SUPPORTED EMPLOYMENT: MANUAL FOR INTERPERSONAL SUCCESS

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SUPPORTED EMPLOYMENT: MANUAL FOR INTERPERSONAL SUCCESS

A Project

by

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Division of Social Work
Abstract

of

SUPPORTED EMPLOYMENT: MANUAL FOR INTERPERSONAL SUCCESS

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Joshua L. Collver - Horvath

Acquiring and maintaining employment can be a multilayered challenge for individuals with serious mental illness. This qualitative study utilized scholarly literature to identify consumer needs in supported employment programs. This project focuses specifically on identifying consumer needs for interpersonal and social skill development in the workplace. Included in this project are results from a brief survey and questionnaire that identify the needs, concerns, and ideas of six consumer employees at Cool Beans Coffee Cart and Catering. Consumers and providers both report that working increases their quality of life and is associated with a reduction in symptoms related to their illness. Importantly, many consumer employees are challenged with maintaining and securing tenure in the working world. One identified reason for job termination is interpersonal functioning. For this reason, this thesis project identifies specific interpersonal skills known to be helpful in the work place and outlines those skills and techniques in a manual that includes a measurement tool for building the skills.

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Chapter 1
THE PROBLEM

Introduction

Supported employment emerged during the 1970s in the field of Special Education. The offspring of these undertakings evolved into derivative programs of the Developmental Disabilities Assistance and Bill of Rights Act of 1984 in support of individuals with serious mental illness, the developmentally challenged and the physically disabled (Barbour, 1999). Today, supported employment has become a popular term to encompass many different types of approaches and models used to integrate the disabled into competitive or transitional employment. At the heart of supported employment is: the opportunity to earn equitable wages and other employment-related benefits, development of new skills, increased community participation, enhanced self-esteem, entry into competitive employment, increased consumer empowerment, and quality of life (Burns & Catty, 2008; “Work World”, n.d.).

Supported Employment efforts have continued to develop and evolve with many agencies and organizations devoted to quickly integrating consumers into competitive employment. In California, Sacramento County, Turning Point Community Programs (TPCP) is a non-profit agency that focuses on providing comprehensive mental health services, housing, and employment opportunities (Turning Point Community Programs, n.d.).

Since 1976 TPCP has been serving consumer needs and currently operates by Wellness and Recovery model guiding principles. TPCP offers several different venues to
work at in their supported employment milieu, with one option being Cool Beans Coffee Cart and Catering. Cool Beans offers part time to full time employment for consumers and on-the-job training applicable to competitive employment settings.

Consumers working at Cool Beans have diagnoses that qualify as SMI. The two diagnoses that occur with most frequency in studies on SMI are bipolar disorder and schizophrenia with the less frequent diagnoses being schizoaffective disorder and major depression (Narrow et al., 2000; Schinnar, Rothbard, Kanter, & Jung; 1990; Strack & Schulenberg, 2009). Currently there are 6 consumer employees at Cool Beans all of whom are diagnosed with one of these types of SMI.

Serious mental illness significantly impairs neurocognitive functioning, which is known to impair creativity, work performance, quality of life and, importantly, psychosocial functioning (Bauwens, Pardoen, Staner, Dramaix, & Mendlewicz 1998; Liberman, Eckman, & Marder, 2001; Wingo, Harvey, & Baldessarini, 2009). The struggle to socially navigate, interact and work effectively with others has been identified as a major impairment in long-term employment for consumers (Becker et al., 1998).

A portion of this thesis project involved a review of the current training documents designed for Cool Beans Supported Employment program. The documents were found to be comprehensive and of good readable quality although lacking a section, module, or specific training devoted to thorough interpersonal skill building. Moreover, the studies reviewed also indicate a need for interpersonal skill training for those diagnosed with psychiatric disorders (Cheung, Tsang, & Tsui, 2006; Marwaha & Johnson, 2005).
The focal point of this thesis project is the creation of a manual that outlines specific and measurable interpersonal skills that easily translate to the food service industry. These skills are accompanied by an Employee Development Plan that charts what skill is being developed, examples of how to increase performance, and inclusion of an identified support person to assist in the process. The EDP form is mean to be used in conjunction with on the job training to cultivate increased social skill and the ability to successfully navigate challenges at work.

**Background of the Problem**

Work functions as a crucial part of life and can provide a platform for the development of social relationships, a sense of efficacy and generate an income that helps support survival and basic needs. For many people, getting a job is a “normal” part of life. For others, gaining employment can be a serious undertaking and challenge. More than 40 million people in the United States have serious psychiatric impairments; of this group, 4-5 million adults are considered to have serious mental illness (SMI: National Institute on Disability and Rehabilitation Services, 1993).

For people with SMI, accessing a job, developing a career, and maintaining employment can be a serious and potentially life changing undertaking. The transition from unemployment to employment is not as easy as filling out an application and interviewing for a job. Individuals making this transition face multi-systemic challenges that form a precarious benefit to risk ratio that often comes up short for the individual (Tschopp et al, 2007; Marwaha & Johnson, 2005; Philadelphia, W., 2010). For instance, people with SMI often lose the comprehensive benefits that accompany Social Security
Disability when becoming employed. SSD provides income, access to medical care, and psychiatric services. Unfortunately, many individuals who become employed are not able to secure jobs or positions that provide the same level of comprehensive benefits. Furthermore, many do not stay employed for more than a year. This often creates a dangerous lapse in benefits while trying to re-access SSD benefits (Kirsh, 2000).

Regardless of these challenges, the majority of those experiencing SMI want to work, even with unemployment rates higher than 85% (Garske & Stewart, 1999). Providers indicate a correlation between employment and pride, a sense of social connection, and improved quality of life (Tschopp, 2007; Evans & Repper, 2000). Generally, the literature reviewed indicates that employment is beneficial for mental health consumers (Kirsh, 2000). Although beneficial, the United States Census Bureau, 2002, indicates that approximately one in five U.S. residents will report some level of disability in their lifetime. Of this population, 7.9 million will be disabled due to cognitive, mental or emotional impairment. Those experiencing SMI classified by schizophrenia, bipolar disorder, major depressive disorder or other anxiety disorders make up the largest group of persons with disabilities and are the most unemployed of the disabled (Garske, Williams, & Schiro-Geist, 1999).

It has been determined that consumers who are able to access employment and join the workforce will face additional employment challenges. Many consumers experience unexpected terminations, leave their jobs without other employment opportunities, or are fired (Becker, Drake, Bond, Xie, et al., 1998). There is a correlation
between consumer’s job terminations and unsuccessful interpersonal functioning (Becker et al., 1998).

A serious mental illness impairs cognitive performance as well as the ability to operate well in the area of social functioning (Blairy et al. 2002). Many models for supported employment offer interpersonal skill training to improve social functioning. In Kurtz and Mueser’s meta-analysis on social skills training for schizophrenia, it was determined that social skills training are beneficial for consumers diagnosed with schizophrenia. Importantly, in this meta-analysis of 22 different studies including 1,521 consumers, commonalities in trainings for social skills include: goal setting, role modeling, behavioral rehearsal, positive reinforcement, corrective feedback, and homework. The most efficacious trainings had a trainer who followed a manual based training module.

Statement of the Research Problem

Currently Cool Beans coffee cart has a comprehensive training program for consumer staff. However, the training program could benefit from a specific module based training component that focuses on building interpersonal skill through behavioral changes. The research problem is that there is a lack of an explicit and measurable training device that builds specific and concrete interpersonal skill. Research has shown that consumers benefit when they are able to learn how to use interpersonal skills in their current employment setting (Cheung, Tsang, Tsui, 2006). It is unknown how efficacious this manual will be in this setting; however, trainings that are short in duration but intense in content have been shown to have higher retention rates with consumers (Kurtz &
Mueser, 2008). The manual is a user friendly in the moment tool designed for brief use with an emphasis on in the moment skill improvement.

**Purpose of the Study**

The purpose of this study is to gather and study apposite research to determine if there is a general need for interpersonal skills training in most supported employment efforts. Content studied will be analyzed for relevance, success, generality, and be incorporated into the culminating thesis project.

The final thesis project will be the “Manual for Interpersonal Success.” The manual is a simple skill building and refining tool. The purpose of which is to help improve the training experience at Cool Beans Coffee Cart and Catering.

**Theoretical Framework: Cognitive Behavioral Theory**

From an ecological perspective, cognitive behavioral theory is based on the experiences of the person in environment; including, all individuals, groups and social structures within that person’s life sphere. An individual’s cognitions can be understood as the process of their thinking. This process includes a person’s thoughts, memories, and reflections of their experiences (Greene, 2006). Cognitive behavioral theory premises that human behavior is influenced by a series of interactions between people, systems and the environment. Berlin states that the interfacing of these life experiences and interactions can be understood as *information exchange* (Berlin, 1980).

