

JOB PLACEMENT STRATEGIES USED BY COMMUNITY
REHABILITATION PROGRAMS AND CLIENT
EMPLOYMENT OUTCOMES: A STUDY OF
THREE DIAGNOSTIC CATEGORIES

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ABSTRACT

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This descriptive study surveys the placement methods used by Community Rehabilitation Programs in Minnesota and Wisconsin to place adults with Mental Retardation, Mental Illness, and Traumatic Brain Injury into integrated employment. Previous studies have shown that the Agency Marketing Approach with Supported Employment services is widely used, and that placement methods such as networking, which are designed around the individual are less common. This study of regional programs expects to find that the methods in use are similar to those described in the previous studies on a national level.

The survey collected the results of each Program's placement efforts for each diagnostic category, broken down according to four methods of obtaining employment. Data obtained and analyzed will include: 1) Percentage of referrals hired 2) Percentage Retaining employment 10 months later 3) Average hours worked weekly 4) Hourly wage and 5) Total months worked.

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CHAPTER 1

Introduction

The concept that employment plays the central and pivotal role in adult life enjoys widespread acceptance in the United States. As stated by White and Bond (1992): “Employment represents the most widely accepted barometer of adulthood and success in American culture. It is the focus for much in government policies... the rite of passage, the " walkabout” for young Americans.” (p.17).

Unfortunately, however, poverty, unemployment, and underemployment are firmly linked together in the lives of people with severe disabilities in our country. According to data from the U.S. Bureau of the Census, as of 1993 of the 16.9 million people with disabilities of working age, 11.4 million were unemployed and seeking work, and 5.1 million of those employed were earning below the poverty level, approximately \$7,000 for a household of one (McNeil, 1993). People with disabilities and in particular people with severe disabilities lag far behind people without disabilities in many respects; seldom are they capable of self-sufficiency. According to Menz (1997):

Rates of employment among the working age adults without disabilities and who are working are nearly three-times those for disabled adults and 10 times the rate for persons with severe disabilities: 76 percent of working age adults are employed, 27.8 percent of individuals with work related disabilities are employed, and only 7.5% of adults with severe disabilities are employed. (p.17).

More recently, Burkhauser, Daly, and Houtenville (2001) reported that despite the fact that the 1990's were a period of robust economic growth for the population in general, working age Americans with disabilities actually declined in economic well being due to a “dramatic drop” (p.303) of employment even during the strong recovery following 1992.

Burkhauser et al. found that the phenomenon of men with disabilities losing economic ground over the entire '90s business cycle relative to the rest of the population was without historical precedent. During the 1980's, the employment of men with and without disabilities, by contrast, fell with a recession and rose with recovery.

The personal, social, political, and economic factors accounting for these disparities are many and varied. They include the labor market as defined by supply and demand, economic disincentives of various types, ongoing and pervasive illegal discrimination, and competition for jobs from those seeking employment in compliance with recent federal welfare-to-work regulations.

Regardless of these underlying factors, it is federal policy to fight discrimination, and to guarantee equal opportunity for individuals with disabilities (as exemplified by the Rehabilitation Act of 1973 and its subsequent amendments, and the Americans with Disabilities Act of 1990). Beginning in the late '70s and gaining momentum through the '80s, a movement took place to integrate people with severe disabilities into the mainstream of society, including the world of work. Breaking down conventional barriers, which isolated these people and imposed restricted choices was seen to be a top priority both by the Human Services and Rehabilitation communities and by federal and state governments committed to a just social policy. The task of implementing this change fell in large part upon the nation's Community Rehabilitation Programs (CRPs), typically nonprofit agencies that number over 5,000, according to Coker et al. (1995). Their traditional roles had been to provide a protected or "sheltered" environment for people with severe disabilities, who with the proper training, accommodations, and supervision could succeed in performing light industrial work for business clients of the facility. At present the majority of CRPs are engaged in the placement of people with disabilities such as mental retardation, traumatic brain injury, and mental illness into employment outside

the walls of their own facilities. Botterbusch and Miller (1999) in studying 124 CRP s found almost 60% offered such services.

There exists little in the way of published research which describes the methodology used in the job search or placement process. This is very possibly due to a general disinterest among rehabilitation professionals in the process itself. According to Granovetter, (1979) “the idea that placement is low- status, dirty work will not disappear and must be faced head-on” (p.94). Consequently, descriptive research is called for so as to provide a baseline of data for CRP placement specialists to use in attempting to improve the employment rate among their clients. This is especially true given the emphasis of the 1992 Amendments to the Rehabilitation Act on services related to employment outcomes, and the priority, which the 1998 Amendments place upon serving individuals with “significant” disabilities. In this way, these programs will not only be able to provide the most effective placement services to their clients by raising the odds for employment, but also will be able to provide a higher level of accountability to public funding sources which account for a major share of their income.

Statement of the Problem

The purpose of the study is to develop baselines of:

- A) Methods currently in use by CRPs in Minnesota and Wisconsin for placing clients with cognitive disabilities into integrated employment; and
- B) Outcomes resulting from the use of these methods.

