

A study of the impact of social support development on job acquisition and retention among people with psychiatric disabilities

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Abstract. The current study examined the relationship between specific techniques for developing social support (i.e., Person Centered Planning) and job related outcomes among 110 individuals with psychiatric disabilities receiving Supported Employment (SE) services in a northeastern state. Seven SE programs participated. All individuals receiving SE services from any of the seven SE programs were eligible to enroll in the study. Participant data were collected on demographics, psychiatric history, work history, and social support over a period of two years. Data on the use of Person Center Planning practices were collected from SE staff every three months for the first 12 months of the study. This information was recorded in the Quality Indicators Survey, an instrument developed for this study. A positive relationship was found between total days employed and the number of non-paid supporters an individual reported having; a negative relationship existed between total days employed and number of paid supporters; and there was a positive correlation between total days employed and Person Centered Planning techniques used at nine and 12 months.

1. Introduction

Employment is an essential adult activity which has a positive impact on personal resources, perception of self, and quality of life [3, 8]. Many factors appear to contribute to successful job acquisition and retention [1]. Among these factors is social support. Rogers et al. [12] found that participants' perceptions of having someone available to discuss problems with significantly predicted employment status and that social supports play a key role in employment satisfaction and tenure.

Furthermore, this appears to be the case regardless of disability status [7]. Harris [7], in a study of hospital employees, found that career mentoring and task

support (i.e., working together on projects, co-workers assisting one another with tasks) were most predictive of job satisfaction. She further found that the social supports of coaching (i.e., informing employee of informal rules and office politics) and task support predicted employment tenure. Supportive relationships provide opportunities to problem solve and act as sounding boards during stressful times.

Clearly, supports on and off the job are important to maintaining competitive employment and reaping better employment related benefits [2, 4, 13, 14]. Banks et al. [2], in a study of 243 individuals with psychiatric disabilities enrolled in Supported Employment, found that individuals with more interactions on the job had higher wages. Shankar and Collyer [14] explored the relationship between the social networks of individuals in rehabilitation programs and employment outcomes. These authors found a significant correlation between employment outcomes and the proportion of friends and

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close relationships in participants' social networks. As a follow up, Shankar [13] interviewed participants who obtained employment and they reported that the availability and nature of ongoing supports was an important contributing factor to their employment success. So, since the presence of supports is associated with positive employment outcomes, how can social support be developed for those who do not currently have it?

1.1. Person Centered Planning

Person Centered Planning is an approach to developing natural supports that may increase job tenure by counteracting some of the problems commonly associated with lack of social support. These techniques were originally developed for use by people with developmental disabilities. Person Centered Planning emphasizes the importance of natural supports as a complement to and, in some instances, in place of typical paid supports like employment specialists [10]. Its hallmark is the focus on the individual's personal vision of a desirable future and associated goals [6]. One approach is a formal circle of support, consisting of a group of people willing to support an individual in working toward achieving their future vision [6]. The members of a circle of support can consist of family, friends, neighbors, co-workers, community members, and sometimes service providers [5]. This group is comprised of primarily non-paid supporters who have committed themselves to working on behalf of the focus person (i.e., the person with a disability). Circle of support members assist the focus person in making social connections in order to access services and supports he or she may not typically secure on his or her own. The members of a circle of support help the focus person make progress toward his or her stated vision by reviewing the challenges that may be encountered, brainstorming strategies to overcome those challenges and using their own skills and contacts to increase access to supports [5].

By developing and incorporating natural supports as a strategy to promote job tenure, the individual initially participates in a formalized version of a normalized process. Ideally, this kind of natural support network, developed in part by paid support, will become less formalized over time and eventually become a true natural support system. Typically, a circle of support will meet as a group on a regular basis. However, in practice, the complications of varying schedules and locations as well as the focus persons' varying levels of disclosure to potential supporters often makes such a group approach

all but impossible [15]. Nevertheless, the use of social networks to develop natural supports is a promising approach that may contribute to an individual's success specifically in maintaining employment.