Understanding the nature of these *exchanges*, and the individual’s ability to positively influence outcomes through better comprehension and behavioral modification are critical for success with supported employment efforts. Symptoms associated with
SMI impair healthy cognitive processing and have been found to support dysfunctional beliefs, negative symptoms in consumers with schizophrenia, and also executive functioning processes in consumers with bipolar disorder and or schizophrenia (Perivoliotis & Cather, 2009; Wing, Harvey, & Baldessarini, 2009).

Impairment to executive processing contributes to a decline in problem solving ability and the way consumers interpret problems and solutions (Wing, Harvey, & Baldessarini, 2009). This can directly impact workplace efforts, behavior, and training/learning. Cognitive theorists examine how a consumer’s cognitive process impacts personal feelings and consequently the interpreted realities of their work environment (Greene, 2006; Perivoliotis & Cather, 2009). The implications of this concept require the provider to examine beliefs held by the consumer that relate to their ability to function well at work. Repeated setbacks and failures are believed to lead to a negative inferential style, which can exacerbate negative symptoms – particularly avolition, and foil attempts at employment (Perivoliotis & Cather, 2009; Becker et al., 1998). The degree to which reduced or impaired social functioning exacerbates symptoms is unknown.

This thesis project utilized Cognitive Behavioral theory and therapy as a way to develop and approach training for interpersonal skill development with “The Manual for Interpersonal Success”. Cognitive behavioral therapy for individuals with SMI identifies the consumer’s goals for interpersonal functioning and itemizes them into smaller, measurable, and achievable sub-goals or specific behaviors (Perivoliotis & Cather, 2009).
This approach was directly utilized in the construction of the Employee Development Plan, the locus of the manual.

The EDP identifies specific interpersonal goals, how to achieve them, desired behaviors (with examples), a support person or tool, with an anticipated date of completion. This approach is consumer driven and does not focus on symptom management; rather, works towards enhancing skills that will mitigate opportunity for incidents of interpersonal setbacks that are shown to exacerbate negative symptoms. The desired outcome upon completion of the EDP is simply a better comprehension of interpersonal skills in the workplace and to also promote a reduction in defeatist beliefs around workplace performance and negative social interactions, often associated with the negative symptoms and neurocognitive impairment with SMI. Although the manual functions as an intervention at the micro level, the implications for better performance on the job can extend to positive outcomes in the meso, and macro spaces in life.

Research Questions

1. What evidence has there been in scholarly literature/research that indicates a specific need for interpersonal training for individuals diagnosed with SMI?

2. How would consumer employees at Turning point Community Programs identify their interpersonal skills training needs as indicated on a self-report questionnaire and survey?

3. Would a manual outlining interpersonal skills accompanied by a training tool be useful for consumer employees?
Definition of Terms

Club House Model: This model provides ongoing peer support, part time job opportunities or community employment and emphasizes a strong work ethic.

Creaming: Serving those who require the least amount of attention or direct service or who seem most likely to succeed in competitive employment settings.

Competitive Employment: Paid employment in which one interviews, competes, and acquires paid positions with non-consumers.

Consumer: An individual who is diagnosed with a serious mental illness and/or accessing mental health services.

Diversified Placement Approach: This model for supported employment focuses on work readiness and secures vocational positions based on what is available in the job market. Providers play an integral role in securing these positions. A key aspect of the diversified placement approach is that it gradual introduces consumers into the job market.

Expression of skill: Where an individual is able to model a skill while demonstrating confidence and competence.

Internalized Stigmatization: A conscious or unconscious process where an individual accepts and accommodates stigma or prejudice.

Individual placement support: Standardized model for supported employment that focuses on rapid entry into competitive employment. This model emphasizes consumer choice and is client driven. There is a working relationship between the mental health provider and the employment agency. Individual placement support provides ongoing services while employed.
Interpersonal Skills: Skills that facilitate successful interactions between all levels of staffing at employment locations. Interpersonal skills specifically relate to an individual’s ability to collaborate, partner, advocate, and communicate with others in the workplace. Emphasis is placed on understanding, comprehending and responding effectively to the communicated needs of others while being able to assert your own needs in a way where all parties feel satisfied.

Negative Inferential Style: Negatively interpreting positive, neutral or negative events that occur in a negative way because of past experiences.

Quality of Life: Consumer self-reports of feelings of satisfaction and success, used interchangeably with subjective quality of life.

Serious Mental Illness: A mental illness diagnosed in individuals over the age of 18. The severity of the mental illness impairs the individual in their social and occupational functioning. Psychiatric disorders categorized under serious mental illness include Bipolar Disorder, Schizophrenia, and Severe Depressive Disorder.

Social Capital: Social resources that can be used to gain benefit, advantage or profit.

Social Skills: Direct skills related to reacting and responding to individuals. Social skills are often associated with manners and common courtesies.

Stigma: A socially constructed belief that marks an individual as different or damaged.

Subjective Quality of Life and or Quality of Life: Katsching (2006) relates subjective quality of life to satisfaction in specific domains of human functioning: psychological well-being, social and emotional functioning, health status, functional performance, life satisfaction, social support, and standards of living.
Supported Employment: A form of support for individuals with serious mental illness that provides job skills training, job coaches, transportation, assistance with applying and locating jobs and individually tailored supervision. Supported employment programs vary per model, theoretical orientation and services rendered. For purposes of this study multiple forms of supported employment programs were reviewed and are not always distinguished in the review of the literature.

Symptomology: Behaviors, challenges, and otherwise notable changes in mood, energy, and focus due to the consumer’s mental illness.

Therapeutic Alliance: a trusting collaborative partnership between a therapist and consumer.

Wellness and Recovery Model: Operates on the belief that recovery is possible for the individual. This model promotes hope, sense-of-self, empowerment and supported employment/education efforts.

**Acronyms**

AIPSS Assessment of Interpersonal Problem-Solving Skills

DPA Diversified placement approach

IPS Individual placement support

QL Quality of life

SE Supported Employment

SMI Serious Mental Illness

SQL Subjective Quality of Life.

TPCP Turning Point Community Programs
Justification

One of the core values of social work is to respect the inherent dignity and worth of the individual (NASW, n.d.). This thesis project functions as one small component of the supported employment efforts at TPCP, whose goal is to help secure employment for the disenfranchised, disabled and chronically mentally ill.

Individuals with debilitating psychiatric disorders make up the most underemployed and unemployed population in the United States of America (Fabian, 1999). In lieu of unemployment, these individuals suffer at socio economic levels, are stigmatized and discriminated against, and are subject to low status in their communities. They also have limited access to the benefits needed to improve their lives and struggle in finding comprehensive benefits at the entry-level employment positions available.

This thesis project functions as an enhancement to a training program that strives to achieve social justice for those with SMI who have been unemployed. The goal of the manual and this thesis project is to provide appropriate, consumer driven, interpersonal training that can be applied in multiple settings for competitive employment. By developing and enhancing quality training and provider awareness, social workers can help individuals with SMI access and maintain jobs in competitive employment.

Although the manual is only a small part of a very large effort, it promotes consumer assertiveness, conflict resolution, and the core interpersonal skills needed at many levels of employment and self-empowerment. Supported employment operates on the principle of self-efficacy - that individuals with SMI can secure jobs, be successful,
and provide for themselves. This manual helps provide basic social scaffolding necessary to achieve that goal.

**Delimitation/Limitations**

This study consists of three major components. First, this researcher’s 12 years of experience as a manager for Starbucks Coffee Corporation, which includes experience with human resources, performance evaluations for multiple individuals at different stages of employment (e.g., management, supervisor, and entry level), training and development, and staffing. Second, a literature review of scholarly peer reviewed research. Lastly, the research includes a program assessment at TPCP, as well as a brief survey and questionnaire for consumer members at TPCP.

These primary components were used to create and shape the Manual for Interpersonal Success. The study drew on current and past research to help contour the content of the manual to best serve the consumer staff needs at the Cool beans Coffee Cart. Information in this study may be generalized to many jobs, but is formulated specifically for the kind of operations and interactions conducted in a food service environment.

This study examined the use of “best practices” in social skills training for consumers with SMI who are currently in the workforce setting, with stable housing, and an available support person, either a therapist or vocational worker. Although appropriate for Cool Beans, several factors emerged that reduced the ability to generalize the training to the overall population. The majority of studies found involving social skills training for individuals with SMI had a sample population of predominantly middle-aged, Caucasian
or African American men diagnosed with schizophrenia. Furthermore, many of the samples used were convenience samples, or case studies from individual providers where there is risk to the internal validity of provider and consumer observations and subjectivity.