The data will be gathered using a descriptive survey of the placement specialists working for CRPs within Minnesota and Wisconsin during the fall of 2001. CRPs will be identified from records of the Research and Training Center on Improving Community- based Rehabilitation Programs, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout.

Research Objectives

This study will focus on the following objectives:

- 1) To describe the current methods used by CRP placement specialists within Minnesota and Wisconsin to obtain integrated employment outcomes; and
- 2) To describe employment outcomes as measured by percentage of referrals obtaining employment, average rate of pay, average weekly hours worked, and number of months employed.

Definitions

For the purposes of clarifying this study, the following terms are defined as follows:

“Integrated employment”: employment on premises outside the CRP facility, whether or not the worker with a disability is on the CRP payroll.

“Marketing-based placement”: A method by which specialists make placements by participating in activities to promote the rehabilitation agency to employers in the business community (e.g., Chamber of Commerce) but not necessarily to promote a specific individual job seeker. (Fesko & Temelini, 1997)

“Supported employment”: A method by which the placement specialist provides onsite job training, and evaluates and instructs the employee whether on a continual or a periodic basis, acting as a liaison with the employer to facilitate satisfactory job performance. This may be implemented in two ways: (a) Individual Job Coaching, in which a rehabilitation staff member is assigned to coach the individual employee, and (b) Group job coaching, in which the rehabilitation staffer supervises a group of workers with disabilities at the worksite.

“Individual placement”: A method by which the placement specialist identifies a particular job to meet the needs and abilities of the individual seeking employment, working with the individual and the employer to restructure the job or make accommodations where necessary.

(Fesko & Temelini, 1997)

“Networking placement”: A method by which the placement specialist canvasses personal or professional networks for job leads or uses the network of the individual seeking employment for leads. (Fesko & Temelini, 1997)

“Competitive employment”: A job paying at least the federal minimum wage in a work area predominant with workers who do not have disabilities.

CHAPTER 2

Historical Overview

People with cognitive disabilities have experienced many barriers to inclusion into the ranks of society at large and into the ranks of the employed. The particular characteristics of the disabling condition itself are known in the rehabilitation community as “Functional Limitations”, and typically affect the cognitively disabled individual’s ability for self-direction, self-care, communication, work skills, and work tolerances. However, there have always existed barriers of another sort, in the social and political environment, which further aggravated the individual’s personal limitations. According to Fine and Asch (1990):

“...environmental factors posed many barriers of discrimination, marginality, and uncertain public acceptance; people with disabilities faced ambiguous, if not rejecting, social responses; and these people responded psychologically and socially to such situations” (p.63).

Traditionally, the general public opinion towards people with disabilities has included the following assumptions so as to marginalize the disabled

- 1) “When a disabled person faces problems, it is assumed that the impairment causes them”(Fine and Asch, p.65).
- 2) “It is assumed that the disabled person is a “victim”(Fine and Asch, p.65).
- 3) “It is assumed that having a disability is synonymous with needing help and social support”(Fine and Asch, p.67).

The Mentally Retarded and Mentally Ill

Based on these assumptions, the Mentally Retarded as well as the Mentally Ill were historically either institutionalized (if determined capable of employment) or offered sub-

minimum wage jobs at publicly funded sheltered workshops. The Mentally Ill were particularly suspect: Olshansky, Grob & Malamud (1958) who questioned employers about their attitudes towards ex-mental patients, found them to be concerned with the possibilities of violence, recurrence of illness, a limited tolerance for pressure and speed, immorality, mental deficiency, incompatibility, and bizarre behavior.

It was as a direct consequence of the Civil Rights movement of the 1960s that Congress adopted a policy based on the individual rights of people with disabilities. The policy once based on the need to provide charitable services was shifted towards the establishment of enforceable legal rights of the disability community as a minority group deserving protection. Section 504 of the Rehabilitation Act of 1973 made discrimination towards an otherwise qualified handicapped individual illegal, for any program or activity receiving federal financial assistance. In, 1986, the Act was amended to include funding for Supported Employment services. This legislative change served to authorize habilitation of the severely cognitively disabled, (e.g. the Severely Retarded) in various intermediate employment opportunities between the traditional sheltered workshop and competitive employment that had evolved prior to the passage of the Act. Bellamy, Horner and Inman (1979) describe situations such as sheltered workshops that function as factories with minimal public subsidy, workshops that contract to perform jobs in normal work situations, and enclaves with industry.

The Traumatically Brain Injured

The shift in public policy coincided with a marked increase in the number of persons surviving severe head injuries. Emergency evacuation procedures, improvements in neurosurgical intervention, and psychological advancements resulted in many more people

surviving traumatic brain injuries (TBI) in motor vehicle accidents (Wehman, West, Fry, Sherron, Groah, Kreutzer, & Sale, 1989). Supported Employment methods have been developed as adapted to this diagnostic group as well as the others with cognitive disabilities.

