Bailey, Ricketts, Becker, Xie & Drake, 1998). Others argue that shifts from sheltered workshops to supported employment have created problems for the most disabled (Shepherd, 1998) and deny the underappreciated benefits of a segregated environment (Torrey et al., 1998). Still more findings advocate for neither side, concluding that both types of employment assistance have primarily positive effects, with few differences between them (Bedell, Draving, Parrish, Gervey & Guastadisegni, 1998).

Current Examples of Evolution in These Modalities and Implications for a New Focus of Research

With each development that has been identified, it seems that more questions arise, providing more and more opportunity for further research and greater understanding. What results would follow a collaboration between the philosophies of the two models? Many of the streamlined “evolutions” of vocational programs in New Hampshire could actually be interpreted to be combinations of previously contradictory philosophies. Although individual placements seem to be the predominant type of supported employment approach for people with severe mental illness today, many mental health agencies provide supported employment services not exclusively, but in conjunction with an array of other options, such as employment in a sheltered workshop or in a program that represents a cross between the two models (Bond et al., 1997).

One such combination, which is examined in this study, is a nontraditional sheltered workshop agency that is unique because it provides the benefits of sheltered work, combined with policies that would traditionally be found in supported employment intervention. The workshop meets the aforementioned criteria of the Rehabilitation Act and its Amendments for supported employment, yet remains faithful to the intensive on-site guidance of the sheltered modality. It is an integrated environment, offering services to individuals with and without mental illness, that offers an opportunity contrary to the segregation that has normally been practiced in this type of setting. The workshop is operated by an organization that serves as an umbrella to several smaller businesses, some of which are consumer-managed, and there is absolutely no practice of simulated work in the agency. Both piecework and hourly wage are offered by the work-

shop, and the jobs are distributed according to individuals’ specific needs, preferences, abilities, and availability of specific duties.

Supports on hand in the workshop include workers trained in Mental Illness Management Services (MIMS), individuals who are knowledgeable in the maintenance of social security and welfare benefits as they apply to part-time employment, and the support of peers that can be found in every area of the facility. Empowerment is a key part of the program, as employees are given responsibilities conducive to the extent of their ability and the characteristics of their mental illness (if applicable). They are promoted in accordance with their job positions as their skill levels increase, but the ultimate goal continues to be graduation to independent work in the community. Because a collaborative approach between the psychiatric rehabilitation counselor and the employment specialist is considered to be a critical element in the efficient use of vocational service (Morton, Gibbs & Ragland, 1997), the workshop welcomes active on-site participation by case management and MIMS providers employed by a referring mental health agency. As the prototypes of vocational treatment have developed in the past, this workshop has addressed and improved upon the criticisms of traditional sheltered work, and serves as a basis for evaluation in this study.

As a contrast to this sheltered experience, this study also assesses the satisfaction level of those working in an environment of a streamlined supported employment model, as provided and practiced by a community mental health center. The services provided by vocational counselors in this agency have been incorporated into a recovery-oriented treatment plan as facilitated by the oversight of an interdisciplinary clinical team, and they are aimed at maxi-

mizing personal satisfaction and progressive vocational success in the eyes of the consumer. The services provided are typical of supported employment, with high priority given to finding areas of community employment that are rewarding and applicable to each individual’s professional interests. However, in keeping with the recovery-oriented philosophy of the agency, the intensity and frequency of the vocational counselor’s involvement is dependent upon specific needs, outlined on each individual’s treatment plan, and a collaboration between vocational counselors and psychiatric rehabilitation staff is often utilized to better facilitate treatment objectives. These are characteristics that illustrate the relatively evolved and intensive nature of this community-based modality, and would normally lean more to the traditional philosophy of sheltered intervention.

These two organizations are modern examples of how current sheltered and supported employment modalities have been integrated into their more evolved (and, in theory, more efficient) forms. Therefore, the hypothesis for this study is that the satisfaction level of the consumer with a vocational experience will be positively affected by the services offered from each of the two programs. By evaluating the effects on vocational success with a qualitative satisfaction assessment tool, we may learn more about the improvements made, and their personalized effect on the recovery process of the person with a mental illness. It is hoped that the observations and critiques provided by the participants will also provide further insight into the differential impact of the two continually evolving and originally very different modalities.

METHOD

Participants

The participants of this study were consumers of a community mental health center, who as the result of a referral process by an interdisciplinary team were identified as individuals who requested and were considered to be clinically appropriate for a sheltered vocational experience. A second sample of comparable size was also identified who received strictly supported employment vocational services in the community, and who served as a contrast group.