The current study measured the use of Person Centered Planning techniques by individual supporters. It examined the relationship of paid and non-paid social support to employment outcomes among individuals with psychiatric disabilities enrolled in Supported Employment (SE) services. It was hypothesized that greater use of Person Centered Planning techniques would be related to improved employment outcomes. Additionally, it was predicted that there would be a positive relationship between nonpaid support and job related outcomes.

2. Method

2.1. Participants

Participants were 110 individuals with psychiatric disabilities who were enrolled in one of seven supported employment (SE) programs in a northeastern state. As illustrated in Table 1, the modal participant at baseline was female (52%), Caucasian (67%), had never been married (68%), unemployed at time of enrollment (53.7%), and was receiving Social Security Disability Insurance (SSDI, 52.7%). Participants' mean age was 43 years (range = 20–65), and 68% had had at least some college or technical school. On average participants had been receiving SE services for nearly 19 months.

2.2. Instruments

Participant data were collected on demographics, psychiatric history, work history, social support, and, if relevant, job satisfaction at baseline. Social support data was also collected at 12 and 24 month follow-up points. Employment status was measured at six month intervals for 24 months. The instruments administered included the Client Baseline Interview, the Norbeck Social Support Questionnaire [9], and the Employment Status Report Follow-Up Form. Additionally, implementation data were collected from SE staff every three months for the first 12 months of the study. This information was recorded in the Quality Indicators follow-up report which was developed for this study. These instruments are described below.

The Client Baseline Interview is a 24 item survey that was developed for this study. The survey contains

Table 1
Participant Characteristics at Baseline (N = 110)

	M (SD)	Range
Age	42.68 (10.69)	20–65
Age of 1st hosp.	28.67 (11.69)	7–57
Total hosp.	6.17 (12.11)	0–100
Days hosp. in past year	10.34 (37.80)	0–270
Time receiving SE (months)	18.77 (34.17)	0–204
Total jobs through SE	0.99 (1.41)	0–8
Time since last job (months)	21.45 (49.13)	0–312
Months emp. in past 5 years	25.83 (21.42)	0–60
Longest held job (months)	61.30 (68.0)	0–408
	Frequency (%)	
Gender		
Female	57 (51.8)	
Race/ethnicity		
Caucasian	74 (67.3)	
Black/African American	23 (20.9)	
Hispanic	8 (7.3)	
Other	5 (4.5)	
Diagnosis		
Schizophrenia/schizoaffective	39 (35.4)	
Major depression	24 (21.8)	
Bipolar disorder	32 (29.1)	
Anxiety disorder	2 (1.8)	
Other	5 (4.5)	
Unknown	8 (7.4)	
Education level		
Less than high school	9 (8.2)	
High school graduate	26 (23.6)	
Technical school/some college	43 (39.1)	
College graduate	22 (20.0)	
Post baccalaureate	10 (9.1)	
Employment status		
Unemployed	59 (53.6)	
Employed – part-time	45 (40.9)	
Employed – full-time	6 (5.5)	
Enrolled in school	7 (6.4)	

questions about demographic information, work and educational history and goals, psychiatric history and current treatment, benefits, and SE program involvement.

The Norbeck Social Support Questionnaire (NSSQ) is a nine item survey that examines the quantity and quality of support that participants' perceive receiving from individuals who they have identified on a Personal Network list. The instrument also examines the quantity and importance of relationship losses the participant has experienced in the previous year. The NSSQ has established test-retest reliability ranging from 0.71 to 0.92 for all questions [9].

The Employment Status Report Follow-Up Form was developed for this study and was administered at each six month follow-up point. It asks questions about employment status, tenure, wage and benefits, job tasks, disclosure, and hospitalization.

The Quality Indicators Scale was developed to assess the implementation of skills and techniques presented during the SE staff trainings provided as part of this study. The tool was comprised of 22 items, eight of the items addressed person-centered planning techniques and 14 of the items address aspects of job coaching. Internal consistency of the items was calculated for each subscale. For the person-centered items Cronbach's alpha = 0.88 and for the Job Coaching items Cronbach's alpha = 0.83. Table 2 lists the Quality Indicator Scale items related to Person Centered Planning.