Many of the approaches used to train social skills were population specific. Research on comprehensive, or all encompassing, social skills trainings for SMI were not found. Therefore this thesis project may not integrate the needs of all individuals. Trainings researched were typically designed for specific populations. For example, training for consumers diagnosed with schizophrenia, or training for consumers diagnosed with bipolar disorder, but not both combined in one group. Furthermore, many individuals are not diagnosed with only one disorder but may have co-occurring disorders compounded by alcohol or drug addiction. For this reason, the manual may not be as applicable depending on symptoms, states or traits per diagnosis and life circumstances.

Information utilized from training documents and first-hand work experience may not be applicable to all people, cultures, work place principles or alternative contexts for social interaction. For purposes of this project, the researcher relied on data from interviews with consumers at TPCP Cool Beans coffee, research and the general training model/approach utilized by Starbucks Coffee Company (International) to develop the content of the project. Starbucks does identify as an employer that embraces diversity and customizes their training as such. However, the information in the manual is subjective, open to interpretation, and should not be considered the sole way to build interpersonal skill or resolve conflict.
Chapter 2
REVIEW OF THE LITERATURE

Introduction

The evolution of supported employment results from a combination of efforts for the disabled, demonstration acts, political advocacy and has been powerfully influenced by the Rehabilitation Act, Proposition 63, and the Wellness and Recovery movement in the field of mental health (Barbour, 1999; Ragins, n.d.). In the United States there are several different models for supported employment. Some of the most common include: Club Houses, Individual Placement and Support (IPS), Sheltered Workshops, Transitional Employment Programs, and Diversified Placement Approach (DPA) (Evans & Repper, 1999). Importantly, the uniting thread between all of these programs is the premium placed on consumer choice in their rehabilitative process (Barbour, 1999).

The cornerstone of the Wellness and Recovery model is choice and hope (Deegan, 1996, Ragins, n.d.). Work and employment can function as an integrator for multiple life-needs and help foster the dignity and integrity needed for a belief in a positive outcome in the future. There is a strong correlation between the positive effects of employment on the quality of life for consumer employees (Kirsh, 2000; Caltaux, 2003; Dunn, Wewiorksi, & Rogers, 2008).

Consumers with serious mental disabilities who want employment face a multitude of challenges. Individuals with psychiatric disabilities continue to be the most underemployed of the disabled population (US Census Bureau, 2000). Although there are a variety of different treatment approaches for those with mental illness, individuals in
this population continue to struggle with finding and maintaining employment. Evans and Repper (2000) state that poverty, unemployment, social exclusion and mental health are invariably linked.

The purpose of this literature review was to examine emergent themes within the field of supported employment, training and rehabilitation, and the career journey for consumers with serious mental illness (SMI). This literature review briefly examined aspects of the different types of employment programs available to support consumers in their recovery. Themes addressed within this review are work and employment, consumer feelings, interpersonal skills and effect on employment, stigma, and training.

In addition to scholarly journals, this researcher reviewed training documents and manuals used by supported employment businesses and also competitive employers. Review of lay documents was done to help cultivate a broader knowledge of approaches and modalities used to train interpersonal/social skills and also as an attempt to identify specific measurable skills. Mental health professionals and organizational psychologists developed the training documents reviewed and used for this thesis project.

The information gathered and reviewed was used to help develop the culminating thesis project. The project is called the *Manual for Interpersonal Success*. The manual itself is based on scholarly literature, training documents, and the researcher’s own work experience at Starbucks Coffee Company a major international food and beverage company.
Work and Employment

Work functions as a critically important component of everyday life and helps establish the state of being a participating member of society and humanity (Killackey, 2008). Employment not only supplies a paycheck, but also provides the opportunity for social networking, friendship, social status and internal growth as an individual (Marwaha, & Johnson, 2005). The majority of people living with severe mental illness (SMI) express the desire to work (Bond et al., 2007). However, there are many unique challenges for people with a psychiatric disability that make securing and performing well in competitive employment difficult. In fact, according to the US Census Bureau (2000), only 16.4% of individuals with psychiatric disabilities are able to work full time. These numbers are confirmed again in Evans and Repper’s (2000) analysis; the indicated mean unemployment rates for the United Kingdom and the United States to be evaluated at 85% for individuals with SMI.

According to Chang, Tsang and Tsui (2006), individuals with SMI usually access service oriented jobs and clerical-related jobs when they are working. In the field of vocational rehabilitation these types of jobs are called the four F’s: food (fast food/restaurants), flowers (gardening/landscaping), folding (laundry/clerical), and filth (janitorial services) (Garske & Stewart, 1999). Likely jobs for consumers to be employed at can be considered entry-level positions. Although entry-level positions are held with frequency, it should not be assumed that individuals with SMI cannot access executive or higher ranking positions.
Consumers holding entry level positions is a consistent statistic across the United States, Hong Kong, and the UK (Garske & Stewart, 1999; Henry, 2001; Cheung, Tsang & Tsui; Marwaha & Johnson, 2005). Specific jobs found to be accessed and held by people with SMI in Hong Kong are: machine operators, food preparers, service jobs, sales positions, and, uniquely, security guards (Cheung, Tsang, & Tsui 2006; Philadelphia 2010). Many of these individuals are able to access these jobs through supported employment programs.

There are numerous employment programs available for consumers. Three models frequented the literature: individual placement and support (IPS), diversified placement approach (DPA), and the Club House approach (Garske & Stewart, 1999; Macias et.al., 2009; Alexis, 2001). The term ‘supported employment’ is a model in itself, but throughout the literature is used interchangeably to refer to recovery and rehabilitative models focused on employment. IPS was found to be the most successful model in a randomized controlled trial comparing IPS and DPA supported employment approaches (Bond et.al., 2007; ). IPS is identified as successful because of its stong emphasis on competitive employment and ongoing support after consumers find work. DPA was also very successful and adheres to Club House model values of moving members/consumers gradually through employment programs while offering peer support and job options through partnerships in the business community (Bond et al. 2007).

It has been established that jobs found and held by consumers usually matched their preferences for employment (Becker, Deborah, Bebout & Drake,1998) Furthermore, information from this study reveals that 97% of consumers who entered their supported
employment program had realistic, specific and stable choices for job preferences. This was also found to be true for precariously housed/homeless consumers accessing supported employment services. A limitation of this study was a lack of assessment or accounting for job satisfaction and tenure in relation to consumer’s job matches. However, the study does reflect that, although experiencing SMI, consumers make stable job choices, including those whom have been homeless and unemployed for an extended period of time.

An interesting feature of supported employment was found that contradicts the perceived importance of ‘matching’ consumers to their preferred job. Macias et al conducted an experimental test of cognitive dissonance that evaluated satisfaction rates for those (consumers) who obtained work through a non-preferred program and those assigned to a preferred program (2009). The consumers who enrolled, voluntarily, in non-preferred programs, evidenced a median employment rate of 254 days longer than those assigned to a preferred program. They also expressed greater job satisfaction. The defining factor of this study demonstrates that consumers who voluntarily accessed employment at non-preferred agencies viewed this as a way to achieve their personal goals and felt more successful.

Sadly, persons living in the United States with serious psychiatric disabilities continue to have the highest unemployment rate, between 80-90% (U.S. Census Bureau, 2000). If employed, they are the most underemployed of all disabled populations. Unemployment has also been found to be an element of social exclusion for people with
SNI (Bartley, 1994). Although frequently unemployed, Marwaha and Johnson (2005) found that most individuals with SNI consistently demonstrate a strong desire to work.

The most common motive for consumers desiring employment was financial gain (Marwaha, Johnson, 2005). In the same study, consumers identified autonomy and independence as the second choice for wanting to work in competitive employment. In the thematic analysis of Marwaha and Johnson’s study it was found that those expressing job-interest and those actively searching for employment were more likely to work in the future.

Reasons for not securing employment are complex and multilayered. Many consumer barriers to employment are rooted in system logistics, fears around stress and functionality, and stigma (Fabian, 1999; Rutman, 1994). A main challenge with competitive employment is health care and financial gains not being able to compete with government support. Federal and state governments, not only in the United States, have financial and medical support systems in place. Two main programs provide assistance in the United States – Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). SSDI is limited to those individuals who have a work history (Social Security Administration, 2004)

The government support offered to consumers with mental health needs is often more secure, stable and comprehensive than what most entry-level employment offers. Moreover, loss of medical benefits and access to medication has been identified as a major concern for consumers (Marwaha, Johnson, 2005). Understandably, people are left
with a self-preservation paradox that makes competitive employment the less likely or realistic option.