There was a total of 13 participants in sheltered work, and 9 participants in the supported employment group. As the number of recipients of active vocational services from the mental health center was estimated to be between 75 and 90, this sample collectively represented 25 to 30% of the consumers of this type of service. The participants generally lived in the catchment area of the community mental health center, including consumers living in and around the central and southern New Hampshire region.

The sheltered workshop group consisted of four women (30.8%) and nine men (69.2%), with a mean age of 44.23. The standard deviation of age was calculated to be 9.44, with a minimum age of 28 and a maximum age of 58. The supported employment group consisted of five women (55.6%) and four men (44.4%), with a mean age of 38.22. The standard deviation for this group was 5.19 with a minimum age of 28, and a maximum age of 44. The years spent in schooling prior to the study of those employed in the sheltered workshop calculated to a mean of 11.54 years, with a standard deviation of 1.76, a minimum answer of 8 years and a maximum of 14 years. The mean number of years in school for the supported employment group was 11.94, with a standard deviation

of 1.63, including a minimum of 9 years and a maximum of 14 years.

Materials

The Minnesota Satisfaction Questionnaire (short form) (Minnesota, 1977) is an assessment tool that defines and measures the key dimensions of satisfaction with a vocational experience (Carlos, 1999), and was chosen to be the primary measurement tool for this study.

Procedure

The dependent variable of this study is the satisfaction level of the consumers in their vocational experience, as measured by the Minnesota Satisfaction Questionnaire (short form) and related interviews for both groups, and as affected by the vocational service utilized. The type of vocational service experienced, therefore, serves as the quasi-independent variable for this study. For the purpose of the project, vocational satisfaction was operationally defined consistently by all instruments as it is defined in the Minnesota Satisfaction Questionnaire (short form). The definition used in this questionnaire identifies vocational satisfaction according to how individuals generally feel about their present job, taking into account all things that they are satisfied with, and all things that cause them to be dissatisfied. The questions themselves on the questionnaire and in the interviews relate this concept to the consumer's expectations in accordance to their perceived values and life improvements that are associated with a vocational identity.

Demographic questions on the Minnesota Satisfaction Questionnaire include gender, age, education level, job title, and job description. The scale then offers a five-point scale ranging from very dissatisfied to very satisfied, in which the consumers answered 20 questions regarding the satisfaction level that they experienced with the job. Sample questions include, "The chance to be

'somebody' in the community," "The chance to do something that makes use of my abilities," and "The feeling of accomplishment I get from the job."

In addition to the Minnesota Satisfaction Questionnaire, the use of ethnography, or participant interviewing, was implemented for further analysis of both programs. This is an important method of inquiry that is intended to complement and offer guidance when depending upon the use of a survey questionnaire, that hopefully provides an opportunity to avoid problems that are often created by the impersonal use of formal instruments (Alverson et al., 1998). Interviews were conducted for both groups in the beginning and end of the study, and included questions around the overall expectations of the consumers, whether these have been met to their satisfaction, as well as suggestions for improvement that they can offer through their first-hand experience in the programs.

Information from these interviews was recorded by summaries and verbatim notes by the recorder of these interactions, as they were accomplished. Also, because any ethnographic approach must attend to the problem of altering one's experience in the process of a study (Alverson et al., 1998), the recorder requested and documented any reactions by the participants to their role and the perceived impact of it on their experience with the project. In addition, participants were invited to contact the ethnographer by telephone throughout the duration of the project, to ask questions or offer updated information regarding their experience. This information was to be documented verbatim by the ethnographer during each telephone call. Confidentiality was respected with every participant through this process.

Releases were signed by the participants in the sheltered workshop to share relevant information required by the agency

regarding diagnoses and eligibility requirements. Consideration was given by both the community mental health center and the sheltered workshop to regard this information with the utmost confidentiality. Each participant was given a consent form to review and sign, acknowledging that he or she was fully informed about the project itself, of the purpose and process behind it, that confidentiality will be protected, and that the participant can discontinue consent and participation at any time. In the instance of one individual under the care of a guardian, the study and related consents were described and permitted by both the legal guardian and the participant. Participation in the study commenced only following the obtainment of a signed informed consent form that included an option to receive the findings of the project in full, following the completion of the study.

