Project Success: Examining the impact of supported work programs on clients' self-esteem and quality of life

Susan Anne Brisco

S. Denise Christensen

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PROJECT SUCCESS:
EXAMINING THE IMPACT OF SUPPORTED WORK PROGRAMS ON CLIENTS' SELF-ESTEEM AND QUALITY OF LIFE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Susan Anne Brisco
S. Denise Christensen
June 1996
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Approved by:

Dr. Teresa Morris, Project Advisor, Chair of Research Sequence, Social Work

Carol Michaelson, Project Success, Coordinator
ABSTRACT

Among the goals of recent supported work employment programs is improvement of competitive employment opportunities for individuals who suffer from chronic mental illness, and for whom competitive employment outcomes are poor. This study examined the effects of a vocational rehabilitation program, Project Success (Skills Upgrade: Client Centered Empowerment Supportive Services), on self-esteem and quality of life for chronically mentally ill participants. As county and state budgets are increasingly restricted, the significance of using community mental health interventions to empower the mentally ill is great. We examine closely the relationship between the personal, program, and environmental factors involved in successful vocational functioning among this population. This study had a one group pretest-post-test group design using the positivist paradigm with an explanatory, deductive perspective. Due to the small sample size, chi-square statistics which measure the significance of the results could not be analyzed. However, the lack of statistical support which would justify the rejection of the null hypothesis does not exist. Raw statistical data shows that, overall, Project Success participants remained the same or improved slightly, but not enough to be clinically significant. The intervention consists of individualized service plans, pre-employment support groups, job search, placement services, and on-the-job support as necessary. This paper presents the evaluation of Project Success and its relationship to the participants' self-esteem and quality of life.
ACKNOWLEDGEMENTS

With much love to my fiancé, Jack, who has provided unconditional support and encouragement, to my parents, Linda and Albert, who have bestowed this foundation lovingly, and in the memory of my grandparents, Fausto and Norma, whom I will never forget.

Susan A. Brisco

* * *

With much love and appreciation to my wonderful and supportive husband, Kit, who provided many hours of technical assistance, as well as moral support. To my four loving children, Eric, Sara, Jordan, and Chelsea, for keeping our household running and offering their unconditional love, support, and sense of humor when things looked impossible. To my colleagues, mentors, and friends, Marie Dawson, John Mulvey and Steven Newman, who provided hours of support, encouragement and direction in helping me grow as a social work practitioner, and for helping me to accept my strengths and weaknesses. I thank them for taking the risk to share of themselves with me and for being role models of excellence within our profession.

And, to my parents, Ken and Shirley Blackburn, whose life long examples of love and service to others have inspired me to pursue a path of empowering others and enabled me to realize my dreams.

S. Denise Christensen
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INTRODUCTION

Problem Statement

The Department of Mental Health (DMH) and the Department of Rehabilitation are currently involved in a cooperative program called Project Success (Skills Upgrade: Client Centered Empowerment Supportive Services). This is an employment program for individuals with psychiatric disabilities which has been in operation since July 1993, and is the largest program of its kind in the state of California. The target population for Project Success is the severely and chronically mentally ill who are able to work, but have been unable to find and maintain employment without assistance (Application for Federal Assistance, Project Success, 1995).

Project Success provides a range of supports and interventions to clients that enable them to reach their employment goals. Some of the services offered to clients include: a 16-week pre-employment support group; goal setting; benefits counseling; assistance in obtaining identification necessary for employment such as social security cards, driver's license, etc.; resumes and interviewing skills; help with clothes shopping; child care; and transportation. Many psychiatrically disabled individuals would like to be employed, but have difficulty maintaining or finding jobs for a variety of reasons. Often they remain on government assistance for long periods of time. One of the goals of Project Success is to empower clients to obtain employment, thus reducing their reliance on government programs, and enhancing their quality of life.

The Department of Mental Health has recently applied for Federal Assistance to use Project Success as a demonstration site for the Center for Mental Health Services Employment Intervention Demonstration Program. Demonstration sites are eligible for grants of $300,000 to $500,000 per year for the length of the federal demonstration
program. By acting as a demonstration site, DMH can conduct research to examine what specific factors contribute to clients success in obtaining and maintaining employment.

Research currently being conducted examines the relationship between the personal, program, and environmental factors involved in successful vocational functioning among psychiatric rehabilitation clients. Clients for this program are referred to Project Success from the Department of Rehabilitation. The intervention consists of individualized plans for each client to remove possible barriers to employment, to provide assistance with job search and placement services, including post-placement-on-the-job support as necessary (Application for Federal Assistance, Project Success, 1995).

The evaluation plan is comprised of a battery of instruments administered to clients, with their consent, at the time of referral, and at six month intervals. Statistical evaluation programs were used to determine which variables are responsible for successful employment with the given population. The study is expected to be 60 months in duration and is currently being conducted by DMH employees, as well as Psychology Doctoral Interns and graduate students from various programs.

Our research team worked closely with those individuals currently conducting Project Success research, and took over responsibility for looking at how several variables are influenced by clients participation in the supported work program. Involvement in this project has given us grounded experience in social work research and how it impacts program implementation and development.