With the passage of the Americans with Disabilities Act of 1990, disability rights were established in law and in public policy to encompass the vast majority of employment situations. Title I of the Act, “Employment” not only prohibited discrimination but required that the employer provide “reasonable accommodation” to the employee with a disability.

Review of Placement Related Literature

This section will provide an overview of the methods used by CRPs in the job search or placement process, as they have been applied to individuals disabled by mental retardation, traumatic brain injury, and mental illness. The chapter will likewise touch on the results reported in the literature related to employment outcomes.

According to Vandergoot, Jacobsen, and Worrall (1979) the literature at that time offered “only limited guidance to people involved in placement or to people attempting to organize placement programs” (p.15). Nietupski, Verstegen, and Hamre-Nietupski (1992) emphasized the need for research to validate practices that had been reported anecdotally or based on individual successes.

The methods used can be divided into two very general categories: A) methods focused on marketing to the labor needs of the business clients of the facility, and B) methods focused on serving the employment needs of the individual consumers of rehabilitation services. This is a simplification, but one which may prove helpful in describing the various approaches reported in the literature.

Marketing the Organization: Methods and Outcomes

Williams, Petty, and Verstegen (1998) studied the ways that four Tennessee community rehabilitation agencies approached businesses as part of a demonstration project to study the efficacy of marketing techniques used to place individuals. The agencies used both a Cold Call model (direct contacts to businesses with whom the job developer had no prior connection) and the Referral model (contacts to businesses through third party advocates who paved the way for the job developer) in successfully placing individuals with various physical, developmental, and cognitive disabilities. Findings showed that job developers experienced substantially fewer rejections under the Referral model. Two of the four agencies reported “a noticeable difference in the quality of placements made during and after the study” (p.28). The study found these approaches to be particularly effective in obtaining jobs in larger corporations in two of the four agencies interviewed. However, the study did not describe circumstances of employment obtained, such as whether any arrangements were made for job coaching, in which the agency provides staff to train the person with the disability at the worksite.

These same marketing methods for obtaining employment are used not only for individual placements, but also to place groups of people with disabilities (e.g. enclaves or mobile work crews, two forms of protected or “supported” employment, also used for individuals placed and trained at the worksite by a job coach). The enclave usually consists of a small group of up to eight individuals with continuous supervision working outside the rehabilitation facility. Mobile work crews typically contain five clients and one supervisor and work on typical jobs such as janitorial, maintenance, or grounds keeping services. Both of these groups typically are comprised of individuals with significant cognitive disabilities.

Fesko and Temelini (1998) in conducting a national survey of staff people and consumers of community rehabilitation providers and independent living centers found that the job search process for individuals with mental retardation (MR) was different than the process for individuals with other disabilities. Strategies traditionally used in sheltered employment such as offering subminimum wage and having the employee on the agency payroll instead of the employer's were used more frequently with individuals with MR than with other disabilities. Staff also used more individualized job search strategies such as job restructuring, job matching, and job accommodation for individuals with mental retardation. When these practices were used, they were rated as less effective in securing jobs than networking. Findings showed that individuals with other disability categories (physical, sensory, psychiatric) were more often placed utilizing the network approach of contacting previous employers, family, and friends, or business, personal, and professional contacts in the staff person's own network. Findings also showed that individuals with MR had the highest rate of job coach training (88%) of the groups and significantly higher average satisfaction than individuals in any other category, but that they earned the lowest wages (a median of \$4.50 / hour) and worked next to the fewest weekly hours (median of 25) after the mentally ill, who only had a median of 20 weekly hours.

This research identified five separate job search practices: Generic/ Not Individually Focused Marketing approach, Individually Focused Placement, Networking Strategy, and Traditional Job Placement approach. Consumers from whom data were collected were individuals with mental retardation (48%), mental illness (20%), physical disabilities (15%) and sensory disabilities (6%); the remaining 11% had other disabilities including substance abuse and learning disabilities. Staff reported that individuals with physical impairments and mental illnesses were more actively involved in their job search than individuals with mental retardation.

The Agency Marketing approach, which focused on promoting the agency through a public relations event or participation of staff in the Chamber of Commerce or Employer Advisory Board was found to be most effective with individuals with sensory impairment, and the Networking Strategy as described earlier was found most effective with individuals with physical disabilities. As for the remaining job search categories (Generic, Traditional, Individually Focused), they were not found to be more effective with any one of the identified disability categories.

Regarding individuals with traumatic brain injury (TBI), considering the nature of their condition, they are best served by placement methods promoting the rehabilitation provider's capabilities as both liaison between employee and employer, and as a trainer/ supervisor at the employer's work site. The liaison role is critical considering the potential that the employer may misunderstand behaviors of distractibility, disorganization, egocentrism etc. as deliberate insubordination rather than as symptomatic of the brain injury (Krollman & De Boskey, 1990). Literature describing supported employment of various types with this population (Botterbusch & Menz, 1995; Kay, 1993; Wehman, Kreutzer, Woods, Morton & Sherron, 1988) found it to be relatively effective as a method for finding and keeping jobs for persons with both TBI and psychiatric disabilities. For these reasons, the Agency Marketing approach is used extensively to place individuals with TBI. As stated by Corthell and Tooman (1985): "The self directed search... requires an individual with intact executive functions. The counselor, or placement specialist will generally be required to develop the job for the traumatically brain injured client" (p.210).