The research for this section of the literature review underscores the importance of employment for people. A significant number of individuals with SMI are willing and want to work, although multi-systemic issues seem to compound their efforts. Research has demonstrated that consumers make rational and realistic choices in regards to jobs they are qualified for. Most importantly, consumers are willing and want to work.

**Consumer Feelings**

Analysis of the perspective, feelings, and concerns of consumers is a primary component of developing effective supported employment services. Cultivating an understanding of consumer feelings and perspectives creates a platform for better realizing unmet needs, fears and barriers to success. Outcomes regarding concerns and feelings of consumers vary throughout the research. Although variance in findings is frequent, some themes and key points emerged.

Terms intermittently used to capture consumer feelings and experiences include, but are not limited to: quality of life (QL), subjective quality of life (SQL), wellbeing, satisfaction, purpose, and success. For purposes of this study this researcher looked for positive associations with work, what has been identified in research as effective training for consumers, what individuals with SMI felt worked well for them, as well as consumer concerns around employment/work.

A challenge encountered in researching consumer feelings, perspectives and concerns with supported employment is that these are subjective elements of a person’s
experience and vary per study. In the field of supported employment research, Katsching’s estimation of what makes up subjective quality of life (SQL) captures the majority of other researchers qualifiers for SQL/QL. Katsching (2006) evaluates SQL as encompassing “psychological well-being, social and emotional functioning, health status, functional performance, life satisfaction, social support, and standards of living” (p.6).

Many studies in this area present mixed results regarding consumer feelings of wellbeing and satisfaction when employed. There are internal validity concerns with rating consumer feelings of satisfaction. The main concern being that consumers who find employment and work well are operating at a high level of functioning anyways, or that program directors/trainers are “creaming” their best for competitive employment (Anthony, 1994; Kirsh, 2006; Bond, et al. 2007).

Overall, research for this literature review indicated that most consumers, working or not, convey positive effects to employment. For instance, consumer pride, social connections, community connection and quality of life were found frequently in the context of working (Cheung, Tsang, Tsui, 2006; Anthony, Jansen, 1984; Larson, 2008; Tschopp, Perkins, Hart-Katuin, Born, & Holt, 2006). Specifically, in her examination of 36 consumer narratives, Kirsh (2000) states that individuals felt positive effects on their health, self-esteem, in their relationships with others, and a reduction in their psychiatric symptoms (2000). Consumers did acknowledge a need to balance the challenges and benefits stemming from employment. Although many in Kirsh’s (2000) study enjoy positive benefits of employment, they expressed concern about potential negative effects on their health due to work related stress.
Determining job satisfaction or contentment with work for consumers is challenging because job satisfaction is defined differently in each study. In an examination of QL for 267 Taiwanese individuals diagnosed with SMI, informal social support contributed to overall QL and job satisfaction (Wu, 2008). In this same study, job satisfaction - when present, was seen to mediate life-stress variables that negatively impacted QL. Versus other studies that based criteria for happiness on intrapersonal experiences, Kirsh’s (2000) study provides consumer’s narrative examples of QL being linked to how “work enabled the development of self-awareness and affirmation of ability” (p.26).

In a small qualitative study in the United Kingdom, Marwaha and Johnson (2005) interviewed 15 individuals diagnosed with SMI. The majority (13 of 15) of the individuals stated that they would like to work. Most of these individuals had previous employment experience. Through semi-structured interviews, these consumers specifically reported that work had positively increased their self-esteem and provided an environment where they felt supported, regardless of their psychiatric challenges.

Marwaha and Johnson’s (2005) research highlights important concerns. Specifically, these consumers felt that they could use additional support in “filling out application forms and curriculum vitae, support and advice on interview skills, and the provision of references” (p.8). These findings are relative to a Northern London area known for high rates of poverty and limited supported programs for consumers.

In Hong Kong, a study on job-specific social skills training for people with SMI revealed interesting findings. This study provided 102 employed security guards
diagnosed with SMI a questionnaire survey. These consumers had participated in a vocational rehabilitation program (Cheung, Tsang, & Tsui, 2006). Results of the study found that consumer staff identified needing assistance with problem solving skills. Problem solving was identified by the study participants as a critical skill required in (security guard) property management sector. Knowledge and attitudes are identified as the second area of greatest importance in training and job performance.

Studies preceding this one also confirm that social skills training and the acquisition of problem solving skills are important for consumer success in employment (Liberman, Eckman, & Marder 2001; Cheung, Tsang, & Tsui, 2006). Considering the high job termination rate for consumers in Becker’s (1998) research, finding trainings and programs that enhance staying power for consumers is needed.

*Interpersonal Skills and Effect on Employment*

Much of the literature reviewed indicates a consumer identified need for additional social skills training. Several of the studies evidence that social skills training appears to have the ability to help consumers secure employment, stabilize performance, and further cultivate their identity or sense of self (Killackey, 2008; Kirsh, 2000; Anthony, 1994). Findings on the benefits of social skills training should not be interpreted as curative or as a primary intervention for people with SMI. However, much of the literature does indicate that social skills and interpersonal training can have a stabilizing effect on an individual’s recovery journey (Kirsh, 2000; Evans & Reper, 2000; Kurtz & Mueser, 2008; Cheung, Tsang, & Tsui, 2006; Kukla & Bond, 2009).
In their pilot social skills training study, Cheung, Tsang, and Tsui (2006) created a very specific set of interpersonal training. Post training, their findings determined that developing comprehensive, job-applicable social skills was critical for rehabilitative purposes and job performance. As a result of the comprehensive social skills training developed in this research study, 70% of the participants were able to secure employment. These researchers also believed that their developed training module can be generalized for consumers entering into sales or customer service related positions.

Cheung, Tsang, and Tsui (2006) identified that social skills (in supported employment programs) training can be “generic in nature” and does not provide enough job-specific training. Recognizing this gulf in training is important; as it has been determined that termination of employment for many consumers is linked to poor interpersonal skill functioning on the job (Becker, et al. 1998). In the latter study, it was suggested that a skills training module that addressed interpersonal needs, for the specific type of employment, would be effective in possibly reducing terminations.

In Anthony and Jansen’s (1984) policy reform research, findings again highlight the importance of interpersonal functioning for individuals with SMI. Through their meta analysis on vocational functioning, Anthony and Jansen determined that having the ability to get along with others and perceived dependability were robust clinical predictors for future work performance for consumers. Specifically, the research indicates that a person’s ability, or expression of skill, in social functioning is a significant predictor of quality work place performance.
In 2001 a research study was conducted on training social problem solving among persons with schizophrenia. The researchers Liberman, Eckman, and Marder (2001) determined that just teaching social skills would not always enable consumers to generalize those skills to other domains in life, possibly work. Developing the concrete ability to identify, navigate, and apply skills to social challenges, stress, and interpersonal conflict was needed. The training program focuses on a progressive methodology for consumers to use when applying social skills: “the steps are identifying the problem, generating alternative solutions, weighing the pros and cons of each alternative, selecting a feasible solution, and planning to implement the selected alternative” (p.31-32). This was one of the only trainings found that incorporates “usage” and trains for expression of skill, rather than simply acquisition of a skill.

Liberman, Eckman, and Marder’s (2001) social problem solving training is unique in how palpable the skills are. The trainings did not have a narrow focus on generic skills, like smiling at customers and saying thank you. Rather, the training emphasizes attitude, appropriate affective responses and verbal expressiveness. The training modules also utilize role-playing with coaching and feedback, video vignettes, and monitors consumer success with the Assessment of Interpersonal Problem-Solving Skills (AIPSS).

Post intervention, consumers were able to correctly identify whether there was an interpersonal problem in a vignette 90% of the time compared to their pre intervention scores of 80%. Participants also demonstrated an increased ability to describe the problem and the challenges that face the ‘worker’ in the vignette. The Liberman,
Eckman, and Marder’s (2001) study demonstrates that people with neurocognitive deficits can be taught, with comprehensive training, to better identify, explore and resolve obstacles related to interpersonal functioning.

Although these results speak to the efficacy of intensive module based training, evidence also points to better overall functioning in multiple life areas, including work, when consumers are partnered with a therapist and there is a strong therapeutic alliance (Kukla, Bond, 2009; Tschopp et.al., 2007). Davis and Lysaker (2007) also had findings in studying consumers diagnosed with schizophrenia that confirmed improved functioning in correlation to a strong therapeutic alliance. The individuals studied in their research demonstrated better work quality and personal presentation on the job. Providers also reported that modeling and fostering hope, trust, sincerity, and realistic expectations for work were critical aspects of helping consumers access employment (Tschopp et al., 2007).