Every aspect of the study was given the approval of the community mental health center's institutional review board, and was done in accordance with all requirements requested therein. The supervisory staff of the sheltered workshop was also completely informed of the study, with an understanding that the confidentiality of consumers of the agency would be given equal consideration. A letter of acknowledgment and approval was signed by the workshop's manager, verifying receipt of this information.

Potentially harmful effects of this study were minimal; if the stress of a vocational experience proved too difficult for a participant, the supports available with either modality were very easily accessed and respectful of the consumer's wishes and capabilities. Termination of either program for any reason was reported immediately to the participant's interdisciplinary team, in order to facilitate the informed assistance of clinical and vocational supports in an effective and timely fashion.

Participants in the supported employment program were assisted with job searches, oriented, and supported by vocational specialists of the community mental health center, to the necessary degree for each individual. This support generally included primary assistance in securing job placement, help with application and interviewing skills, supportive counseling and orientation, assistance with problem solving in the workplace, and accessibility to these services as they are traditionally offered in this supported model. While these individual service providers may have differences in personal style or personality, interviews conducted with the providers in question revealed a consistent and objective team approach to service delivery.

The consumers referred to the sheltered workshop were transported by a psychiatric rehabilitation counselor of the community mental health center to and from the sheltered workshop, also located in the central/southern New Hampshire area. This took place for 3 hours per day, 3 days per week, through the duration of the program. Transportation continued to be provided beyond this 3-month time period, until each participant was capable of utilizing independent resources for this purpose.

On-site support was offered by staff of the workshop, as well as the transportation staff for 4 weeks of guidance and orientation to the workshop environment. The participation of the rehabilitation MIMS staff in this process was typical of the sheltered workshop policy that allows and encourages referring entities to take part in this process. This support included counseling for and orientation to specific job duties, assistance with problem solving in the workplace, and introduction to the sheltered workshop staff who would be available on an ongoing basis. After the first 4-week period was completed, the first round of questionnaires was distributed

by the ethnographers, both to the sheltered workshop participants and to those individuals in supported employment, and interviews with each of them were conducted.

Because the primary contacts of the sheltered workshop and supported employment participants were also representatives of the mental health center, the questionnaire and interviews were given by each individual's primary vocational service provider, but only after a consistent and comprehensive description of the process was provided to each ethnographer. This description included an introduction to the Minnesota Satisfaction Questionnaire, an introduction to the informed consent form, a list of five interview questions to be asked as they are written and with answers recorded verbatim, and a full description of the project to be relayed to each participant.

After the 4-week orientation period at the sheltered workshop, the transportation staff of the mental health center concentrated solely on driving these individuals to the sheltered workshop, and in assisting participants with preparation for their trip to the work site. At 3 months from the start of the project, the questionnaire was given again to both groups by the assigned ethnographers, to gain further perspective in longitudinal analysis of both programs, and interviews were again conducted. Following the study, participation in the sheltered workshop remained available to the employees, and supported employment services continued to be provided for the community-based participants.

RESULTS

The hypothesis of this study was that the satisfaction level of the consumer with a vocational experience would be positively affected by the services offered from both a nontraditional sheltered workshop and conceptually evolved supported employment services from a community mental health center. The results of the study support the hypothesis for each of the two programs, and at the same time present significant differences in the nature of their individual impacts.

The scale that was used measured vocational satisfaction with five possible answers to 20 questions, with each answer having been assigned a respective number: "very unsatisfied" (1), "unsatisfied" (2), "can't decide" (3), "satisfied" (4), and "very satisfied" (5). Answers provided collectively at the 1 and 3 months mark resulted in an overall mean ranging in the "satisfied" category for each of the two programs (sheltered workshop = 4.000, with a mean range of 3.000 to 4.580, supported employment = 4.015 with a mean range of 3.000 to 4.600). The questions of this tool were intended to address 20 different aspects of vocational satisfaction, and the means for each individual question never went below 3.000 at any point for either program.

The sheltered workshop group resulted in six terminations of employment out of 13 within the 3 months (46.16%), and the supported employment group resulted in four terminations out of the nine participants (44.44%). Due to this change in sample size over the course of the study, independent-sample *t*-tests were calculated to measure differences in satisfaction level in each of the 20 questions asked, as they changed from "month 1" to "month 3" in each individual program. The sheltered workshop group showed a significant decrease in

satisfaction ($p < .05$) from month 1 to month 3 as measured in 4 of the 20 questions asked (question 3: "the chance to do different things from time to time;" question 6: "the competence of my supervisor in making decisions;" question 19: "the praise I get for doing a good job;" and question 20: "the feeling of accomplishment I get from the job.") There were no significant changes, positive or negative, noted in any of the questions over the 3 months in the supported employment group.

