

# How higher performing employment specialists engage and support job-seekers with psychiatric disabilities

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# Acknowledgments

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# Reasons for this study

Even in the best vocational program developed to date specifically for people with psychiatric disabilities (The IPS approach), not every participant can expect success.

This is because considerable variability in employment outcomes is common, not only between programs and locations, but also between caseloads of individual employment specialists within the same program.

For instance, several USA studies have reported competitive employment commencements ranging from 0%-80% among employment specialists within the same service (i.e., Glover & Frounfelker, 2011; Taylor & Bond, 2014).

This variability is not fully explained by program fidelity since this has accounted for from 17% to 58% of site employment outcome variance (Becker et al., 2001, 2006; Lockett et al., 2017; McGrew & Griss, 2005).

Although research on this topic is increasing, little is known about how higher performing specialists differ from lower performers, in terms of attitudes, knowledge, skills, and practices.

# Methods

Ethics approval was provided by the University of Queensland Human Research Ethics Committee. All participants provided written informed consent.

Australian Disability Employment Services (DES) operating at the time (2012-2013) were first identified via the Department of Social Security (DSS) website.

Services were then stratified by program type, organization, location, and star-rating. Services were then randomly selected from each of these strata and invitations to participate were sent to service managers via telephone and emails.

Managers and supervisors received information sheets describing the aims and procedures of the research.

Managers were requested to seek out employment specialists who agreed to participate, and who worked predominantly with job-seekers with psychiatric disabilities.

Managers were asked to sample for diversity by age, gender, experience and performance (from low to high performers based on their service's employment outcomes).

Nominated persons were then contacted directly by author JK and invited to participate.

## Methods 2

Managers then completed a performance survey by phone or by email about each participant to help rank them by performance in the past 12 months.

Participants were 76 employment specialists, with predominantly psychiatric caseloads (50% or more), from six different disability employment services located in six Australian States and Territories.

High performance was classified dichotomously, around a median total score, as either higher or lower performers with respect to both job commencements and job retention.

Job commencement ratings were based on: (1) The number of job-seekers with psychiatric disabilities placed in competitive employment each month averaged over the employee's tenure with that organization; and (2) The average proportion of the current caseload in competitive employment.

These results were multiplied to create a job commencement composite score.

## Methods 3

Job retention ratings were based on three outcomes. (1) The proportion of job-seekers on the current active caseload who had retained competitive employment for 13 weeks; (2) The proportion retaining employment for 26 weeks or more; and (3) The proportion of the active caseload engaged in a competitive job at the end of each month averaged over tenure. Again, results were multiplied to create a job retention composite score.

Behavioural interviews were conducted by telephone with employment specialists to explore the nature of their practices using a semi-structured interview schedule. Behavioural questions generated examples of actual practices taken from their current caseload. Hypothetical questions were avoided.

The interviewer completed all participant interviews before gathering performance information from supervisors.

# Participants

## *Employment specialist characteristics (n=76)*

	<i>n (%)</i>	<i>M (years)</i>	<i>SD (years)</i>
<b>Age</b>	<b>76 (100)</b>	<b>39</b>	<b>11.8</b>
<b>Gender</b>			
<b>Male</b>	<b>20 (26)</b>		
<b>Female</b>	<b>56 (74)</b>		
<b>Location</b>			
<b>QLD</b>	<b>29 (38)</b>		
<b>NSW</b>	<b>22 (29)</b>		
<b>Other (NSW, VIC, ACT, TAS)</b>	<b>25 (33)</b>		

# Participants cont.

<b>Psychiatric employment</b>		<b><i>M</i> (years)</b>	<b><i>SD</i></b>
<b>specialist experience</b>	<b>76 (100)</b>	<b>4.3</b>	<b>5.2</b>
<b>Less than 6 months</b>	<b>6 (8)</b>		
<b>6-12 months</b>	<b>12 (16)</b>		
<b>1-2 years</b>	<b>22 (29)</b>		
<b>2+ years</b>	<b>36 (47)</b>		
<b>Mental health experience</b>	<b>76 (100)</b>	<b>7.8</b>	<b>7.7</b>
<b>Less than 6 months</b>	<b>2 (3)</b>		
<b>6-12 months</b>	<b>5 (6)</b>		
<b>1-2 years</b>	<b>15 (20)</b>		
<b>2+ years</b>	<b>54 (71)</b>		