An important aspect of interpersonal functioning is that it is not limited to the work environment. Successful peer, supervisor, and customer-based interactions are the goal for interpersonal success directly in the work place. However, focusing on social capital and interpersonal success outside of work may also yield positive results. Research has pointed to the fact that social relationships in and outside of work are key to finding jobs and accessing ‘better jobs’ (Potts, 2005). Potts indicates in his studies that social networking relationships, depending on job position, result in 40-70% of job acquisition. Skills that enable individuals to enhance the quality of their relationships can prove to be useful in multiple life domains. The critical point being that social or
interpersonal skills appear to enable success at work and when accessing alternate and or new types of work.

*Stigma*

Stigmatization related to individuals with psychiatric disabilities emerged as a barrier to supported employment efforts and interpersonal skill functioning. The literature reviewed studied both employer attitudes and consumer beliefs around the employment of individuals diagnosed with SMI. Both consumers and employers demonstrate stigmatic beliefs and both have negative impacts on work rehabilitation and psychiatric health (Tschopp et.al., 2007).

In her section on consumer attitudes to employers, Marwaha found that the majority of her study participants believed that employers would not want to hire them if they were aware of their mental illness. While a third of the participants felt that their situation would be better if their employer were aware of their illness and were accepting of it. Her case studies show that consumers feel employers would likely fear violent and psychotic outbursts if they had an individual with SMI in their employment. Consumers in Tschopp’s (2007) research also confirmed that many employers were concerned or believed mentally ill individuals would or could be violent. These consumer perceptions are confirmed in Pescosolido’s (1999) research that shows that employers do hold these views. Making fear of potential violence an enforcer for stigmatic beliefs.

In Caltaux’s (2003) consumer narrative of her experience with SMI, she documents how her own beliefs and perceptions impacted her ability to function well. Caltaux felt less entitled to access benefits, workplace accommodations or use sick time.
Self-limiting thoughts and fears prevented her from striving for promotions and also had an inhibiting effect on developing relationships with coworkers. Her narrative provides an example of the crippling effects of internalized stigmatization. To highlight this point, the Mental Health Commission (1998) reported: ‘In painful collusion with others who discriminate, (people with mental illness) often see themselves as others see them.’ (Caltaux, 2003).

Caltaux’s narrative brings attention to an important aspect of stigmatization in that it can affect people in two major ways. Stigma can be an external force through which rejection by peers, family, friends, society and community has a negative impact on the individual. Or stigma can affect a person internally, as in the augmentation of feelings of sadness, despair, hopelessness, and rejection (Garske & Stewart, 1999).

The significant impairment that comes with stigmatization is that it further cripples an individual’s social functioning by damaging self-esteem (Blairy et.al., 2002). In a study on affective disorders, primarily bipolar disorder, it was found that low self-esteem leads to decreased social support and functionality, resulting in increased risk to the individual (Blairy et.al., 2002). The National Institute of Mental Health (1991) states that stigma can include exclusion or impairment in accessing housing, work, and routine social interactions. Stigma thus presents as a major barrier to effective social functioning.

Tschopp’s (2007) study identified another issue related to stigmatization and employment efforts. Some consumers with SMI have criminal records. The study participants were individual leaders and support people who specialize in the field of supported employment. These participants were asked to explore service provider’s
attitudes and experiences on working with consumers diagnosed with SMI and also have a criminal record. A key finding was that providers struggle with compound stigmatization. Trying to help consumers secure positions who have a diagnosis of schizophrenia, substance abuse history, and criminal record revealed consumer and employer stigma.

Providers identified that it was most difficult helping consumers with serious criminal histories find job placements. The study reports that some of the providers were uncomfortable with the task of providing supported employment services. Providers, were in agreement that employers often have negative attributions and make generalizations about employing people with SMI.

Throughout the literature reviewed, stigmatic beliefs present as a major contributing factor to low self-esteem, isolation and feelings of rejection. Social and internalized stigmatizations both carry substantial ability to impede success and reduce social efficacy (Garske & Stewart, 1999). The seriousness of this issue is often omitted or not given direct attention in studies on supported employment, although through the review of literature, stigma appears to be a direct casual factor in lower consumer success rates within competitive employment.

Training

SMI is characterized by poor psychosocial functioning, affective regulation difficulties, cognitive impairment, and negative thinking (Blairy et al, 2004). Ineffective social skills, concomitant to SMI, further impair functioning in occupational, social, and
recreational situations (Kurtz & Meuser, 2008). These challenges make developing effective training that can encompass training for all types of SMI a challenge.

Three trainings emerged through the literature reviewed that provide concrete and specific modalities for training social skills. A limitation of the literature reviewed is that most studies are focused primarily on social skills training for schizophrenia, schizoaffective disorder, and bipolar disorder.

In Kurtz and Mueser’s (2008) meta-analysis of social skills training for people with schizophrenia, some key components for training emerged. In their meta-analysis of 22 studies, consisting of 1521 consumers, effective trainings for consumers rely on: skill instruction, role-play, rehearsal, review of live or taped modeling, and positive corrective feedback. From the content mastery tests and performance-based measures, it was determined that social skills training is best retained when being directly taught. Furthermore, this quantitative study confirmed that social skills training was highly significant with results indicating positive impact on overall functioning, social adjustment, and living situation. A limitation of this analysis is that the majority of participants are Caucasian males.

Additional findings from this meta-analysis relate to training logistics. It was determined that younger people demonstrated a more robust response to social skills training. Moreover, findings indicated that shorter and more intense trainings are more effective for individuals with schizophrenia.

In Liberman, Eckman, and Marder’s (2001) training program comparison, it was evident that direct, specific, and instructor driven training was more effective for
consumers with schizophrenia. Results indicate that consumers were able to acquire and retain the skills. However, generalization of the skills to other life domains can be challenging.

This training program was module based, consisted of a sample of 75 individuals, and was strictly focused on problem-solving skills. The goal of the study was to train consumers in the ability to identify and cope with problematic encounters. Interestingly, this study compared intensive module based training to counterparts in a more traditional psychotherapeutic support group. Improvement for the module-based group increased 22% in accuracy for identifying obstacles related to interpersonal functioning. The comparative group only improved by 9%. A limitation of this study is that the sample was 90% male and the results were not applied in a work setting.

Cheung, Tsang and Tsui (2006) created a job-specific social skills training. The training module was designed around data collected from 102 consumer questionnaires. The questionnaire consisted of 44 peer and professional reviewed questions relating to social skills in the work environment for security guards and utilized a Likert-type scale rating. The data was compiled and a training module was developed based on what consumers identified as the critical skills required specifically for the position of security guard.

The training created was based on five skill areas: social skills when interacting with customers, knowledge and attitudes, communication in professional manners, arrangement of duties and flexibility, problem-solving skills. The training module also reflects the consensus modality for most social skills programs: warm-up, instruction,
demonstration, role-play, feedback, and homework (Cheung, Tsang, & Tsui 2006). This majority of participants in this study were also male.

For purposes of this literature review, peer-reviewed articles outside of the field of mental health were assessed. One study reviewing survey results from 26 accounting, recruiting and human resource professionals from the United States produced interesting results. Analysis of the surveys revealed employer expectations and best practices for a new employee in the first two years of employment. Interestingly, consumers entering competitive employment have high turnover rates within the first two years of employment, if employed for the first time (Becker et al., 1998).

The results indicated 7 major behaviors related to success and 5 behaviors that derail success. Of the 7 behaviors 6 were interpersonal skills: demonstrating initiative by volunteering, being a team player, demonstrating a desire to learn, displaying a positive attitude, demonstrating a strong work ethic, and asking good questions. Of these 6 items, modeling a positive attitude was identified as a top strength that promoted success in the workplace (Ivancevich, Ivancevich, Rischer, 2009).

This review of training information illuminates consistencies across the field of supported employment. Consumers with SMI, seeking competitive employment, are best served by specialized training in interpersonal functioning. Specifically, trainings should be kept brief and focused, they should relate directly to positions already acquired, and they should emphasize how to generalize the skills taught. Moreover, trainings should approach learning in a module format fortified with a guidance manual and be directly
taught rather than relying solely on video vignettes. These trainings should also utilize live examples and role-playing.

**Conclusion**

This review of literature indicates the importance of employment for people experiencing serious mental illness. Research findings demonstrate a correlation between an improved sense-of-self, efficacy, and better quality of life in response to competitive employment.

Although persons diagnosed with SMI are faced with difficult decisions and multiple challenges; the majority demonstrate a desire, willingness, and internal need to work. Furthermore, these individuals, despite stigmatic beliefs, make realistic choices for job preferences and can perform well at work.