The significance of this study for evaluation of social work practice is its focus on psychiatrically disabled clients' ability to obtain and maintain employment, and on how social workers can intervene to help such clients obtain success.
Problem Focus

The specific focus of this research project was only a small piece of the overall research being done within Project Success. This project was a continuation of a study begun in January 1995 by Psychology Intern, Corinne R. Heinzelmann, MA. The objectives of the project were to provide preliminary information on the impact of services from Project Success on clients' self-esteem, and overall quality of life. The specific client problem addressed by this study was how persistent psychiatric disability impacts a person's ability to obtain and maintain a job, and how this relates to their self-esteem and perceived quality of life.

This is a positivist study which utilizes an explanatory, deductive perspective in addressing the research question, "What is the impact of Project Success on a client's quality of life and self-esteem?" This leads to two separate hypotheses which were examined: Project Success improves self-esteem and Project Success improves quality of life. The independent variable is identified as Project Success with the dependent variables being self-esteem and quality of life.

The major practice role evaluated in this study was that of Administration/Policy Planning. The end result of the overall study is a program evaluation determining the effectiveness of Project Success. This will impact whether or not the program is retained and what policy and program issues may need to be addressed by DMH and Department of Rehabilitation. A secondary social work practice arena that was considered was that of direct practice. Individual interventions such as assistance with job search and on-the-job work support were utilized with each client in the program to empower them to be more successful in obtaining and maintaining employment. The results of this study can provide information to practitioners in the effectiveness of utilizing supported work programs to help their psychiatrically disabled clients get back into the job market. This could have

3
macro-practice effects in that reliance on government assistance programs can be drastically reduced, while at the same time, improving the quality of life for some chronically mentally ill clients.

LITERATURE REVIEW

People with psychiatric disability comprise a very high percentage of vocational rehabilitation clients; yet the rate of successful rehabilitation for this group is substantially lower than that of all other primary disability categories (Mac Donald-Wilson, Mancuso, Danley & Anthony, 1989). Specifically, the part-or full-time competitive employment rate for persons with psychiatric disability has been estimated at 15% or less (Anthony & Blanch, 1987).

Supported employment has recently become a more prevalent topic in research literature pertaining to clients with psychiatric disabilities. Several variables have been consistently examined and the most prevalent variables are, 1) prior employment history, 2) prior hospitalizations, 3) gender, race, and age, 4) psychiatric symptomology and psychiatric diagnosis, 5) personality measures in vocational assessment, and 6) counselor/program issues (Application for Federal Assistance, Project Success, 1995).

Prior Employment History

Anthony et al. (1990) found that prior employment history is the single most predictive variable in regards to success of supported employment cases. These authors cite Bond's 1992 literature review that reviews four separate studies which show that persons enrolled in vocational programs are more successful when they had prior work history. Mac Donald-Wilson et al. (1989) also confirm the fact that successful vocational
outcome is correlated with client skills, supports, and employment history, as well as client's self-esteem and ego functioning in the worker role.

In each of these studies, employment history was defined somewhat differently; yet the results are remarkably uniform. The relationship between this particular predictor variable and the vocational outcome criterion is extremely strong. What these data suggest is that in order for severely psychiatrically disabled persons to become rehabilitated, they need time to develop a work history.

Prior Hospitalizations

Other studies have examined the number and length of previous hospitalizations with respect to employment outcomes for vocational rehabilitation clients. These studies show a general trend for patients with high numbers of hospitalizations and longer hospital stays to produce poor vocational outcomes (Application for Federal Assistance, Project Success, 1995).

Numerous studies of previously hospitalized individuals have consistently reported that only 10 to 30% of individuals with psychiatric disability manage to find work in the year following hospital discharge (Anthony, Cohen, & Vitalo, 1978; Minkoff, 1978). Anthony and Liberman (1986) suggest that only 10 to 15% of formerly hospitalized individuals manage to sustain employment 1 to 5 years after discharge. Clients with severe psychiatric disability show even lower rates of employment (Farkas, Rogers, & Thurer, 1987; Zipple & Spaniol, 1984). With statistics this grim, there is a clear indication that some form of intervention, such as a supported work program for this population may increase the likelihood of more successful and sustained employment.
Gender, Race and Age

In regards to gender, race and age, several studies show these vocational outcomes of psychiatrically disabled clients to correlate with those of the general labor force outcomes. More specifically, Fabian's study (1992) show the cumulative probabilities of employment retention to be greater for males versus females, and Caucasian versus minority clients. Race is such a complex variable, comprising such factors as socioeconomic status and level of education that, coupled with other variables, such as psychiatric disability, interpretation of its effects are often confounded.

General labor force outcomes show that job stability increases with age, levels off, then begins to decline in older adults. What appears to be unclear in the literature is the effects of gender, race and age on self-esteem in general, and how these interact in the psychiatrically disabled population as they try to enter the work force. As will be discussed in the section on sample selection, participants for this study were not controlled for these variables, so it is unclear what impact they may have on quality of life and self-esteem.

Psychiatric Symptomology and Psychiatric Diagnosis

Research shows that the majority of studies which have looked at psychiatric symptomology and diagnosis show no relationship between these variables and vocational outcomes (Ciardillo, Klein & Sobkowski, 1988, Anthony, 1994). Anthony's research indicates that "there appears to be no symptoms or symptom patterns that are consistently related to individual work performance" (pg. 5). No further studies reviewed have found a significant relationship between future work performance and psychiatric diagnosis (for example, see Danley, Sciarappa & Mac Donald-Wilson, 1992). Anthony, Cohen & Farkas
(1990) conclude that "the long-term nature of the illness, rather than specific symptoms seem to be the common denominator impacting rehabilitation outcome" (pg. 383).