# Performance of higher performing compared to lower performing employment specialists (\* statistically significant at 95% confidence level)

Performance measure	Lower performers (n=38)	Higher performers (n=38)
Number of job seekers commencing competitive employment each month	2.5 (SD 1.3, range 0.0-5.0)	4.6 (SD 1.5, range 2.0-8.5)*
Mean proportion of active job seekers commencing new jobs per month	19.6% (SD 7.7%, range 5.0-39.0%)	36.5% (SD 13.0%, range 18.0-70.0%)ns
Mean job commencement composite score	49.2, SD 28.1, range 0.0-88.0)	161 (SD 61.9, range 90.0-364.0)ns
Proportion of total caseload retaining employment for at least 13 weeks	28.4% (SD 21.6%, range 0.0-100.0%)	71.8 (SD 23.0%, range 30.0-100.0%)*
Proportion of total caseload retaining employment for at least 26 weeks	12.0% (SD 10.9%, range 0.0-41.0%)	61.5% (SD 25.3%, range 5.0-95.0%)*
Mean proportion of current active caseload in competitive employment	20.3% (SD 9.1%, range 0.0-53.0%)	35.2% (SD 14.0%, range 11.0-70.0%)*
Mean job retention composite score	676 (SD 521, range 0-1664)	4834 (SD 2514, range 1800-10850)*

# Practice themes highlighting differences

Five distinct practice themes emerged differentiating higher performing from lower performing employment specialists working with individuals with psychiatric disabilities. These were: (1) Job-seeker engagement and support; (2) Welfare benefits; (3) Disclosure; (4) Job development; and (5) Job retention. Only those practices related to job-seeker engagement and support are covered in this presentation.

# Contrasting practices in engaging and supporting job seekers

## (a) Developing working alliances

Both higher and lower performing employment specialists discussed the importance of establishing a strong working alliance with job-seekers and their belief that they do so. However, when requested to provide examples in relation to specific job-seekers, only higher performers could recall specific efforts to strengthen personal bonds with job-seekers. For instance, one higher performer recalled:

*“When one of my clients stopped turning up to his appointments and seemed to be distancing himself from the whole idea of work, I visited him at home several times to convince him to get back into the program. I think going this extra mile made him feel valued and important for the first time in a long time.... after that my client seemed to have much more trust in me that he wasn’t just a number to me, but a real person and his whole attitude changed....”*

# Developing working alliances

Lower performers tended to state the importance of the working alliance, but subsequently described behaviors inconsistent with developing trusting, supportive relationships and appeared to have less tolerance for job-seekers who did not present as already highly engaged and motivated. This was indicated by such remarks as:

*“I could see that [the job-seeker] didn’t really want to be there and so I was not going to waste my time with someone who was unmotivated or didn’t really want my help. I really just focus on those who are keen and ready to go.”*

Higher performers also appeared to take their role more personally and were more personally affected by their job-seekers’ experiences and outcomes:

*“I know I shouldn’t, but I take job rejections pretty personally as if I’ve failed the client and must do better next time...that I haven’t performed well enough...have let them down.”*

# Addressing job seekers' fears

Both higher and lower performing employment specialists recognized that the majority of individuals with psychiatric disabilities were fearful of commencing work for various reasons ranging from illness characteristics (i.e., cognitive deficits, psychotic symptoms), lack of confidence and experience, to negative prior work experiences. However, it was largely the higher performers who spent time addressing such fears:

*“The first thing I do is learn about clients’ barriers to employment so they won't get in the way of the client getting a job. So with [this client] I asked her all about her previous work experiences and how she felt about getting a job. She was pretty forthcoming with all the stuff she was worried about....forgetfulness on the job, not getting along with a previous boss, not having worked for a long time.....I spent time talking about each of her worries and how we would get around them and ensure the same bad experiences didn't happen again.”*

## Addressing jobseekers' fears cont.

Lower performers preferred to disregard perceived negative experiences reported by job-seekers, or referred such matters to job-seekers' treatment providers for management:

*“If a client has had bad previous experiences with work or feels they can't be successful in a job due to their disorder, that's not my area to deal with so I get our psychologist to speak to them about those kinds of issues. My job is just to get them a job.”*