Research on social skills training has produced good quality results with consumers acquiring and retaining critical skills needed for job placement. There is a need to develop more rigorous trainings that correspond to specific job sites and that promote the expression or usage of a skill in situations. Combining job-specific training interventions with direct didactics and role-playing seems to produce the best results for consumers. Service providers should be adequately trained in these techniques and intervention modalities to provide appropriate support for skill acquisition.
Chapter 3

METHODOLOGY

Introduction

This section includes a description of the research approach used to gather information for this thesis project and to create the final thesis project. It outlines the specific intent of the research and the different methods used to collect data. This section explains the research question, needs assessment, informal interviews, project development, and program evaluation used to determine the need for the final thesis project.

This was a qualitative study that resulted in the production of a user friendly, instructional manual for consumer use at Turning Point Community Programs (TPCP) Cool Beans Coffee Cart and Catering. This manual contains information relevant to interpersonal skill building, necessary for most employment. The manual is intended to help enhance the learning experience for consumers at Cool Beans who are actively participating in the supported employment program offered. The manual may be used as a success enhancement tool that refines general work-place social skills.

Design

This qualitative study utilized aspects of an exploratory research approach through use of the needs assessment questionnaire. This study relies heavily on the content found within the literature review. The needs assessment survey and questionnaire was used to better understand consumer needs and concerns related to employment at Cool Beans and future employment outside of TPCP. Findings from the needs assessments, literature
review, and informal interviews helped develop and improve the content of the final manual.

This research approach also employed aspects of a descriptive study. The manual content was developed based on descriptions of self-reported behaviors, feelings, concerns of consumers and how they relate to employment outcomes - evidenced by the survey and questionnaire results. The literature review and training documents reviewed further identified efficacious training procedures and modalities for consumers experiencing SMI. This information came, in part, from the literature review, the researcher’s former employment experience at a major international corporation and also from the 6 survey and questionnaire forms from consumer employees at TPCP.

The manual is designed to be goal oriented and specific. The Employee Development Plan (EDP) will, when completed by the consumer and support person, will include a total of 3-4 specific goals followed by several behavioral competencies that need to be developed if the learning goal is to be achieved. The goal of the design is to develop key interpersonal skills appropriate to the field of food and beverage with an emphasis on how to use the skills in the moment.

The goal of this thesis project was to create an easy to read, instructional manual for consumer staff use. This manual is an in-the-moment tool designed for use on a weekly or daily basis in conjunction with the aid of an identified support person. The manual can be utilized by the individual as well as used in a developmental capacity by supervisors to train and encourage specific skills. The intention of this project was to promote a better understanding of the interpersonal skills needed for successful employment. This manual
will be available, on site, during the individual’s service at Cool Beans. All staff will be able to access the manual and use the tools, worksheets, and language inside to help augment their interpersonal skills while working at Cool Beans.

Program Evaluation

Currently, TPCP has two policy manuals for Cool Beans. This researcher spent time reviewing the content of Cool Beans training materials. These two primary manuals include information about safety and security, food safety and other general workplace policies. There are 2 pages devoted to customer service basics. These pages do not include information about specific skills necessary for successful interaction with supervisors, peers, customers and other employees.

From this informal program evaluation it was determined that there is a need for additional information related to fostering the growth and development of interpersonal skills. The creation of the manual will supplement the current training program at Cool Beans. The manual will help define and promote appropriate and beneficial workplace skills related to interacting with other people, customers, peers and supervisors. The entry-level customer service basics currently offered will not adequately prepare an individual for competitive employment. This manual is intended to provide additional skills that build human capital and polish individual performance necessary for employment in a social environment.

Participants and Confidentiality

The prospective participants involved in this qualitative study were the consumer employees at Turning Point Community Program’s coffee cart, Cool Beans. There were
six consumer employees working at the Cool Beans coffee cart. All of these individuals are over the age of 18. The participation required of these individuals was to complete a needs assessment questionnaire and brief informal interviews. All employees participating in the supported employment program, facilitated at Cool Beans, were eligible to complete the needs assessment survey and questionnaire, and to be interviewed.

The sampling approach for this study can be considered convenience sampling. Since this manual is created for TPCP Cool Beans Coffee cart gathering information from consumer employees is the best way to ensure their individual needs are met.

All participants could retract their survey questionnaire responses. This researcher did not personally know any of the subjects other than in a research-based modality. There was no distribution of personal information within the manual or to TPCP. Since these activities were voluntary, the participants were well informed of the purpose of the research study, and the researcher had no power or authority over the subjects, there is little risk of conflict of interest developing. All documents were written in plain and understandable language and the intent of the project was clear to the participants. If an individual is not able to understand the written materials and scope of the project, the researcher consulted with Dr. Demetral and additional time was offered to help with answering the questions.

Prospective participants were provided with a consent form to read over and initial prior to any involvement in the needs assessment questionnaire. The consent form detailed the intention of the thesis project and specify that all information and
involvement in this study will be kept confidential. The consent form needed to be validated by initial only. A signature was not required on any of the forms used for this study. Sealed and addressed envelopes were provided to keep information safe and confidential should anything be misplaced.

Dr. Demetral, thesis project supervisor, reviewed all consent forms to insure ethical research standards were met for this qualitative study. All participants of this study were involved by their own volition. They retained the right to remove themselves from this study at any point in time. Questions on the needs assessment did not ask any personal/identifying information about the individual. Additionally, all research information was stored in a locked file at the researcher’s home.

All original needs assessment survey questionnaires, notes, and interview notes were kept by the researcher at his home location. As stated, the forms used for this project did not require signatures and names were not used to identify any miscellaneous notes within the research or development of the manual. The participants, at any time, reserved the right to request their assessments, agreements and any other information be stricken from the study. This participant right is detailed in the consent form (see appendices).

All forms and agreements were provided to the participant to be completed on their own time and in their chosen environment. Individuals were not supervised during the completion of the needs assessment questionnaire or survey. All information gathered for this research project was kept confidential and not shared with members at Turning Point who have jurisdiction over job security. The information gathered was not linked
back to any individual and will not be directly referenced in the content of the manual.

**Instrumentation**

This research is qualitative and consumer opinions, feelings and accounts were desired. Since these experiences are subjective use of a survey and questionnaire were felt to be appropriate means of collecting data. Use of a survey with a Likert-type scale was used to examine needs around additional training, support, and feelings of confidence with relating to others. The back of the survey contained a questionnaire that assesses for an in-depth response that correlates to the Likert-type questions on the front survey. The questions can be categorized into two domains: workplace satisfaction or positive association and interpersonal confidence. This form was created by this researcher and was not influenced by other surveys, questionnaires, or research documents.

**Data Gathering**

Participants were provided the option to complete their surveys at home to complete if they like and will be provided with pre-paid postage to mail them to the researcher’s work address at UC Davis CAARE. Any interviews conducted were done in the private break-room located near the coffee cart without TPCP staff present. Interviews were also held in a public space were some consumer staff were more comfortable. Prior to the interview, individuals were directly informed of their right to end the interview at any time and have all documented statements returned to them. All information/data gathered was kept confidential and not shared with anyone besides Dr. Demetral. The names of consumer individuals involved in this study are not be linked in
any way to interview statements, consent forms or surveys and questionnaires. All
interviews are be related to work satisfaction, employment needs, attitudes, beliefs, and
future hopes for career employment.

Consent forms, needs assessments did not take more than 20 minutes to
complete. More time should be allotted if the individual has difficulty with reading
or comprehension.
Chapter 4

FINDINGS

Introduction

The goal of administering the survey and questionnaire was to determine additional TPCP consumer staff needs. The objective of gaining insight into staff needs was to fortify the content of the Manual for Interpersonal Success in conjunction with information gathered from literature review and the researcher’s work experience in a way that would be of functional service to the consumer staff.

Results

The survey was designed to address one research question:

1. How would consumer employees at Turning point Community Programs identify their interpersonal skills training needs as indicated on a self-report questionnaire and survey?

This researcher spent time surveying the Cool Beans Coffee Cart location with consumer employees. A brief survey and questionnaire was then individually provided to the six staff in their private break rooms at alternate times. All consumers indicated that the survey was readable. All surveys were fully completed and one was removed from the findings, as it was not readable and not correctly completed.

The survey and questionnaire results were reviewed and assessed for themes. Interestingly, the Likert-type scale results indicate overall satisfaction between services at Cool Beans and interpersonal functioning. The mean results were generally high, indicating satisfaction. Outlying mean scores below a score of eight were interpreted by
this researcher as indicating a possible need. Outlying scores below or at eight did fall within categories relating to interpersonal functioning.