More recent studies have produced results contrary to the studies cited above. A study conducted by Rogers, Anthony, Toole & Brown (1991) found that psychiatric symptomology, along with marital status and criminal justice involvement did indeed correlate with later vocational outcomes (i.e. married clients had higher vocational outcomes and clients with criminal records had lower vocational outcomes). A later study by Fabian (1992) found that a minority client with a psychiatric disability was less likely to be employed than a Caucasian client with the same disability (Application for Federal Assistance, Project Success, 1995).

Personality Measure in Vocational Assessment

Bolton (1987) has argued that personality measures, when combined with work performance measures, often are helpful when making predictions of future performance. What is unclear is the impact that self-esteem has on personality measures, and how this in turn affects clients' perceptions of quality of life. Bolton and Brookings (1993) later conducted a study of psychiatric patients which contradicts Bolton's earlier study. A study conducted by Trotter, Minkoff, Harrison & Hoops (1988) indicates that the single most challenging aspect of pre-employment training is learning to present oneself to a stranger in the most favorable light possible, a crucial aspect of interviewing for a job. "The combination of long-term unemployment and long-term mental illness means that virtually all clients suffer from low self-esteem and from the sense of shame and insecurity that arises from having a socially stigmatizing disability" (pg. 30). Based on this belief, it then becomes important to question the effect that a work supported program can have on a client's self-esteem and vocational outcome.
Counselor/Program Issues

Regarding the relationship between counselor/program issues, several authors have examined issues related to supported employment program staff variables and client functioning. For example, Syzmanski (1991) found a significant relationship between the level of counselor training and the number of successful case closures. In a recent study, Marshak, Bostick & Turon (1990) found that psychiatric patients had a 25% successful closure rate as compared with 50% for other populations. Although this area was not examined in this research project, a general observation and conclusion has been made by the researchers. Program issues appeared to have a significant impact on client's dropping out from the program, failing to successfully complete job placement, as well as clients' general satisfaction with program results.

Future Research

The current state of the literature regarding psychiatric supported employment research illustrates several areas where there is a need for further research. There is a need for universally agreed upon outcome measures and research methodologies, as well as for more appropriate research questions. In the past, generalized exploratory studies comparing psychiatric diagnosis to vocational performance have produced few useful results. It is important for researchers to seek to understand the dynamic relationship between clients' characteristics and the environments in which they are placed. "The concept of "person-environment" fit may lead to more interpretable results than the more "linear", non-interactive approaches" (Application for Federal Assistance, Project Success, 1995).

In a preliminary review of existing literature, few studies have been conducted that directly examine the relationship between supported work programs and their impact on a
client's self-esteem and quality of life. Studies done by Fabian (1992) and Cohi (1990) using Quality of Life scales show that clients involved in supported work or vocational programs exhibit a higher degree of life satisfaction in general. Several other studies support the notion that improvement in vocational status results in higher self-efficacy, which then affects life satisfaction through its impact on self-esteem (Arns & Linney, 1993, Goss, Sullivan & Ross, 1992).

In summary, this study was designed to provide an effective way to continue the ongoing research necessary to demonstrate that Project Success is an effective employment intervention program. Given the fact that low self-esteem and low levels of life satisfaction are perceived as ongoing struggles for the psychiatrically disabled population, this study was designed to provide useful information on how supported work programs can effectively impact these barriers and lead to successful employment outcomes.

RESEARCH DESIGN AND METHODS

Purpose and Design

The purpose of this study was to evaluate whether the supported work program under examination improved self-esteem and quality of life for the severely and chronically mentally ill participants. The research question emerged from the assumption that many psychiatrically disabled individuals would like to be employed but have difficulty finding jobs for a variety of reasons. Consequently, psychiatric clients remain on government assistance for long periods of time. Program staff assert that by empowering clients to obtain employment, government assistance would be drastically reduced and quality of life improved.
This study used the positivist approach with an explanatory, deductive perspective in addressing the research question, "What is the impact of Project Success on a client's quality of life and self esteem?" There were two research hypotheses addresses: 1) Project Success improves self-esteem and 2) Project Success improves quality of life.

The positivist paradigm "fits well" with this type of approach because it utilizes an objectivist epistemology (Guba, 1990). That is, it attempts to explain how Project Success really works. The aim of this particular research was to allow us to predict and control using the variables listed above to conduct an empirical experimentation.

The study had a one group pretest-post-test group design due to the fact that problems were encountered in trying to utilize a control group. Other possible threats to internal validity could arise due to the selection process since participants were not controlled for diagnosis, length of illness, age, sex, ethnicity, and gender. These factors may be extremely influential in each participants perception of self-esteem and quality of life, independent of the impact of their mental illness or participation in a supported work program. As noted in the literature review, vocational outcomes for the psychiatrically disabled population are similar to the general labor force when matched for age, race, and gender (Cook & Rousell, 1989, Anthony, 1979), but this does not address the impact of these three factors on quality of life and self-esteem in general. There is also mixed research results regarding psychiatric diagnosis and its impact on vocational outcomes (Ciardillo, Klein & Sobkowski, 1988, Anthony, 1994). But once again, the issue of psychiatric disability on quality of life and self-esteem is not examined. It is also possible for outside variables to influence participants. Partial Hospitalization attendance, work history, and education could all contribute to and have possible effects on self-esteem and quality of life.
Despite the possible methodological flaws, this study can still make worthwhile contributions to the examination of the impact of supported work programs with the chronically mentally ill because it identifies patterns and trends in perceived states of well-being, as well as self-esteem.