2.3. Procedure

The supported employment (SE) programs in a north-eastern state funded by the state mental health authority were invited to participate in the study. The programs that participated in this study were those that expressed interest and were not already enrolled in other studies that would interfere with the findings of this study. Seven programs were identified.

Researchers met with each SE program to review the study. SE staff met with the researchers every three months for the first 12 months of the study to complete a semi-structured interview regarding their use of the techniques.

SE programs received a total of six hours of classroom training at the beginning of the study and on-site booster trainings at three month intervals for the first year.

Participants were contacted by researchers every six months to gather employment status follow-up information. The Employment Status Report Follow-Up Form was used to gather information about employment sta-

Table 2
Quality indicators scale – Person Centered Planning items

1. I schedule group meetings in a place that is convenient to the job seeker and his or her family/friends.
2. I engage the job seeker in identifying possible individuals for a network of support.
3. I encourage the job seeker to establish non-paid individuals to support their work goals.
4. Family and friends are given specific tasks to aid the job seeker in his/her work goals.
5. When specific tasks are assigned to family and friends, I ensure they follow through to aid the action plan of the job seeker.
6. I assist the job seeker in communicating their ideas, feelings, and desired goals to their friends, family and supporters.
7. I use text, graphics, and colors to gather information in order to assess the job seekers' preferences, interests and experiences.
8. I ensure that supporters of the job seeker have access to a convenient place to meet in order to help the job seeker reach vocational goals.

tus, tenure, wage and benefits, job tasks, disclosure, and hospitalization.

3. Results

Bivariate correlations were computed to assess the relationships between social support and employment outcomes. A positive relationship ($r(97) = 0.20, p < 0.05$) was found between total days employed and the number of non-paid supporters reported by the individual on the NSSQ. A negative relationship existed between total days employed and number of paid supporters reported on the NSSQ ($r(97) = -0.23, p < 0.05$). No relationships were found between average salary and hours worked and the number of non-paid, paid, or total supporters. There was also no relationship between numbers of paid and non-paid supporters.

Correlations were also computed to assess the relationships between the use of Person Centered Planning techniques as reported on the Quality Indicators Scale and employment related outcomes. There was a positive correlation between total days employed and Person Centered Planning indicators at nine months ($r(97) = 0.19, p < 0.05$) and 12 months ($r(79) = 0.20, p < 0.05$). However, there were no relationships between average salary or hours worked and any of the person-centered indicators.

A positive correlation was found between age of first hospitalization and number of paid supports ($r(95) = -0.27, p < 0.01$). However, there were no relationships between illness severity variables (e.g., age of first hospitalization, total number of lifetime hospitalizations, and number of days spent hospitalized in the past year) and days employed.

4. Discussion

The findings of this study suggest that natural, non-paid supports contribute to job retention (i.e., total days employed), as a small but significant percentage of the variance is accounted for. Additionally, a negative relationship was found between the number of paid supports and job retention.

There are a number of possible explanations for this relationship. For example, it's reasonable to think that individuals who are more disabled by mental illness may be both in need of more support and less likely to retain a job. However, this explanation does not appear to hold true with this sample. While one indica-

tor of illness severity was associated with the number of paid supports provided, none of the illness severity indicators were associated with employment outcomes. Another possible explanation is that paid supporters may actually be discouraging the pursuit of employment goals. Professional stigma, specifically misguided beliefs about the abilities of persons with mental illness, may be the cause of lowered employment expectations and opportunities [11]. Additional research is needed to investigate this relationship.

Person Centered Planning techniques are designed to increase and improve natural supports. They encourage the participant to think broadly about available sources of support and help to develop strategies to access a variety of supports at the time that specific support is needed. It is reasonable to think that such an approach offers a worker more options when facing job related problems than simply leaving the job; and is supported by the positive relationship between the use of Person Centered Planning techniques and job tenure.

The size of this study in terms of numbers of participants and numbers of SE programs is a strong limitation. Similarly, the fact that all programs are in a single state limits the generalizability of the findings. Nevertheless, additional studies that can inform effective practices that enhance natural social supports of persons with serious mental illness would be worthwhile.

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