The month 1 data of the sheltered and supported employment groups, when compared against each other, revealed a significantly greater satisfaction level in the sheltered workshop for question 11 ("the chance to do something that makes use of my abilities") and a significantly greater satisfaction level for supported employment in question 15 ("the freedom to use my own judgment"). The greater significance of question 11 for sheltered work continued into the third month, while the significance of question 15 of the supported employment group did not. Month 3 also revealed significantly greater satisfaction for the sheltered workshop group in two additional cases, with question 10 ("the chance to tell people what to do") and question 18 ("the way my co-workers get along with each other"). The answers collected for question 19 (the praise I get for doing a good job) in month 3 revealed an equal mean of 3.00 for both groups, but showed a significantly lower standard deviation and standard error for the sheltered workshop (.000, .000) than was found for those in the supported employment group (1.000, .447).

In controlling for age and years in school with partial correlation coefficients for the sheltered workshop group, several instances of positive correlation existed consistently among pairs of the 20 questions asked. In controlling for age, there were 27 instances

of positive significance between pairs of questions at month 1, and 20 instances of positive significance in month 3. Month 1 also produced a significant negative correlation ($p < .05$, $r < .00$) involving question 13 ("my pay and the amount of work I do") in 3 instances, which did not continue into month 3. There was, however, an existence of negative correlation at month 3 between question 11 ("the chance to do something that makes use of my abilities") and 5 other questions.

In controlling for years in school in the sheltered workshop, there were 33 instances of significant positive correlation in month 1 and 21 instances in month 3. One negative correlation existed in month 1 ($r = -.6875$, $p < .05$), between questions 1 ("being able to keep busy all the time") and 10 ("the chance to tell people what to do"). While question 13 was not significantly correlated, as it was in controlling for age, this question was found to be a negative trend ($.05 < p > .10$, $r < .00$) with two other questions in this calculation. By month 3, there were five instances of significant negative correlation involving question 11 (the same five pairs of questions as in controlling for age), but also four additional instances involving question 12 ("the way company policies are put into practice"). Three out of the four negative correlations of question 12 also existed at month 3 in controlling for age, but they were trends rather than significant differences.

When controlling for age in the supported employment group, there were 33 instances of positive correlation in month 1, and 24 instances in month 3. Month 1 revealed a significant negative correlation ($r = -.8233$, $p < .05$) between Questions 16 ("the chance to try my own methods of doing the job") and 3 ("the chance to do different things from time to time"). In month 3, question 16 was found to be negatively correlated again with four other questions, and re-

sulted in a negative trend in six additional instances.

When controlling for years in school, there were 32 instances of positive correlation in month 1, and 29 instances in month 3. As was found when controlling for age, there was one pair of questions in month 1 that resulted in a significant negative correlation ($r = -.8215, p < .05$) involving questions 16 and 3. In month 3, there were no significantly negative correlations found, but rather five negative trends (again including question 16) that were also found at month 3 when controlling for age.

The ethnographic portion of the study revealed a wide variety of highly individualized answers to the interview questions, whether they involved satisfaction with a current work experience or a reason for leaving. While there were six terminations in the sheltered workshop group, and four in the supported employment group, every one of the reasons for leaving were by their choice, and not by the decision of employers. Ethnographer participation was not perceived by participants as a determining factor in their responses in any of the interviews conducted, and the option to update the ethnographer by telephone with additional feedback or questions was not utilized.

DISCUSSION

While both the nontraditional sheltered workshop and the evolved supported employment models were successful in promoting vocational satisfaction in people with mental illness, the nature of their impact on the participants in this study differed in subtle but very significant ways. Rod Kennedy, a theorist on vocational development, identifies five primary sources of frustration in the workplace. These sources include the lack of financial and psychological rewards, insufficient person contact (too

much or too little), poor working conditions, and unsatisfying job potential (Kennedy, 1996). In both groups, every one of the things participants “liked the least” about their jobs fell into one of these five categories.