The same argument can be made for the placement of individuals with mental illness: that their disability forces them to rely upon the job developer's marketing skills for obtaining

employment. In years past, the sheltered facility itself was seen as the best work option for those with serious psychiatric disabilities. This was considered progressive as compared to the custodial or institutionalized standard. However, with the advent of the supported employment movement, the mentally ill came to be included in the agencies' efforts to market their services to employers. Typical openings were in the food service, building maintenance, or light industrial industries.

Employment Related Services for Consumers: Methods and Outcomes

This second general approach for obtaining employment for consumers of CRPs has its origins in traditional vocational rehabilitation counseling, which as a discipline was developed to find employment in the short-term or intermediate-term for individuals whose disabilities allowed for a time limited and self- directed search. The Individually Focused approach as identified by Fresco and Timeline (1998) is consistent with this: the placement specialist works with the employer and individual to restructure the job or make accommodations. As noted earlier, that approach was used for individuals in all disability categories. Similarly, the networking approach commonly acknowledged as the most effective for people in general has also proved the most effective for individuals with disabilities, as explained in the previous section. The principle which underlies the success of networking is that the shorter the information chain, the more productive it will be. Granovetter (1979) took a sociological perspective in arguing that both workers and employers preferred to get information about prospective jobs or employees through personal contacts rather than by way of more formal procedures, because through experience they have found this makes for more reliable information about the prospective job or worker, and is easier to obtain. However, since individuals with severe cognitive disabilities have traditionally had smaller social and personal

networks to draw upon for job leads (Wesolowski, 1981), and typically lack the ability to initiate and sustain purposeful activity, this method demands that the placement specialists or friend, family member, or social worker assume direction of the networking effort.

Azrin and Philip (1979) reported outstanding success with the Job Club method. In this model, a group of elite job-seekers met every day in a counselor's office until a job was obtained, for about two and half hours a day. This method proved especially helpful to 20 individuals referred from community mental health programs, 18 of whom found employment within six months. Since only three clients were referred from a community workshop (diagnosis not provided), the fact that they all obtained employment was not statistically significant, and results could not be generalized to the typical CRP population. The search of the literature did not find any studies of Job Club methods used by CRPs. One pilot study was conducted to demonstrate the applicability of the concept for adult students with developmental disabilities (Faddis, 1987). Only four of the 26 individuals found full-time jobs.

Wesolowski (1981) reviewed six self- directed placement techniques, including the job club model, to provide guidelines for rehabilitation professionals and administrators to choose among these options. The Job Club and a variation upon it, the JOBS program were the most effective and expensive models, requiring highly motivated clients willing to practice the skills taught. The study did not describe the characteristics of individuals taking part in the job clubs or other techniques; however, based upon the higher-level cognitive functions and social skills required to initiate and sustain the job search, it appears clearly beyond the ability of individuals with severe cognitive disabilities.

In summary, individuals with severe cognitive disabilities who are clients of CRPs and who want integrated employment rely upon one of several types of supported employment for

work outside the facility. This is extensively borne out by literature over the past 20 years. Since this model depends upon the presence of the agency's staff, it is the agency, which generally markets its special services in securing positions for clients with disabilities.

CHAPTER 3

Methodology

Specific Procedures

A survey will be constructed to gather data on the methods currently being used to place clients with the diagnoses of Mental Retardation, Mental Illness, Traumatic Brain Injury or any combination of these. It will request data on the outcomes of placement efforts and contain subjective items as to the placement specialist's use of the various methods as applied to clients with these various disabilities.

A listing of all the CRPs in the states of Minnesota and Wisconsin, totaling 448 will be utilized from which to obtain a sample of 100 CRPs. The listing will be obtained from the records of the Research and Training Center of the University of Wisconsin- Stout Vocational Rehabilitation Institute. The sample will be obtained at random so as to have the characteristics of representativeness and independence of units. The sampling process will be as follows:

- 1) The listing for all CRPs in Minnesota will be ordered alphabetically.
- 2) Each CRP on this list will be assigned a number in sequential order, from numbers 1 to 166.
- 3) The listing for all CRPs in Wisconsin will be ordered alphabetically.
- 4) Each CRP on this list will be assigned a number in sequential order, from 167 to 448.
- 5) All numbers will be entered into a computer programmed to generate a list of 50 numbers in random order for each state.
- 6) The program will be executed.
- 7) A printout will be obtained of the 100 numbers generated randomly.
- 8) The CRPs to whom these numbers were assigned will be selected as the sample group.