Sampling

The sample for this study consisted of 15 DMH clients who served as voluntary subjects over a 8 month period of time beginning June 1995 through March 1996. All clients were initially referred from the Department of Rehabilitation to the supported work program. Inclusion criteria required only that all participating subjects had an open case within DMH and an active treatment plan in place. (Application for Federal Assistance, Project Success. 1995)

Data Collection, Instruments, and Procedure

Two survey instruments from the original Heinzelmann study were utilized in collecting data from participants. These included the published Quality of Life Scale, modified, (Appendix B) and a not yet published Self-Esteem scale written by college professor Dr. Chris Ebbe (Appendix A). The Self-Esteem Scale is a 20 question survey using Likert scale questions which measured the participants perceived self-esteem, while the Quality of Life Scale, modified, is a 107 true/false question survey, which measured different constructs or variables. Constructs are theoretical creations based on observations, but which can’t be observed directly or indirectly. Examples of constructs used for this study are the 7 distinct areas which included material well-being, physical well-being, job satisfaction, marital relationships, extra-marital relationships, and occupational and social desirability. Concepts, being more of general ideas, or categories,
include the notions of self-esteem, quality of life and chronically mentally ill clients. Measurement of progress was based on the comparison of the pre-test and post-test scores of the Project Success participants. The instruments were administered in a single session to each of the clients individually by a trained Occupational Therapist or a Vocational Rehabilitation Specialist at the time of referral into the vocational rehabilitation department (pre-test). The self-administered post-test was mailed out to participants approximately 8 to 12 weeks later. A bi-lingual vocational specialist was available to assist in administration of the pre-test. The intervention, and the independent variable, was the program, Project Success and consisted of individualized service plans that include pre-employment groups, placement, job development, and on the job coaching.

Strengths of using this type of methodology include the fact that questionnaires allowed the researchers to collect data quickly. It is also a relatively low cost approach because of the minimal tools involve, (i.e., pencil and paper). The advantage of using a written, mail-out questionnaire for the post-test is that interview bias is avoided, the respondents experience less pressure to give an immediate response, and the respondents experience a greater feeling of anonymity.

Possible weaknesses include trying to fit all participants into a standardized test. This methodology also does not allow for the researcher to obtain in-depth information that can sometimes be collected in qualitative interviews. By exploring issues relating to gender, ethnicity and other important factors, quality of life may have been more clearly defined for each respondent. Other disadvantages are that some participants may not have taken the questionnaire seriously and this could flaw the results. Often, the response rate is low (which wasn’t the case for our study since we had 15 out of 20 participants respond), the level of accuracy and completeness of responses is lower than other methods, respondents' misunderstandings cannot be corrected, and the researcher does not
have control over the environment in which the mail out survey is completed. These factors and their implications need to be taken into consideration when reviewing the data collection process of this study.

While many threats to validity cannot be quantified in an exact manner, it is important to consider the validity of the responses on the Quality of Life survey in deciding how much to weigh these results in relationship to other data. If valid answers are given by the participant, the survey provides valuable information about an individual’s quality of life. Given invalid input from the respondent, the results may be misleading. One of the problems with the instruments that were identified by the researchers was the fact that the surveys were not designed specifically for the chronically mentally ill population, especially those suffering from cognitive deficits. Also, many of the questions asked on the Quality of Life survey did not apply to the participants, making them invalid. Since quality of life is a relatively subjective construct, based largely on an individual's values, preferences, personality, and perceptions, the construct is subjective to both systemic and random sources of measurement error. Mood has been shown to have an especially significant effect on measuring quality of life (Cheng, 1988; Forgas & Moylan, 1987; Moum, 1988). Acquiescence (or the tendency to agree with an item), is another potential source of measurement error and has been associated with underestimates of quality of life among well educated respondents, with overestimates of quality of life among older and impaired respondents (Moum, 1988). It is important that the statements about quality of life be interpreted within an overall picture of the individual. It would not be appropriate to attach clinical significance to specific scores without knowing the socioeconomic status, gender, age, and ethnic background of each respondent (Evans & Cope, 1989). The validity of any instrument is the extent to which it correctly measures the construct or constructs that it purports to assess. There is no absolute way of
knowing that the scale actually measures a construct, since the construct can never be measured perfectly by any means. Because it cannot be directly assessed, validity must be inferred.

Test-retest reliability is also a factor that evaluates the stability or constancy of a measure. Assessing the reliability will occur when the measurement instrument is given to the same individual under the same circumstances. Since the pre-test was self administered, there is the possibility of results being influenced by many variables. The post-test was mailed out due to problems with staffing and coordinating participants' appointments with Project Success staff availability. During the pre-test, respondents' answers may have been influenced by trying to give the "right" answer for the interviewer. Participants may have felt pressured to over-inflate the views they hold of themselves to appear a good candidate for the program. On the other hand, when responding to the self-administered post-test, participants may have felt more relaxed and less pressured to give answers that would be pleasing to the interviewer. Another possibility is that the respondents may not have understood survey questions, and could not seek clarity when filling out the self-administered post-test. Of course, not all variables can be controlled and this will directly effect the reliability of the questionnaires. Once again, though, the study can provide valuable insight into the impact of this supported work program by examining patterns in responses to questions regarding quality of life and self-esteem.