But if the results of the ethnographic portion of the study are viewed in the context of vocational development as offered and facilitated by most mental health agencies today, a very clear pattern of developmentally progressive needs and subsequent perspectives are illustrated. In theory, both the sheltered workshop and supported employment share the same goal: to offer a “stepping stone” to independent community employment. But in reality, particularly when receiving the services of a mental health center, rarely does an individual graduate from a sheltered experience to full-time work independent of any professional assistance. Studies have repeatedly shown that only 3 to 5% of all people in sheltered settings actually move into the graduate level of community employment in any given year (Lutfiyya, Rogan & Shoultz, 1988). However, 3 out of the 13 individuals (23%) did leave sheltered work in this study, with sincere confidence to try employment on the outside. In fact, the only other reasons given for leaving were temporary, and involved hospitalization for those who experienced the most severe symptoms during this time period.

Why is there such a difference in the success rate of graduation? In addition to the more recovery oriented nature of this particular workshop, the most likely answer could be that these individuals knew they would not directly graduate to unsupported community employment, as would be the case in a traditional sheltered modality, but rather that they would graduate to the supported employment model, at a time that their interests, self-confidence, and abilities were more conducive to that service.

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Research has concurred with a common criticism of sheltered workshops, that many employees in fact require some degree of ongoing support to succeed, and are therefore less likely to achieve instant and total independence from the service industry. Most people who are fully able to learn specific job tasks from a sheltered environment, often need a “next step” variety of job-related supports in areas such as getting to and from work, communicating and getting along with others while on the job, using money handling and time telling skills, and other skills typically addressed in a supported employment model (Lutfiyya et al., 1988). For this reason, when an employee feels ready to experience the more challenging and less intensive philosophy of supported employment, potential for movement to the last and final stage of independent

vocational status is maximized, and consequently, outcomes are found to be increased.

In this study, this natural progression is illustrated on several levels by the ethnographic responses. Those employed in the sheltered workshop, from month 1 to month 3, noted a decrease in satisfaction level around the variety of work options, the praise and subsequent feelings of accomplishment, and the interaction with supervisors. These aspects, the very characteristics that were favorites (and more necessary) at the time of their arrival, later became sources of frustration as their abilities and comfort levels increased. It is true that the frequent levels of praise and intensive support are characteristics that are specific to sheltered work in most instances. This was reflected further by the complete nonexistence of standard deviation in the sheltered workshop and the significantly greater standard deviation in the supported employment group for the "amount of praise" question. Efforts to praise that were practiced by supervisors consistently throughout the sheltered experience were being compared to those practiced by the much wider variety of supervision styles in supported employment sites.

When compared with supported employment, the sheltered workshop employees experienced greater satisfaction in the chance to do something that made use of their abilities, and the way people got along with each other in the sheltered setting. However, they experienced significantly less satisfaction in the "freedom to use my own judgment," question, which could be easily interpreted to indicate a growing need for personal autonomy. As the comfort level with employment increased in the sheltered workshop participants, the concept of increased autonomy would reasonably become more and more of a realistic possibility.

As positive correlation can typically attest to the validity and connectedness of the dimensions of work measured by the Minnesota Satisfaction Questionnaire, the relatively rare instances of negative correlation can indicate those characteristics that are not increasing or decreasing consistently with the others in the vocational experience. The negative correlations in the sheltered group reflects a growing dissatisfaction for the pay in relation to the amount of work, as well as the "chance to do something that makes use of one's abilities" that rose in significance from the first month to the third.

The "favorite aspects" (the highly supervised and supported environment, being with patient employers and in the company of others) and the "least favorite aspects" (difficulty between hourly vs. piecework, having to be with people) noted by the sheltered employees began with an attention toward those intensive qualities specific to sheltered work. However, the focus for each employee changed substantially to include a much wider range of more specific and personalized characteristics by the third month. This marked a clear transition to more concentrated and individualized perceptions by the time of the second interview, perceptions which became remarkably similar to those answers taken from beginning employees in the supported employment group. It is by this observation that a progression pattern of values is found to be established and demonstrated between the two services. It is a pattern that is oriented in the conventional and modern philosophy of recovery, delineated by the changing perceptions experienced by the consumer as he or she develops the self-confidence and skill level necessary to graduate from one modality to the next.

Expectations of employment changed in a similar fashion, from goals primarily involving a desire to "give it a try" or to

"rejoin the world of paid work" to much more maintenance-oriented endeavors. For example, comments recorded in month 1 of sheltered work included, "I like the fact that it's sheltered. Nobody yells. I don't dread going to work..." "It's giving me an opportunity to work again and getting me back in the community," and "I'm experiencing how beautiful it is to work." These comments gradually transitioned by month 3 to relatively self-confident observations: "I want to help this community," and "I'm happy that I'm working, I anticipate going."