Packets will be mailed out to the 100 CRPs in the sample in early November 2001 to the director of each facility. A cover letter containing the UW Stout Department of Rehabilitation and Counseling's return address sent to the director will briefly explain the purposes of the instrument and will request that the director forward a separate cover letter (addressed to "Placement Specialist") and the survey itself (with a self-addressed stamped envelope) to a specialist for completion and return. The cover letter to the specialist will also explain the purposes of the research and request that the specialist provide data regarding methods used and quantitative outcomes obtained from the first ten cognitively disabled individuals referred for placement in the calendar year 2001. It will explain the measures used to guarantee anonymity of the clients and the consequent minimal risk to those clients from whom data is being requested. It will explain that participation in the project is completely voluntary. The consent form printed on the front cover of the survey will explain that the specialist was given informed consent as to the nature, possible benefits, and potential risks of the study.

The survey itself will consist of two pages and contain directions and definitions of terms used. Questions will be Yes/No, Fill-In the Blank, and Short Answers regarding the specialist's professional experience with the three diagnostic groups. The reverse of the flyer is blank to allow the respondent to expand on the short answer questions.

Population and Subjects

The population of this study will be placement specialists in Minnesota and Wisconsin. The subjects will be placement specialists within this region who are employed by Community Rehabilitation Programs who perform variety of tasks. These tasks may include obtaining job leads, providing guidance to clients seeking employment, negotiating accommodations with employers, and post-hire follow-up and counseling.

Data Analysis and Limitations

Nominal and ordinal data collected in the survey will be analyzed using descriptive statistics in November of 2001. The data will be reported in terms of mean, standard deviation, and frequency. One limitation of the methodology is its reliance on self-reporting, which may be biased. In the event an adequate number of returned surveys are not received, results may not be statistically significant.

CHAPTER 4

Results

This study focused on the following objectives:

- 1) To describe the current methods used by CRP placement specialists within Minnesota and Wisconsin for placing clients with cognitive disabilities into integrated employment; and
- 2) To describe employment outcomes as measured by percentage of referrals obtaining employment, average rate of pay, average weekly hours worked, and number of months employed.

After the initial 100 surveys went out in mid-November 2001, a total of five were returned completed, reflecting responses for a total of 46 referrals for placement. Twelve surveys returned without data indicated that the facility was not involved in placement, containing explanations such as “we are a hospital and do not make placements” or “we are a group home and do not make placements”. Given the poor response, a selective sample of 50 agencies contracted under a state program to provide Supported Employment services for an extended period of time (“Extended Employment”) in Minnesota and known to provide placement services was identified. Only twelve of these facilities had been contacted in the original mailing. The remaining 38 Minnesota facilities were sent the surveys in a second mailing December 1st. In response, an additional twelve completed surveys were returned by December 19th, containing data on 158 referrals. A total of 17 completed surveys were returned out of a total of 138 mailed out, for a return rate of 12.3%.

Section One

Placement Methods

For Section One, “Placement Methods”, Question 1 of the survey requested that the placement specialists identify the diagnosis of the people referred. Eighty-seven (87) were identified as Mentally Retarded (55.1%), forty-seven (47) were diagnosed as Mentally Ill (29.7%), eighteen (18) were identified as Traumatic Brain Injured (11.4%), and six (6) were identified as dually diagnosed.

Question 2 requested that the placement specialists identify the placement method used by the specialists. A total of 145 responses were received for the 158 referrals, for a response rate of 91.8%. Of these, thirty-one (31) or 19.6% identified Marketing Agency (Supported Employment-Individual) as the preferred method of placement, thirty (30) or 19.0% identified Marketing Agency (Supported Employment-Group) as the preferred method of placement, fifty-two (52) or 32.9% identified Networking Individual (Supported Employment) as their preferred method of placement, thirty (30) or 19% identified Networking Individual (Competitive Employment) as their preferred method of placement.

Section Two

Employment Outcomes

For Section Two “Employment Outcomes”, five questions are asked. Question 1 asks whether the referral was hired. One hundred forty six (146) responses were received for the 158 people referred, for a response rate of 92.4%. One hundred twenty one (121) or 76.6% of the responses indicated that the referral was hired, twenty five (25) or 15.8% of the referrals were not hired.

Question 2 asks whether the referral is still employed. The response rate was 81.0%, 128 responses were received for the 158 referrals. Ninety-nine (99) of the 128 responses (62.7%) indicated that the referral was still employed.

Question 3 asks for the average hours per week worked by the respondent. One hundred eleven (111) responses were received. The range was between 2 and 42 hours with a mean 17.83 hours worked with a standard deviation of 10.10 hours.

Question 4 asks for the hourly wage. One hundred eleven (111) responses were received, with a range between \$0.74/hr. and \$12.50/hr. Seventeen (17) of these responses reported wages below the minimum wage of \$5.15. The mean is \$6.02/hr. with a standard deviation of \$1.86.

Question 5 asks for the total months employed. A total of 105 responses were received. The range was between one (1) month and 24 months with a mean of 7.46 months, and a standard deviation of 6.12 months employed.