Protection of Human Subjects

This study included the participation of voluntary DMH clients. Every effort has been made to protect the confidentiality and anonymity of these participants. In addition, all clients who decided to participate signed a letter of informed consent explaining their rights as a research participant. All participants were assigned a post-test number so their
answers could be compared to their pre-test responses, and were reminded that their responses would be completely anonymous and could only be identified by a number in order to pair further follow up data. Participants who chose to not participate in the study were not excluded from any services or benefits of the vocational rehabilitation program. Each participant was advised that they could withdraw at any time from the study.

RESULTS

Data Analysis

Each of the hypotheses (Project Success improves self-esteem and Project Success improves quality of life) were analyzed by the appropriate statistical methods warranted by the variables' levels of measurement. Quantitative analysis was employed and both bivariate and univariate effects were calculated for the two group comparisons by Analyses of Variance.

Since data collection was achieved by administration of two scales (Quality of Life Scale and Self-Esteem Scale, see Appendix), the results were analyzed by using the coding process of converting data items or answers into numerical codes. The data entry was then completed using the Epi 6 program. By using this process of data entry, observations describing each unit of analysis were transformed into standardized, numerical codes for retrieval and analysis by the Epi 6 Info software and the Statistical Package for the Social Sciences (SPSS) software programs.

The variables in the Self-Esteem Scale are ordinal and those in the Quality of Life Scale are nominal, therefore, chi-square tests were used to determine the significance of possible relationships. A significance level of \( p < .05 \) was used to determine whether
there was a relationship between Project Success and participants self-esteem and quality of life. The probability level was set at the level of .05 in order to reject the null hypothesis. However, the cross tabulations lacked sufficient quantities of data within each cell of the table and the chi-square statistics were invalid. Therefore, the tabulated data is presented.

Table 1 (page 17) provides the reader with results from the Self-Esteem questionnaire, denoting the pre-test and post-test outcomes. Examining the table reveals that the majority of the participants experienced minimal to no improvement. Item 1 had the greatest negative impact with 53% of the respondents indicating that the "felt" worse most of the time. Items 7, 10, 14, and 15 reflect the largest positive impact with improvements from of 60%, 40%, 40% and 40%, respectively.

Table 2 (page 18) provides the data obtained from the Quality of Life Questionnaire, organized categorically into the sub-domains of material well being, physical well being, marital relations, occupational relations, job satisfiers, social desirability, and job characteristics. The table includes the means pre-test and post-test, the standard deviation, the t-test, and the 2-tail probability. While there was not a chi-square significance level of p<.05, there does appear to be a trend of slight improvements among the means, specifically, physical well-being, marital relations, occupational relations, job satisfiers, social desirability, and job characteristics. The only category not to show any improvement in the means was marital well-being. However, the 2-tail probability test does not allow us to reject the null hypotheses, Project Success does not improve self-esteem and Project Success does not improve quality of life.
# Self-Esteem Questionnaire Results

## TABLE 1

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<td>0</td>
<td>3</td>
</tr>
<tr>
<td>* item 9</td>
<td>D</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>other</td>
<td>N</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* *item* question invalid due to methodological problems
Quality of Life Questionnaire Results

TABLE 2

<table>
<thead>
<tr>
<th>Scale</th>
<th>Means A</th>
<th>Means B</th>
<th>Std. Deviation</th>
<th>t-test</th>
<th>2-tail probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital well being</td>
<td>16.67</td>
<td>16.30</td>
<td>2.50</td>
<td>0.33</td>
<td>0.760</td>
</tr>
<tr>
<td>Physical well being</td>
<td>15.50</td>
<td>16.75</td>
<td>1.89</td>
<td>-1.32</td>
<td>0.280</td>
</tr>
<tr>
<td>Marital relations</td>
<td>14.66</td>
<td>16.00</td>
<td>2.30</td>
<td>-1.00</td>
<td>0.420</td>
</tr>
<tr>
<td>Occupational relations</td>
<td>13.25</td>
<td>14.50</td>
<td>1.50</td>
<td>-1.67</td>
<td>0.194</td>
</tr>
<tr>
<td>Job satisfiers</td>
<td>17.00</td>
<td>18.00</td>
<td>1.42</td>
<td>-1.00</td>
<td>0.500</td>
</tr>
<tr>
<td>Social desirability</td>
<td>15.33</td>
<td>16.00</td>
<td>2.08</td>
<td>-0.55</td>
<td>0.640</td>
</tr>
<tr>
<td>Job characteristics</td>
<td>16.75</td>
<td>18.25</td>
<td>1.73</td>
<td>-1.73</td>
<td>0.182</td>
</tr>
</tbody>
</table>