As the supported employment group worked toward graduation to independent employment, the most common expectations involved financial gains and aspects more typically noted in the later stages of their treatment goals. As one individual stated, "I'm in the community and feel closer to recovery. I'd like to be working with the knowledge I got at school." Comments taken at the second interview noted, "I have a sense of ego, it helps because I have a job and a worthwhile purpose. I have independence, money, and a feeling of accomplishment." Significant negative correlation of the questions in the supported employment group always included question 16, without exception. This question addressed "the chance to try my own methods of doing the job," which, as seen in a different form in the sheltered workshop group, again speaks to a growing desire of autonomy in the workplace. With this group, reasons to leave primarily involved dissatisfaction with specific duties, or problems related to stress, which could indicate an inappropriate job match, or a need for more intensive intervention.

Limitations of Research

One limitation of this study was the fact that it involved only those individuals receiving services from a relatively developed New Hampshire agency in an

urban area. Results from studies that have been replicated in rural and urban vocational rehabilitation have differed consistently. Rural areas generally identify fewer strengths and more problems due to many factors, which include but are not limited to poor economic conditions, little or no public transportation, different consumer needs, geographic barriers such as distance and isolation, the general lack of services, the general urban nature of most vocational programs, and lower education levels (Arnold & Seekins, 1998). For this reason, it is important to note that these findings cannot be generalized to less urban environments.

While age and years in school were recorded, they were not by any means a primary focus for the study. Donald E. Super, a career theorist, maintains that there is a "rainbow" of vocational growth that can be tracked and differentiated by an employee's age. Taking this theory into consideration, both groups in this study included individuals in the stage of "exploration" (ages 15–25), "establishment" (ages 25–45), and "maintenance" (ages 45–65), that resulted in drastically different descriptions and would indicate a difference in motivation with each age group (Super, 1980). Similarly, years in school could have a dramatic impact on one's expectations along the career path. This impact was reflected in the fact that there was a negative correlation concerning "The way company policies are put into practice," when controlling for years in school, but not when controlling for age.

Because there is such a wide and comprehensive amount of research that encourages vocational rehabilitation around dozens of disabilities, the diagnoses of the participants were also not a point of focus. In vocational rehabilitation research, psychiatric diagnoses are very often not specified, either because they are not available to the researchers or are viewed as irrelevant (Lehman,

1995). In this case, they were intentionally viewed as irrelevant, in the sense that the focus was satisfaction of those vocational qualities of life consistently found to be valued by every human being. This is not to say, however, that individual diagnoses do not remain a fruitful topic for additional research, by which specific mental health vocational services might be better tailored to suit individual challenges.

CONCLUSION

Research in general on vocational programs in the area of community mental health has been relatively sparse. Almost no research has examined the relative strengths of individual characteristics and program interventions in predicting vocational outcomes (Blankertz & Robinson, 1996). Surprisingly, even less attention has been given to the fruits of such a grand effort exercised by the state of New Hampshire to streamline vocational rehabilitation since the passing of the Americans with Disabilities Act and the Rehabilitation Amendments of 1992. When considering the combination of the most effective theories that have taken place, along with limitations that have been addressed and modified, and the evolution of community-based and sheltered services to a consumer-focused, recovery-oriented mission, it becomes apparent that we have been provided with an entirely new and different range of possibilities for research and continued development. This study intended to evaluate, to a limited degree, the progress that has been made thus far, in a state that has gained a reputation for keeping "ahead of the game" in providing the most advanced quality service to those individuals with disabilities and an interest in vocational success.

Over the past several years, New Hampshire's mental health agencies and professional advocates have realized the

importance of social integration, community job training and placement, and supports that are becoming increasingly individualized. It is becoming easier for the disabled employee to receive the services that he or she needs to be successful on the job, and supports are gradually merging and becoming available for as long as the person needs them. Outside of New Hampshire, other states are changing their practices and structures, and agencies are now providing supported employment services that truly foster the inclusion of individuals with severe disabilities in all aspects of typical community life (Lutfiyya et al., 1988).

But any vocational modality is only as effective as it's applicability to the specific and developmental needs of the individual consumer. When the philosophies of sheltered work and supported employment are offered in conjunction, in a progressive and mutually appreciative step-by-step process tailored to the needs of the individual, the chances to meet these needs are improved dramatically. The outcome becomes a very real improvement in quality of life and a well-facilitated path to meaningful career development.