Section Three

Preferences and Opinions

Section Three contains five questions on preferences and opinions. Question 1 asked the specialist to describe which diagnostic category the specialist placed most often. Of the 17 surveys returned, ten selected Mental Retardation, four selected Mental Illness, two selected Traumatic Brain Injured, and one selected MR and MI.

Question 2 of this section asked, "Which placement method do you use most for clients in each diagnostic category?" For the category MR, a total of ten replies was obtained: five indicated Marketing the Agency as the most commonly used method, and five indicated Networking the Individual. For the category of MI, ten replies were obtained: three indicated Marketing the Agency, and seven indicated Networking the Individual. For the category of TBI,

a total of seven replies were received: three for Marketing the Agency, and Four for Networking the Individual.

Question 3 of this section asked the specialists to describe the placement method found to be most effective. For the category of MR, ten replies were received, four favoring Marketing the Agency and six favoring Networking the Individual. For the category of MI, the ten replies received broke down in exactly the same way. For the category of TBI, six replies were received, two favoring Marketing the Individual and four favoring Networking the Individual.

The remaining results may be reported anecdotally. Questions 4 and 5 requested the specialists describe the most suitable jobs for clients in each diagnostic category. The following replies are typical: “15 yrs of experience-I don’t believe in a “suitable” job by category of disability”. “Depends on individual needs and extent of disability”, “entry level depending on individual interest”, “Do not believe a judgment can be made. Each individual brings unique skills to employment”. Only three replies answered the question specifically: 1) “Routine and repetitive for all” 2) “Enclave for MR and MI, individual placement for TBI” 3) “Paper Product Handlers, Hand Packaging for all”

Only four replies were received for Question 5 “Please indicate any comments to the survey”. These all referred back to Question 4, such as the reply “Question #4 seems to be calling for over generalization so much that it is too general to have any meaning” or “So much depends on the individual!”

CHAPTER 5

Discussion, Conclusions, and Recommendations

This chapter will include a description of the results of the study and conclusions. This chapter will conclude with some recommendations for future research.

The response to Section 1 of the survey, “Placement Methods” showed that the majority of clients were Developmentally Disabled (55.1%), the next most common diagnosis being Mentally Ill, (29.7%), with only 11.4% diagnosed as Traumatologically Brain Injured.

As regards which placement method was used most by the placement specialists, the majority of responses indicated some form of Supported Employment, which is not surprising given the fact that three out of the four possible responses to the question contained Supported Employment as a component of the response. The placement method used most was Networking Individual (Supported Employment), used 32.9% of the time. The other two types of Supported Employment Placements used were favored equally, with 19.6% of the responses favoring Marketing Agency (Supported Employment-Group) and 19% favoring Marketing Agency (Supported Employment-Individual). The category Networking Individual (Competitive Employment) was chosen in a minority of 11% of the total cases.

The fact that the most common diagnosis was Developmental Disability and that Supported Employment was chosen in the vast majority of the cases coincides with the historical fact that Supported Employment was initially designed for the Mentally Retarded, and later adapted for use with the Mentally Ill. According to Wehman, Revell, and Grant (1998) people with a primary disability classification of Mental Retardation accounted for 61.5% of participants in Supported Employment in Fiscal Year 1995, and people with a primary classification of Mental Illness constituted 26.0% of the participants. These two figures

correspond strongly with the percentages obtained in our survey showing the makeup of subjects as 55.1% Developmentally Disabled and 29.1% Mentally Ill.

Turning again to Section 1 “Placement Methods” we may contrast the placement technique of Marketing the Agency (emphasizing the services provided to the employer by the agency more than the abilities of the individual seeking employment) against the placement technique of Networking the Individual (which emphasizes the individual’s abilities more than the agency’s services). The responses showed that placement specialists chose Networking the Individual most often, for 51.9% of the responses. Marketing the Agency was chosen in 38.6% of the responses. The remaining responses indicated Supported Employment without directly answering the question. One reply noted: “I don’t think any of the above describe our service. We utilize a Network to attempt to place the individual in competitive employment emphasizing the person’s abilities but also using our relationship with employers. And we do provide on site “Work Site Support” or “Extended Employment” post hire.

This particular reply may have illustrated the reason for the low rate of response to the survey overall. It is quite likely that the vast majority of placement specialists who chose not to respond chose not to because they felt that they were asked to respond based on artificial distinctions. It is quite possible that these specialists consider themselves realists in the way they will exploit every possible advantage or opportunity to obtain placements for their clients, and they will typically do whatever works. Very possibly they did not see it as a productive use of their time to engage in breaking down their results in an analytic way.