Means A = pretest
Means B = post-test
n = 15
p<.05

DISCUSSION

The purpose of this study was to measure the relationship between participation in the supported work program, Project Success, and the participants perception of their own self-esteem and quality of life. We anticipated that findings from this study would show that participation in Project Success would improve chronically mentally ill clients' perceptions of these concepts. Our original hypothesis was not confirmed by the data; that is, Project Success did not improve participants self-esteem or quality of life.
Indicators of success were to be improved scores on Project Success participants' post-tests versus their pre-tests scores. Most of the findings were interpretive, and attempted to explain relationships between Project Success and self-esteem and quality of life. However, the findings do not support a rejection of the null hypothesis. Chi-square statistics which measure the significance of the results could not be measured due to a small sample size and the lack of sufficient data. Many of the variable cells were either empty or not filled with a valid number of responses. Therefore, significance levels for the relationships could not be determined. However, the lack of statistical support which would justify the rejection of the null hypothesis does not prove that a relationship does not exist. Reviewing the raw, statistical data shows that, overall, Project Success participants remained the same or improved slightly, but not enough to be clinically significant. Very few participants experienced a negative impact from the program.

Strengths and Limitations

Several issues and facts need to be addressed in discussing the strengths and limitations of this study. First, the sample size is relatively small which is a possible cause of insignificant results (Rubin and Babbie, 1993). The second limitation is that the data was gathered on only one supported employment program and did not consist of a control group. The lack of a control group precluded us from controlling outside variables and generalizing to other programs. Additionally, Project Success encompasses a broad arena of topics and objectives. This study only focused on self-esteem and the sub-domains of quality of life. Therefore, we are unable to generalize the findings of this study to the entire program.

Another limitation is that the participants were to self-report on how they perceived themselves to be. Self-reporting presents some risk to the validity of the responses due to
the potential for the participants to be biased and to give more socially desirable responses.

One of the biggest strengths of this study is the fact that the researchers were objective, outside consultants, who examined the internal operations of Project Success. Their observations of the process involved in administering this program provided feedback to Project Success staff and increased their awareness as to strengths and limitations of the program.

CONCLUSIONS

Despite this study's relatively small sample size, current literature suggests that supported work programs are indeed effective in returning chronically mentally ill individuals to competitive work and thus bolstering their self efficacy, self-esteem and overall life satisfaction. Although these initial results must be interpreted with caution since they are not based on a controlled study, they can be used to further future research. It is because people with psychiatric disabilities consist of a high percentage of vocational rehabilitation clients, that the need for services like Project Success remain. It is the opinion of these authors that supported work programs require further energy and funding to increase opportunities for more people with psychiatric disabilities. Prevailing models of supported employment, designed primarily for people with mental retardation, must take into account the unique characteristics and situations of people with psychiatric disabilities (Mac Donald-Wilson, Mancuso, Danley & Anthony, 1989). Program developers of supported work employment need to be familiar with the current body of research and empirical knowledge concerning variables which affect vocational rehabilitation.
APPENDIX A: SELF-ESTEEM QUESTIONNAIRE

For the following questions, check the responses that best describes where you are with respect to each item.

1. How do you feel about yourself most of the time?
   - ____ Very good
   - ____ Good
   - ____ Neutral
   - ____ Bad
   - ____ Very Bad

2. How valuable do you feel inside yourself as a person, separate from what others feel about you?
   - ____ Worthless
   - ____ Not worth much
   - ____ Some value
   - ____ Valuable
   - ____ Very Valuable

3. How much respect do you have for yourself?
   - ____ A lot
   - ____ Quite a bit
   - ____ A medium amount
   - ____ A little
   - ____ None

4. To what degree do you accept yourself?
   - ____ Not at all
   - ____ A little
   - ____ A medium amount
   - ____ Quite a bit
   - ____ A lot

5. How much do you like yourself?
   - ____ A lot
   - ____ Quite a bit
   - ____ A medium amount
   - ____ A little
   - ____ Not at all
6. How much do you love yourself?
   _____ Not at all
   _____ A little
   _____ A medium amount
   _____ A little
   _____ Not at all

7. How much of the time do you see yourself as an equal of those around you?
   _____ Almost all of the time
   _____ Often
   _____ Half of the time
   _____ Seldom
   _____ Almost never

8. How much right do you think you have to really be yourself (to have your own thoughts and feelings and to act the way that is right for you)?
   _____ None
   _____ A little
   _____ A medium amount
   _____ Quite a bit
   _____ A lot

9. In comparison to other people, how much do you deserve out of life?
   _____ A lot more than other people
   _____ More than other people
   _____ As much as other people
   _____ Less than other people
   _____ A lot less than other people

10. How adequate do you think you are in meeting your own needs?
    _____ Quite effective
    _____ Somewhat effective
    _____ Somewhere in the middle
    _____ Somewhat ineffective
    _____ Quite ineffective

11. How effective do you think you are in meeting your own needs?
    _____ Quite effective
    _____ Somewhat effective
    _____ Somewhere in the middle
    _____ Somewhat ineffective
    _____ Quite ineffective
12. How satisfied are you with yourself?
   ______ Quite dissatisfied
   ______ Moderately dissatisfied
   ______ In between
   ______ Moderately satisfied
   ______ Quite satisfied

13. How much of the time do you expect to get esteem, respect and acceptance from other people?
   ______ Almost all the time
   ______ Often
   ______ Half the time
   ______ Seldom
   ______ Almost never

14. How much confidence do you have in yourself?
   ______ None
   ______ A little
   ______ A medium amount
   ______ Quite a bit
   ______ A lot