REFERENCES

- Alverson, M., Becker, D. R., & Drake, R. E. (1998). *New Hampshire supported employment study: III. An ethnographic study of coping strategies*. New Hampshire-Dartmouth Psychiatric Research Center, Concord, New Hampshire. Unpublished manuscript. 1–23.
- Arnold, N. L., & Seekins, T. (1998). Rural and urban vocational rehabilitation: counselors perceived strengths and problems. *The Journal of Rehabilitation*, 64(1), 5–14.
- Bailey, E. L., Ricketts, S. K., Becker, D. R., Xie H., & Drake, R. E. (1998). Do long-term day treatment clients benefit from supported employment? *Psychiatric Rehabilitation Journal*, 22(1), 24–29.

- Becker, D. R., Drake, R. E., Bond, G. R., Xie, H., Dain, B. J., & Harrison, K. (1998). Job terminations among persons with severe mental illness participating in supported employment. *Community Mental Health Journal*, 34(1), 71–82.
- Becker, D. R., Torrey, W. C., Toscano, R., Wyzik, P. F., & Fox, T. S. (1998). Building recovery-oriented services: Lessons from implementing Individual Placement and Support in community mental health centers. *Psychiatric Rehabilitation Journal*, 22(1), 51–54.
- Bedell, J. R., Draving, D., Parrish, A., Gervey, R., & Guastadisegni, P. (1998). A description and comparison of experiences of people with mental disorders in supported employment and paid prevocational training. *Psychiatric Rehabilitation Journal*, 21(3), 279–283.
- Blankertz, L., & Robinson, S. (1996). Adding a vocational focus to mental health rehabilitation. *Psychiatric Services*, 47, 1216–1222.
- Block, S. R. (1997). Closing the sheltered workshop: Toward competitive employment opportunities for persons with developmental disabilities. *Journal of Vocational Rehabilitation*, 9(3), 267–275.
- Bollingmo, G. (1997). Survey of employment services and vocational outcomes for individuals with mental retardation in Norway. *Journal of Vocational Rehabilitation*, 8(3), 269–283.
- Bond, G. R., Becker, D. R., Drake, R. E., & Vogler, K. M. (1997). A fidelity scale for the individual placement and support model of supported employment. *Rehabilitation Counseling Bulletin*, 40(4), 265–284.
- Butterworth, J., Gillmore, D., & Schalock, R. (1998). Rates of vocational rehabilitation system closure into competitive employment. *Mental Retardation*, 36(4), 336–337.
- Carlos, N. (1999). *Employee motivation and job satisfaction goes hand in hand*. [On-line]. Available: <http://members.tripod.com/ncarlos.index.html>.
- Cimera, R. E. (1998). Are individuals with severe mental retardation and multiple disabilities cost-efficient to serve via supported employment programs? *Mental Retardation*, 36(4), 280–292.
- Clark, R. E. (1998). Supported employment and managed care: Can they coexist? *Psychiatric Rehabilitation Journal*, 22(1), 62–68.
- Clausen, J. (1997). Vocational barriers encountered by college students with learning disabilities. *The Journal of Rehabilitation*, 63(1), 34–38.
- Drake, R. E., Fox, T. S., Leather, P. K., Becker, D. R., Musumeci, J. S., Ingram, W. F., & McHugo, G. J. (1998). Regional variation in competitive employment for persons with severe mental illness. *Administration & Policy in Mental Health*, 25(5), 493–504.
- Freedman, R. I., & Fesko, S. L. (1996). The meaning of work in the lives of people with significant disabilities: consumer and family perspectives. *The Journal of Rehabilitation*, 62(3), 46–56.
- Garff, J. T., & Storey, K. (1998). The use of self-management strategies for increasing the appropriate hygiene of persons with disabilities in supported employment settings. *Education & Training in Mental Retardation & Developmental Disabilities*, 33(2), 179–188.
- Goldstein, A. (1998). JVS: a career development model for community rehabilitation programs. *American Rehabilitation*, 24(1), 25–31.
- Kennedy, R. (1996). *The self-directed career counseling approach—Holland's exploratory view*. Kenner Publishing.
- Langton, M. S. (1997). Streamlining in Vermont and New Hampshire. (Improving vocational rehabilitation services for the disabled)(streamlining service delivery). *American Rehabilitation*, 23(2), 12–18.
- Lehman, A. F. (1995). Vocational rehabilitation in schizophrenia. *Schizophrenia Bulletin*, 21(4), 645–656.
- Li Eria, P. (1998). Vocational aspirations of sheltered workshop workers with intellectual disability in Hong Kong. *Journal of Intellectual Disability Research*, 42(3), 208–217.
- Lutfiyya, Z. M., Rogan, P., & Shoultz, B. (1988). *Supported employment: A conceptual overview*. Center on Human Policy Research and Training Center on Community Integration. Unpublished manuscript, 1–8.
- MacDonald-Wilson, K. (1999). Navigating social security work incentives: A primer for mental health administrators. In L. L. Mancuso, & J. D. Kotler (Eds.), *A Technical Assistance Toolkit on Employment of People with Psychiatric Disabilities* (131–166). Alexandria, Virginia: National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Director.
- Mank, D., Cioffi, A., & Yovanoff, P. (1998). Employment outcomes for people with severe disabilities: Opportunities for improvement. *Mental Retardation*, 36(3), 205–216.
- Mank, D., O'Neill, C. T., & Jensen, R. (1998). Quality in supported employment: A new demonstration of the capabilities of people with severe disabilities. *Journal of Vocational Rehabilitation*, 11(1), 83–95.
- Meisler, N., & Williams, O. (1998). Replicating effective supported employment models for adults with psychiatric disabilities. *Psychiatric Services*, 49(11), 1419–1421.
- Meyerson, A. (1996). A morningstar for human services. *Policy Review*, 79, 5.
- Minnesota Satisfaction Questionnaire (short form)* (1977) [measurement tool]. Vocational Psychology Research. University of Minnesota: Twin Cities, Minnesota.
- Morton, M. V., Gibbs, R. L., & Ragland, M. (1997). The rehabilitation counselor-employment specialist relationship: A collaborative approach. *Journal of Vocational Rehabilitation*, 9(2), 153–157.
- Mullins, J., Roessler, R., Schriener, K., Brown, P., & Bellini, J. (1997). Improving employment outcomes through quality rehabilitation counseling (QRC). *The Journal of Rehabilitation*, 63, 21–32.
- Pancsofar, E. L., & Steere, D. E. (1997). The C.A.P.A.B.L.E. process: Critical dimensions of community-based assessment. *Journal of Vocational Rehabilitation*, 8(1), 99–108.
- Petty, D. M., & Fussell, E. M. (1997). Employer attitudes and satisfaction with supported employment. *Focus on Autism & Other Developmental Disabilities*, 12(1), 15–22.