In any case, the placement strategy selected most often with these subjects in Minnesota and Wisconsin (who were for the most part Mentally Retarded) was Networking the Individual, which is surprising since in the national survey conducted by Fesko and Temelini

(1997), "Networking Strategy" (p.74) was least used for individuals with Mental Retardation. That national study found that it was used most effectively for clients with physical disabilities. What would account for this apparent variance? The answer may be found in the definition of terms. Fesko and Temelini describe "Networking Strategy" practices to include the very same practices currently used by nondisabled people with good executive function, and the no particular need for outside assistance, such as using one's social and professional network to initiate contact with a prospective employer. On the other hand, the definition for "Networking the Individual" as presented to the placement specialists in the survey language was more vague, as in the definition of NI (CE): "The specialist utilizes a network to locate prospective employers, emphasizing the abilities of the individual client more than the Agency's services..." This relative lack of a true correspondence between Fesko and Temelini's terminology and that of the survey may have confused the issue.

For Section 2 "Employment Outcomes" Question 1 asks whether the referral was hired. The results show that the vast majority of referrals were hired, 76.6%. Of these, almost two-thirds (62.7%) were still employed, (as per the replies to Question 2) having passed the probationary period, which is typically 90 days. As far as the Total Months Employed asked in Question 5, the responses indicated a great deal of variability. The range was between 0 and 24 months, with a mean of 7.46 months and a standard deviation of 6.12 months. With respect to the average hours worked per week, the typical cognitively disabled worker worked half time, with a mean of 17.83 hours worked and a standard deviation of 10.1 hrs and a large range (between 2 and 42 hours).

However, the variability concerning the rate of pay was significantly less. Although there was a large range between \$0.74 and \$12.50 per hour, the mean was \$6.02 with a relatively small

Standard Deviation of \$1.86. The outlier at the end of this range indicates a sub minimum wage certificate must have been obtained through a process certified through the state's Department of Labor. However, the mean of \$6.02 per hour is consistent with the principles of earning competitive wages as a founding principle of the Supported Employment movement, indicating that this principle is very much being adhered to (Wehman et al., 1998).

These figures averaging 17.83 hours worked with an average wage of \$6.02/hr. compared closely with the national study by Fresco and Temelini (1997). The national study found the median hours worked for Mentally Retarded subjects was 25 hours, with a median of 20 hours for the Mentally Ill. The national study found a median of \$4.50/hr earned for the Mentally Retarded and a median of \$5/hr. for the Mentally Ill.

As regards Section 3 of the survey "Preferences and Opinions" the responses showed that placement specialists were evenly split as far as the methods used most in placing the Developmentally Disabled: five selected Marketing the Agency, and five selected Networking the Individual. In placing the Mentally Ill, there was a clear preference for Networking the Individual: seven responses favored this approach as opposed to three for Marketing the Agency. Preferences were split for the placement style best suited for the Traumatically Brain Injured: four for Networking the Individual, and three for Marketing the Agency, out of the total of seven responses.

Question #2 (Which placement method do you use most for clients in each diagnostic category?) with replies reported above was followed by Question#3 (Which placement method do you find most effective for clients in each diagnostic category?). The purpose of the follow-up question #3 was to detect whether the specialists were using methods which they themselves believed to be the most effective, or whether they, as employees of their organization, were

compelled to use methods they themselves did not consider as most effective. There was very little discrepancy in these two responses, indicating that cognitive dissonance was not a factor for placement specialists: The results confirmed that they were free to apply the methods they found most advantageous for their clients.

One particular response from the placement specialist with 15 years of experience quoted in the previous chapter is noteworthy. This same person who felt there was no “suitable” job by category of disability replied to Questions #2 and #3 as to her most frequently used and effective ways for placement of the Mentally Retarded and Mentally Ill: “I mostly market the person based on abilities, skills, experience-if that doesn’t work then I usually offer an OJT (on the job training) or/and tax credit. I may then offer job coaching if appropriate.”

Of all the replies, this is the only one that specifically discussed economic benefits to the employer as a condition of the placement, and the economic costs to the agency (supplying the job coach as the last resort).

Future research may choose to incorporate questions as to the economic dynamics between placement agency and employer, in order to establish the strength of economic incentives as a factor to hiring the cognitively disabled.

Given the low rate of response, and the low overall number of responses, the validity of this research has not been established. Suggestions for replication of this research include obtaining a sufficiently high number of responses to establish validity.

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Appendix A

University of Wisconsin-Stout
Department of Rehabilitation and Counseling
250 Vocational Rehabilitation Building
Menomonie, WI 54751

Director of Facility
Street Address/PO Box
City, State, XXXXX

Dear Director,

The attached survey is submitted as part of a graduate thesis with the objective to describe strategies used by Community Rehabilitation Programs for placing referrals with cognitive disabilities into integrated employment. We are likewise gathering information as to results obtained with the various methods used to secure placements.

We would greatly appreciate your cooperation in forwarding this to the placement specialist at your earliest convenience. Enclosed please find a postage-paid return envelope for your convenience. Please do not hesitate to call or e-mail regarding any questions or concerns.