15. How often do you choose to do nice things for yourself—things that are good for you or pleasurable for you?
   ______ Quite often
   ______ Often
   ______ Sometimes
   ______ Seldom
   ______ Almost never

16. How much enjoyment do you get just from being yourself?
   ______ None
   ______ A little
   ______ A medium amount
   ______ Quite a bit
   ______ A lot

17. How comfortable are you in fitting in with other people in general?
   ______ Quite comfortable
   ______ Moderately comfortable
   ______ In between
   ______ Moderately uncomfortable
   ______ Quite uncomfortable
18. How much right do you think you have to exist and be a part of the world?
   ____ None
   ____ A little
   ____ A medium amount
   ____ Quite a bit
   ____ A lot

19. How much of the time do you think you are enough to keep the people you want to relate to interested and satisfied:
   ____ Almost all of the time
   ____ Often
   ____ Half the time
   ____ Seldom
   ____ Almost never

20. How much of the time do you act in accordance with what YOU feel and believe inside?
   ____ Almost never
   ____ Seldom
   ____ Half the time
   ____ Often
   ____ Almost all the time
APPENDIX B: QUALITY OF LIFE QUESTIONNAIRE

INSTRUCTIONS
Please answer all questions that apply to you. Please mark “T” or “F” beside the question to indicate True or False.

Answer each item so that your answer reflects your situation (That is, your feelings, activities and views) at the present time. If an item does not apply to you, put a line through the question and go on to the next question.

___ 1. Jealousy rarely affects the relationship between my partner and I.
___ 2. My work is rarely boring.
___ 3. I seem to be always in a hurry.
___ 4. My work supervisor often gives me feedback that helps me improve the quality of my work.
___ 5. I usually end each day with a sense of accomplishment.
___ 6. My income limits the choice of where I can live.
___ 7. I wish that the place where I work had a better reputation.
___ 8. I find it easy to make other people laugh.
___ 9. There are few people whom I would consider to be really good friends of mine.
___ 10. My partner and I seldom have time by ourselves.
___ 11. Where I work people rarely quit their job.
___ 12. Most people would consider me to be of average weight for my build.
___ 13. My supervisor acts as though he/she is a better person than I.
___ 14. There are a lot of things I would like to change about myself.
___ 15. I often show affection toward my friends.
16. I often act upon suggestions made by coworkers.
17. I frequently find it difficult to tell how my partner is feeling about something.
18. My supervisor usually explains what has to be done clearly.
19. In general, my surrounding are free from pollution.
20. I try to go places where I can meet new people.
21. My partner and I have no difficulty discussing our sexual relationship.
22. I rarely get caught in heavy traffic.
23. There is poor cooperation between the various groups at work (e.g., departments, etc.).
24. I often find myself in situations where I just don't know what to do.
25. I have difficulty finding time to keep in touch with my friends.
26. My partner and I have a good sexual relationship.
27. My training is just right for the work I do.
28. At work I usually get a good reaction when I do well.
29. Most of the time I prefer to be alone rather than with friends.
30. My partner and I often work together to help each other meet goals.
31. Compared to most people my working hours are inconvenient.
32. I wear seat belts whenever I am in a car.
33. I usually tell my friends what I think.
34. I live in a quiet neighborhood.
35. Because food prices are too high, I cannot buy all the foods I should have.
36. I usually wake up refreshed after a night’s sleep.
37. My opinion is rarely considered when decisions are made at work.
38. My friends and I enjoy making plans together.
39. When I am doing something I often forget to take safety precautions.
40. At work, my supervisor would stand up for me, if it was necessary.
41. I learn a lot from my friends.
42. I rarely get away on my vacation because of the expense involved.
43. I would rather live in a less crowded neighborhood.
44. My supervisor often asks me what I think about something.
45. At work I have good employee benefits (e.g. pension plans, etc.).
46. I keep in touch with my friends who have moved away.
47. I have just enough variety in my job.
48. I have trouble living up to my own expectations.
49. Considering my ability and qualifications my pay is adequate.
50. I am relaxed most of the time.
51. At work I have to do the same thing day after day.
52. I seldom lose my temper.
53. Quite often I must do without the things I want because I lack the money.
54. My supervisors at work are unapproachable.
55. I have goals that I hope to reach in the future.
56. If another job opportunity came along, I would leave my job immediately.
57. I find myself smoking much more than I should.
58. My supervisors seem to be able to handle most problems that arise efficiently.
59. My friends often take advantage of me.
60. My partner does not try to change me.
61. I have to work overtime several times a week.
62. I have a feeling that some of my friends talk about me behind my back.
63. Often my partner and I have disagreements that are not solved.
64. The number of people I work with is just right for me.
65. My supervisor rarely lets me know that he/she is pleased with my work.
66. I often have difficulty making up my mind about things.
67. I have to stay with my present job because there are no other jobs available.
68. Friends have commented on how nice my home is.
69. I have trouble talking to my partner about a lot of things.
70. People usually have to urge me to go to the doctor when I am sick.
71. There is a good possibility that I will be promoted in my job.
72. My partner and I find it easy to say how we feel about each other.
73. If I had a choice I would rather work for a different supervisor.
74. My work is meaningful to me.
75. Promotions seldom occur where I work.
76. If my health were better I would do a lot more things.
77. I am given little chance to get ahead at work.
78. I would rather live in a less crowded neighborhood.
79. I have regular dental checkups.
80. Where I work, I receive training from time to time to improve my qualifications.
81. I take more of the responsibility in our relationship than my partner does.
82. I frequently get a chance to use all my skills at work.
83. I always feel hurt when someone criticizes me.
84. In general, I handle my money well.
85. I try not to bother my partner with my feelings.
86. My company has many policies that seem to make no sense.
87. I put myself down too much.
88. I make friends easily.
89. I am not afraid to say what I think.
90. I have enough clothes for most occasions.
91. I only go to the dentist when my teeth bother me.
92. If I realize that some goals I have set for myself are too high, I change them.
93. I am achieving something important through my work.
94. Given my income my housing is costing too much.
95. I'm never exactly sure what my supervisor expects of me.
96. I often feel envious of other people.
97. I can usually laugh at myself.
98. Where I live the streets are well kept.
99. At work my ideas are seldom considered.