The survey was the first measure to be completed. It was followed by a self-response questionnaire. Interestingly, the questionnaire section revealed a more direct need for assistance in specific interpersonal functioning, e.g., interviewing, working with others, and handling customer distress.

Additionally, some of the responses on the questionnaire section asked for tools to help track and drive further performance. These findings were relied upon to develop specific skill competencies within the manual. The information that appeared to represent the greatest need are: A need for better communication skills, assistance with interviewing, mitigating conflict, stress management and general people skills.

The *Manual for Interpersonal Success* is a combination of many different findings. Most importantly, the consumer needs from the surveys and questionnaires were given priority in topics addressed in the manual. Additional information from the literature review was utilized to help shape the administration of the manual. Lastly, the researcher’s own experience in the business world was used to help make the delivery of the information in the manual relevant, realistic, timely and applicable to services provided at Cool Beans.
Table 1

Response Results for TPCP Cool Beans Coffee Cart and Catering

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean Score</th>
<th>Score Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel supported at work</td>
<td>9.6</td>
<td>Consumers almost always feel supported at work.</td>
</tr>
<tr>
<td>I feel prepared for employment outside of TPCP</td>
<td>8.2</td>
<td>Consumers feel mostly prepared for work outside of TPCP.</td>
</tr>
<tr>
<td>I feel my training has been good</td>
<td>8.0</td>
<td>Consumers almost always feel their training is good.</td>
</tr>
<tr>
<td>I feel comfortable interacting with others</td>
<td>6.8</td>
<td>Consumers feel moderately comfortable interacting with others.</td>
</tr>
<tr>
<td>I like working with other people</td>
<td>8.2</td>
<td>Consumers almost always like working with other people.</td>
</tr>
<tr>
<td>I could ask for help from fellow employees or my boss.</td>
<td>9.8</td>
<td>Consumers feel they can ask for help from other employees.</td>
</tr>
<tr>
<td>I could stand up for myself at work if I didn’t like something</td>
<td>9.2</td>
<td>Consumers can stand up for themselves at work if they didn’t like something.</td>
</tr>
<tr>
<td>I have felt I didn’t have the right people skills for work</td>
<td>8.0</td>
<td>Consumers almost always feel they have the right people skills for work.</td>
</tr>
<tr>
<td>I am comfortable communicating with others</td>
<td>7.2</td>
<td>Consumers feel moderately comfortable communicating with others.</td>
</tr>
<tr>
<td>I am comfortable interviewing for a job</td>
<td>6.2</td>
<td>Consumers feel moderately comfortable interviewing for a job.</td>
</tr>
<tr>
<td>I take ownership of my actions/behaviors</td>
<td>9.0</td>
<td>Consumers almost always take action for their behaviors.</td>
</tr>
</tbody>
</table>
Consumer employees at TPCP Cool Beans Coffee Cart were asked 5 questions on the questionnaire included with their surveys. The questions asked were similar in nature to the Likert-scale survey, but require the consumer’s independent response. The answers provided were at times conflicting with the Likert score on the survey.

1. What would enhance your experience at TPCP Cool Beans Coffee Cart?

Responses varied for this question. Three types of answers were reported. First, there is a reported desire for better training and performance enhancement tools. Second, responders stated in a positive way that nothing needs to be changed. Thirdly, there was a response for more efficient working conditions (e.g., more cash registers, more workers.

2. If you could learn one work-skill what would it be?

Of the five respondents, four indicated a desire to learn better interpersonal skills. The types of people skills requested are diverse including: learning to be comfortable with workers, people skills, customer service, stress management, and conflict resolution. One respondent indicated that they would like to learn how to type.

3. What if any are your fears about work?

Responses for this question can be divided into three categories. First, two respondents indicated fears about people or interaction with others. The second two respondents were fearful of their mental health condition, exacerbation of symptoms, and stress management. One respondent had no concerns.

4. Do you feel comfortable using employee benefits like: medical, dental, 401k, EAP, Unions etc?

All respondents reported feeling comfortable with accessing fringe benefits.

5. Would you like your own employee development plan at your current job cite? This plan would list a skill you want to work on, how to achieve your goal and with follow up and support from your supervisor.

Three of the five respondents indicated a desire to have an employee development plan. Of the five, one respondent indicated it would increase stress and another respondent indicated that they didn’t see the point in a plan for their development. On one of the “yes” responses the respondent indicated a desire for increased skill building, charts to monitor success and progress with a focus on people skills.
Chapter 5

CONCLUSIONS

Summary and Recommendations

The preceding literature review highlights aspects of supported employment and training. Supported employment provides multiple levels of care for disabled individuals including, but not limited to: job placement, training, support services, skill training, ongoing assessment, advocacy with job cites, families and the community, and teaching workplace strategies” (“Work World”, n.d.). Supported employment efforts function as a key part of an individual’s recovery.

Patrician Deegan (1996), a psychologist diagnosed with schizophrenia states, “The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human. The goal is not normalization. The goal is to become the unique, awesome, never to be repeated human being that we are called to be” (p.14). Regardless of the type of mental illness it has been proven that people with psychiatric impairments can be employed with positive outcomes for all parties involved (Kurtz & Mueser, 2008).

An important element to emerge from this research is that people with psychiatric disabilities face a multitude of challenges in life, other than unemployment. People with SMI lose contact with family members and friends, cycle in and out of homelessness, and often become involved in the criminal justice system (Pescosolido et al., 1999). Included in these findings is a high frequency of co-morbidity and dual diagnosis associated with psychiatric illness (Tschopp et al. 2006).
As such, an individual’s recovery is a complex multilayered journey further complicated by the general population’s stigmatic and negative views of people with psychiatric disabilities (Bernice, et al., 1999). In addition to the public’s views, employers also fear violent, sporadic or unpredictable behavior from employees with SMI (Garske & Stewart, 1999; Kirsh, 2000). This makes accessing and retaining a paid position challenging. With overwhelming odds against people with psychiatric disability it is impressive that the majority of individuals with SMI want to work (Marwaha & Johnson, 2005).

Although the desire to work is documented, training and additional support are needed in both supported employment and/or competitive employment settings. It has also been found that a quality working alliance with vocational workers improves work performance for people with psychiatric impairments (Kukla & Bond, 2009). The research highlights the importance of training to rehabilitative efforts. For that reason, effective training modalities were examined as well as what particular work related skills were seen as needed by consumers and providers.

In alignment with the training information found in the literature review, surveys and questionnaire results from Cool Beans staff also indicate a need for interpersonal and social skills training. It was also found that diagnoses that qualify as SMI often impair social aptitude and neurocognitive functioning related to social problem solving and solution building ability (Bauwens, 1998; Wingo, Harvey, & Baldessarini, 2008; Perivoliotis & Cather, 2009). This skill deficit has also been related to early job terminations for consumers including quitting unexpectedly without future plans (Becker
1998). This information produces a need for ongoing provider research and consumer training on social and interpersonal skills.

Although, developing interpersonal skill is only one small piece of the rehabilitative process, it may function as a hub wherefrom other possibilities for success emanate. The literary research, surveys, and questionnaire results all speak to a consumer and employer need for greater skill development with emphasis on social and interpersonal skills. In support of this need, it has also been shown that individuals with SMI can retain social skill training well and apply the information learned to their work environments, if trained appropriately.

These findings imply a better need for training programs. The social skills trainings researched indicate that consumers utilize social skills training and apply it to their work setting (Cheung, Tsang, & Tsui, 2006; Kurtz & Mueser, 2008). Success has been shown with programs that are short in duration, goal specific, and generalized to the environment the person is working in. Furthermore, interpersonal skills trainings retained when taught in a manual based training modality. Importantly, supported employment training efforts were not viewed as an attempt at symptom management, although evidence shows that integration into a working environment can reduce symptoms related to SMI (Marwaha & Johnson, 2005; Perivoliotis & Cather, 2009; Kirsh, 2000).

For purposes of this thesis project this information was utilized in the development of the Manual for Interpersonal Success. The manual was created with fidelity to the wellness and recovery principles of empowerment and consumer driven change. The manual was formatted in an easy to read, job-specific layout. It entails basic
interpersonal skill examples necessary for most employment. The training manual includes an employee development tracking (EDP) form that identifies the skills to be developed, behavioral examples and support person who will be of service to the consumer.

This manual is meant to be available to all staff at Cool Beans, supervisor and employee. It can be used as a simple resource tool for skill building or as an in the moment tool when needed for examples on the job.

**Implications for Social Work**

The relevance of this research to the field of social work is that through supported employment efforts we help promote human capital for the disenfranchised, vulnerable and oppressed and empower those individuals to earn an income regain dignity and develop relationships. Securing dependable income and cultivating social supports are important elements of recovery. Most importantly, “Employment contributes to the development of a sense of self, and to the identity we have with other people. It should come as no surprise then that obtaining employment is the most frequently nominated goal of people with psychotic illnesses such as schizophrenia” (Killackey, 2008) (p.277).