Sincerely yours,

Paul Hughes
651-284-5443
hughesp@post.uwstout.edu

Encl: Cover letter to Placement Specialist
Survey
Return envelope

Appendix B

University of Wisconsin- Stout
Department Of Rehabilitation and Counseling
250 Vocational Rehabilitation Building
Menomonie, WI 54751

Name of Community Rehabilitation Program
Street Address or PO Box
City, State, Zip

Re: Placement Survey

Dear Placement Specialist,

We are undertaking a graduate research project with regard to the employment of people with cognitive disabilities, and are requesting your cooperation in completing the attached survey. The information obtained will be used to obtain a baseline of data to describe methods of placement into integrated employment currently in use by Community Rehabilitation Programs in Minnesota and Wisconsin, and their outcomes. It is our hope that the research results might be used to improve the rates of employment and job retention for this population (“Integrated Employment” is defined in this study as “Employment on premises outside the Community Rehabilitation Program, whether or not the worker with a disability is on the payroll of the CRP”).

We are seeking data from the first ten (10) cognitively disabled individuals referred for placement in calendar year 2001, for individuals with the following disabilities: Mental Retardation, Mental Illness, and Traumatic Brain Injury.

Please note that the attached survey does not request any identifying information about your clients. The reports of the findings of this research will not contain your name, the names of your clients, or the name of your facility. Anonymity is guaranteed.

By returning this questionnaire, you are giving your informed consent as a participating volunteer in the study. You understand its basic nature and the potential benefits that might be realized from its successful completion. Your participation in this project is completely voluntary. You may choose not to participate without any adverse consequences.

Once the study is completed, the analyzed findings will be made available to you. In the meantime, if you have any questions please feel free to contact me at the above address or by phone at (651) 284-5443 or via e-mail at hughesp@post.uwstout.edu. Questions or concerns

about participation in the research or subsequent complaints should be addressed first to myself or Research Advisor Robert Peters, Ph. D at the above address or by phone at (715) 232-1983 or by Email at petersb@uwstout.edu. Secondly they may be addressed to: Janice Coker, Chair of the UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW- Stout, Menomonie, WI 54751, phone (715) 235-4828.

Sincerely,

Paul Hughes

Appendix C

SECTION 1
PLACEMENT METHODS

- a) Please identify the first 10 clients referred for placement in 2001 who had one or more of the following primary diagnoses: Mental Retardation, Mental Illness, and Traumatic Brain Injury.
- b) On the left side of the chart, check the primary diagnosis of each client.
- c) On the right side of the chart, check which one of the four methods was used to attempt placement as described below:

MA (SE-I): The specialist presents or **Markets** the **Agency's** services to provide **Supported Employment** for the **Individual** client on the worksite. This method emphasizes the Agency's services more than the abilities of the individual seeking employment.

MA (SE-G): The specialist **Markets** the **Agency's** services of **Supported Employment** For a **Group** of workers, where job coaching is provided for a mobile work crew or industrial enclave.

NI (SE): The specialist utilizes a **Network** to locate prospective employers, emphasizing the abilities of the **Individual** client more than the Agency's services in attempting placement. **Supported Employment** services are provided on the worksite as a condition of the placement offer

NI (CE): The specialist utilizes a **Network** to attempt to place the **Individual** client into **Competitive Employment**, emphasizing the individual's abilities only. No on-worksite services are offered or provided post- hire.

	MR	MI	TBI	MA (SE-I)	MA (SE-G)	NI (SE)	NI (CE)
Client 1							
Client 2							
Client 3							
Client 4							
Client 5							
Client 6							
Client 7							
Client 8							
Client 9							
Client10							

SECTION 2

EMPLOYMENT OUTCOMES

This section of the survey consists of five questions for each client described in the previous section. Please circle the “Yes/No” answers for #1 and #2. On #3, please fill in the average number of hours worked weekly. On #4, please fill in the current hourly wage or the hourly wage at the time of separation from employment. On # 5, indicate the length of employment, whether currently employed or separated from employment.

	1) Hired?	2) Still Employed?	3) Average Hrs Per Week	4) Hourly Wage	5) Total Months Employed
Client 1	Y/N	Y/N			
Client 2	Y/N	Y/N			
Client 3	Y/N	Y/N			
Client 4	Y/N	Y/N			
Client 5	Y/N	Y/N			
Client 6	Y/N	Y/N			
Client7	Y/N	Y/N			
Client8	Y/N	Y/N			
Client9	Y/N	Y/N			
Client 10	Y/N	Y/N			

SECTION 3

PREFERENCES AND OPINIONS

Please answer the following questions based on your professional experience. Use the reverse of this sheet for additional space.

- 1) Which of the three diagnostic categories describes the clients you attempt to place most often? (Circle One) MR MI TBI
- 2) Which placement method do you use most for clients in each diagnostic category?
MR _____ MI _____ TBI _____ Other (Please describe on reverse).
- 3) Which placement method do you find most effective for clients in each diagnostic category? MR _____ MI _____ TBI _____ Other (Describe on reverse)
- 4) Taking into account individual differences, which types of jobs do you believe are most suitable for clients in each diagnostic category?
MR

MI

TBI
- 5) Please indicate any comments as to the survey.