100. I am active in my union or professional group.

101. The age difference between my grandparents and I make it difficult to communicate.

102. I am usually uncomfortable at family get-togethers.

103. My job allows me to be creative.

104. My vote has no real effect on the outcome of elections.

105. I believe that the government will never be able to solve the country’s problems.

106. My child(ren) know what I expect of them.

107. I have difficulty starting conversations with other people.
Dear Client,

In order to improve the quality of services provided by Project S.U.C.C.E.S.S., on-going evaluative research is being done on the program and the clients it services. Some clients not involved with Project S.U.C.C.E.S.S. will also be asked to participate.

The research involves accessing statistical data from case files, along with your completion of several questionnaires. Your participation is voluntary. As a participant, your confidentiality will be protected and you will NOT be identified by name.

Any questionnaire results will be for research purposes only. Your honest responses are invited and this will NOT affect whether or not you will receive services from Project S.U.C.C.E.S.S.

I, __________________________________________, have read and understand the above description of the Project S.U.C.C.E.S.S. research and my signature below represents my consent to participate.

______________________________  __________/________/_______
Name  Date

______________________________  __________/________/_______
Conservator / Guardian  Date

______________________________  __________/________/_______
Witness  Date
Dear Client,

At the time you enrolled for Project S.U.C.C.E.S.S. services, you completed a two-part survey that is being used for evaluative research. That was called a pre-test.

Now that you have completed several phases of Project S.U.C.C.E.S.S., we ask that you complete the same survey again. This is called a post-test.

It is very important that you complete this survey and return it as soon as possible in the self-addressed and stamped envelope. Without this survey, the research cannot be completed.

Your survey has been coded with a number so that your confidentiality will be maintained. If you have any questions, please call Nancy Ragon, placement coordinator at 909-823-2033.

Thank you for your cooperation.
INTEROFFICE MEMO

DATE April 6, 1995
FROM ROSARIA A. BULGARELLA, Ph.D.
Chair, Research Review Committee
TO CORINNE R. HEINZELMANN, M.A.
Arrow Counseling

SUBJECT APPLICATION FOR RESEARCH APPROVAL

Your application for project approval entitled "THE IMPACT OF PROJECT SUCCESS ON QUALITY OF LIFE" has been approved by Jim McReynolds, upon recommendation of the Research Review Committee.

Chris Ebbe, Ph.D., will be your monitor for this project.

IN ACCORDANCE WITH SECTION VII OF THE RESEARCH REVIEW COMMITTEE'S GUIDELINES, VERBAL PROGRESS REPORTS WITH YOUR MONITOR ARE DUE WEEKLY, AND WRITTEN PROGRESS REPORTS ARE DUE MONTHLY.

I wish you well on the completion of your project.

sdh

cc: J. McReynolds
    D. Dwyer
    J. Lewis
    S. Matthies
    C. Ebbe
    K. Eckert
    M. Gill
    S. Lucki
    P. Rattely
To Whom it May Concern,

Denise Christensen and Susan Brisco have been accepted to participate in an ongoing research project which is approved by Mr. James McReynolds, Director of the San Bernardino County Department of Mental Health. The research project(s) will evaluate the effectiveness of our employment program which is operated as a cooperative agreement between the California Department of Rehabilitation and the Department of Mental Health. When Ms. Christensen and Ms. Brisco have developed a proposal for their specific research, they will need to have it approved by the DMH Research Committee.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Carol Michelle, Ph.D.
Licensed Psychologist
PSY9296
January 6, 1995

Grants Coordinator
Office of Planning and Research
1400 10th Street, Room 121
Sacramento, CA 95814.

Dear Grants Coordinator,

I am pleased to announce that San Bernardino County Department of Mental Health is planning to submit an application to the Center for Mental Health Services in response to RFA no. SM94-09, Cooperative Agreements for Employment Intervention Demonstration Programs (CFDA 93.125).

Our application requests that our employment program, Project S.U.C.C.E.S.S., be considered as a demonstration site for this program. It is operated as a result of a cooperative agreement between the California Department of Rehabilitation and the Department of Mental Health. It offers employment assistance including training and support services to severely and persistently mentally ill adults.

Acting as a demonstration site will enable us to isolate those factors which contribute to the success of efforts to assist clients in acquiring and maintaining employment.

Sincerely,

James McReynolds
Director
REFERENCES