- Ridgway, P., and Rapp, C. (1998). *Active ingredients in achieving competitive employment for people with psychiatric disabilities: A research synthesis. Employment of People with Psychiatric Disabilities*. Unpublished manuscript.
- Sengupta, A., Drake, R. E., & McHugo, G. J. (1998). The relationship between substance use disorder and vocational functioning among people with severe mental illness. *Psychiatric Rehabilitation Journal*, 22(1), 41–45.
- Shepherd, G. (1998). Developments in psychosocial rehabilitation for early psychosis. *International Clinical Psychopharmacology*, 13(1), S53–S57.
- Super, D. E. (1980). A life-span life-space approach to career development. *Journal of Vocational Behavior*, 16, 282–296.
- Test, D. W., & Wood, W. M. (1997). Rocket science 101: What supported employment specialists need to know about systematic instruction. *Journal of Vocational Rehabilitation*, 9(2), 109–120.
- Torrey, W. C., Mead, S., & Ross, G. (1998). Addressing the social needs of mental health consumers when day treatment programs convert to supported employment: Can consumer-run services play a role? *Psychiatric Rehabilitation Journal*, 22(1), 73–75.
- Umbrecht, J. (1997). Elimination of problem behavior at work through an assessment-based antecedent intervention. *Education & Training in Mental Retardation & Developmental Disabilities*, 32(2), 129–137.
- Vanden Boom, D. C., & Lustig, D. C. (1997). The relationship between employment status and quality of life for individuals with severe and persistent mental illness. *Journal of Applied Rehabilitation Counseling*, 28(4), 4–8.
- Wall, J. R., Rosenthal, M., & Niemczura, J. G. (1998). Community-based training after acquiring brain injury: Preliminary findings. *Brain Injury*, 12(3), 215–224.
- Xie, H., Dain, B. J., Becker, D. R., & Drake, R. E. (1997). Job tenure among persons with severe mental illness. *Rehabilitation Counseling Bulletin*, 40(4), 230–239.
- Zana, M. L., Rogan, P., & Shoultz, B. (1988). Supported Employment: A Conceptual Overview [On-line]. Available: <http://web.syr.edu/~thechp/workovw.htm>.