The reality is that although supported employment efforts help individuals build human and social capital, there is a financial cost associated. In the United States, a study on the national costs of supported employment to vocational rehabilitation points out the frequent attrition of people with disabilities (including physical) who enter into supported employment programs (2009). The researcher, Cimera indicates in this study that “nearly
half (i.e., 42%) of VR consumers who selected supported employment as a vocational goal did not obtain competitive employment” (p.8).

Although these results are less than desired, we see that 58% of consumers did obtain competitive employment – which are good odds. This study seems to indicate the problem lies with the individuals with disabilities. Without saying so, blame is placed on the individual, not the economic viability of funding for supported employment, or the quality and consistency of the training, or the support consumers may or may not have received. These positive results demonstrate a correlation between the efforts social workers make in the field of supported employment.

Most importantly supported employment programs, and work in general, function as a compensatory intervention for people with SMI (Marwaha & Johnson, 2005; Kurtz & Mueser, 2008; Wu, 2007). The United States of America, United Kingdom, Australia and Hong Kong all have evidence-based supported employment efforts that focus on integrating consumers into competitive employment (Killackey, 2008; Bond, 2007). As social workers it is important that we continue to develop better comprehension around consumer needs, assessment of readiness levels, and the most effective trainings for supported employment efforts to better meet the needs of individuals with SMI who want to work.

Evaluation

For this study to have statistical reliability the sample size should be much larger. The scope of the study and supported employment agencies researched would need to be broader to identify which job group or position requires the most training in interpersonal
skills. The training module/manual included in this study could then be developed more specifically for those positions. Generalization of training to specific positions has been identified as critical for the retention and application of social skills for those with SMI (Kurtz & Mueser, 2008; Cheung, Tsang, & Tsui, 2006).

Future research needs to include cross study analysis from the business world in the fields of industry, food and restaurant, janitorial, retail, and security guard positions, often found to be employed by consumers (Cheung, Tsang, & Tsui, 2006; Garske & Stewart, 1999). Relying on information developed in the vacuum of the mental health field to create training specifically for those experiencing serious mental illness is limiting. The conjunction of training strategies, research, and information from the business world and mental health field will better enable consumers to develop their work skills appropriately.

This study would benefit from additional interviews with consumers who are considering entering into employment, who have been employed, and who are no longer employed due to job terminations. These interviews should explore consumer needs based on their current level of entitlement/services since individuals with SMI experience such volatility with housing, support services, benefits, and the law. Better identification of current level of entitlement and identified needs will suit the researcher in developing more appropriate trainings. These qualitative interviews can also help the researcher identify specific factors that contribute to success with trainings. For instance, recognizing the consumer’s current work needs, future plans, and level of readiness will help determine when they may best learn, adopt or apply taught skills.
Lastly, making use of the manual with a positive training experience is important. For purposes of this study, only the manual was created. However, another researcher could expand this research by developing an entire module based training program on interpersonal skill development. Future training could include role-play sessions in alignment with the curriculum, additional work sheets, and video demonstrations of the skills.
APPENDIX A
Informed Consent to Participate in a Research Study

California State University, Sacramento
Division of Social Work
6000 J Street

Purpose
You are being asked to participate in a research study, which will be conducted by Joshua Collver. I am a graduate student of California State University in the Division of Social Work. The purpose of this study is to develop and create a manual that enhances knowledge around how to function with others at your current and future job site/employment placements. This manual will contain information for communicating well with managers and fellow employees, using employee resources, stress management, and building your skill set to achieve your employment goals.

Procedure
You will be asked to read over this consent form. Once you have read this form and understand the intent of this study you are encouraged to complete a needs assessment questionnaire. This needs assessment is a simple questionnaire that asks you to rate how you feel about certain aspects of work and training. There will also be a question and answer section where you may add additional information. You are in no way obligated or required to complete this form if you do not want to.

Throughout the development of this manual you may be asked to provide your opinions, ideas, or concerns around work and work related issues. You may be interviewed and asked some basic questions in regards to your specific opinions, feelings, and concerns. The interview will not require more than 20 minutes of your time. The Human Subjects Committee will approve any informal interviews for inclusion in the manual. Interviews can be held in the Cool Beans break room or in the Cool Beans lobby area. Your name and identity will not be linked in any way to your statements in the interview. I will take notes during the interview. At any point in time you may retract your statement and I will give you the copy of my notes. No one at Turning Point will see the results of the needs assessment or interview. The data/information gathered will be reviewed solely by the researcher and his thesis project supervisor Dr. Demetral.

Contact with Cool Beans Consumer Staff will be arranged through Sandra Sigrist who is a contact person for this study. The researcher will identify slow business times and make appointments with staff by phone or in person to come by the coffee cart and conduct interviews, administer surveys, or take photos. Participants will know several days in advance when they will be asked to be involved in this research.

(Risks) The intent of this study is to determine what your professional needs are so that you can feel better prepared for future employment. The questions asked do not pertain to any personal or private factors in your life. There is little to no risk involved in this study.
You reserve full rights to withdraw any contribution you have made to the manual at any point in time during the manual production.

(Confidentiality) The forms completed for this study only need to be initialed. They will not be linked back to you in any personal or professional capacity; they will be used to help shape the content of the manual. All photographs taken will be stored on one memory card. This memory card along with all surveys, and interview notes, will be kept in a locked file at the home of the researcher, Joshua Collver. At any point in time you can ask that your image be removed from use within this manual. Your name and any identifying information will not be included in the manual. Notes, consent form, needs assessment and memory card will be shredded or deleted by the researcher and disposed of immediately. Importantly, all information gathered by the researcher will be kept confidential.

(Contact Information) If you have any questions or concerns at any point in time during this research study please contact me. I can be reached by cell at 916-761-3162, work 916-734-6500, or by email collver79@yahoo.com. I will be working closely with my thesis advisor during the course of this project. His name is Dr. Demetral. If you have concerns about this project you may also reach out to him at 916-278-7168 or demetral@csus.edu. Sandra Sigrist is another support person if you have additional questions or concerns. She can be reached at 1-530-204-9678 or at sandrasigrist@tpcp.org.

In the event of emotional distress during or after participation in the study this researcher will refer the participant to the Psychological Services at TPCP 1(510) 204-9678, In the event that immediate attention is needed this researcher will refer participant to the Crisis Hotline in Sacramento County at (916) 732-3637 where they have mental health counselors for immediate and 24-hour response.

Your participation in this research is entirely voluntary. At any point in time you can decide not to participate in this study. All documents and images related to you will be returned or destroyed. Please initial below that you understand this informed consent form and are willing to participate in this study.

Initial of Participant___________________________ Date__________________
Signature of Researcher________________________ Date__________________

Submitted
APPENDIX B

Needs Assessment for Cool Beans Coffee Cart Staff

1= A score of 1 indicates rarely or none of the time

5= A score of 5 indicates occasionally or moderate amount of success

10= A score of 10 indicates consistent success most or all of the time

1). I feel supported at work

1----2----3----4----5----6----7----8----9----10

2). I feel prepared for employment outside of Turning Point

1----2----3----4----5----6----7----8----9----10

3). I feel my training has been good

1----2----3----4----5----6----7----8----9----10

4). I feel comfortable interacting with others.

1----2----3----4----5----6----7----8----9----10

5). I like working with other people

1----2----3----4----5----6----7----8----9----10

6). I could ask for help from fellow employees or my boss

1----2----3----4----5----6----7----8----9----10

7). I could stand up for myself at work if I didn’t like something

1----2----3----4----5----6----7----8----9----10

8). I have felt I didn’t have the right people skills for work before

1----2----3----4----5----6----7----8----9----10

9). I am comfortable communicating with others

1----2----3----4----5----6----7----8----9----10
10). I am comfortable interviewing for a job

1-2-3-4-5-6-7-8-9-10

11). I take ownership of my actions/behaviors

1-2-3-4-5-6-7-8-9-10
APPENDIX C

Questionnaire Form Administered to Cool Beans Coffee Cart Staff

Please answer to the best of your abilities

1). What would enhance your experience at Turning Point’s Cool Beans coffee cart?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

2). If you could learn one work-skill what would it be

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

3). What, if any, are your fears about work?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

4). Do you feel comfortable using employee benefits like: medical, dental, 401k, EAP, Unions etc?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

5). Would you like your own employee development plan at your current job site? This plan would list a skill you want to work on, how to achieve your goal and with follow up and support from your supervisor.

______________________________________________________________________
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