# Use of psychological interventions

Higher performing employment specialists appeared to utilize a range of basic psychological treatment techniques in relation to employment-related problems and issues that arose during their working relationships with job-seekers such as cognitive behavioral therapy (CBT), motivational interviewing, problem-solving, practical support, and social skills training. For instance, one high-performing specialist recalled using what could be described as a CBT approach:

*“I had a client just last week who told me that he was planning to resign as he felt his performance was not up to scratch and that he was letting his boss and team down. I immediately called his manager who indicated the client was doing a good job and that both he and his co-workers had no issues with his performance. The next day, I went out and visited [the client] at work to see if I could pick up on what might be going on... I told him that there was no evidence based on manager and co-worker reports that he was underperforming and that it appeared to all be a product of his mind. The client came to the realization that I was correct and started to look at the reality of the situation before making brash decisions such as resignation.”*

# Social skills training

Higher performers often conducted some form of social skills training with their job-seekers, ranging from informal discussions about areas of improvement such as hygiene and eye-contact, modelling of effective skills, role-playing to teach and enhance social skills, through to organizing attendance at formal social skills training workshops. One high performing specialist indicated a belief that conducting job-seeker social skills training was one of the key ingredients in his success compared to his peers:

*“I always do some form of social skills training with clients as there is always room for improvement no matter who you are. I noticed a huge increase in my placement and retention figures when I started routinely doing this and I honestly think it’s where other consultants fall down as some of their clients appear closed-off at interviews or lack the skills necessary to be likeable at the workplace which is as important and sometimes more important than their job performance.”*

## Social skills cont.

Such interventions were largely unreported by lower performing specialists who tended to engage in lower-level practices or preferred referral to treatment providers to manage such employment-related issues. For instance, when asked how they managed the last job-seekers they had who erroneously believed they were not performing well, lower performers reported:

*“I just tried to reassure the client she was going ok and not to worry about it....to only worry about it once it became a problem.”*

Interestingly, numerous lower performers acknowledged that lack of social skills was often a reason for placement and retention problems, but when later questioned about any social skills training they conducted, denied the need for social skills training within their caseload.

# Supporting employers

Higher performing employment specialists often tried to support their job-seekers indirectly by educating employers to reduce any stigma associated with employing individuals with psychiatric disabilities. Another high performer indicated the type of education they routinely provide to potential employers:

*“I find out how many employees the organization has, and then let them know roughly how many would have a mental illness already working for them without the additional support that I would provide if they hired my clients. I inform them about all the effective treatments and medications available...and that with successful treatment even those with the most severe of disorders are able to successfully work. I usually then give them some success stories of some of the clients I’ve placed.”*

## Supporting employers cont.

In comparison, lower performers reported a preference to down-play or withhold job-seekers' mental health issues from employers due to employer stigma, or claimed to lack the skills and knowledge to provide education to employers.

*“There is no way I would provide information to employers about mental illness, disorders, symptoms....that would be a sure-fire way of scaring off a potential employer.”*

*“I'm not a psychologist so I don't have the expertise to start rattling off information and education to employers. I do tell them I have clients with mental illness looking for work, but almost all employers prefer to hire people with physical disabilities and they always get hired off my caseload first.”*

# Summary

Higher performers differed from lower performers by attitudes, practices, knowledge and confidence. Higher performers were more likely to:

1. Form stronger working alliances with job seekers;
2. Acknowledge and address job seeker fears;
3. Provide social skills training;
4. Apply the principles of several psychological interventions to a wide range of job seeker problems;
5. Directly support employers and advocate for job seekers in the workplace;
6. Provide information to employers to reduce stigma and to counter any employer fears.

Higher performers did not differ by age, experience or education. Higher proportions of females and those who spoke a language other than English at home, were found among higher performers.

# Strengths and limitations

## Key strengths:

1. The semi-structured behavioral interview to counter the influence of social desirability bias, a likely contaminant of self-reports.
2. Classifying participants using performance information from two objective sources namely supervisor reports and service performance records.

## Limitations:

1. The inability to randomly select participants may have limited the theoretical generalizability of these results. To counter this, stratification by geographical area, age, experience, backgrounds, and recent performance, helped to maximize participant diversity.
2. The limitations of a cross-sectional and mostly qualitative survey apply. Whilst the practices identified are likely to be useful for understanding higher versus lower performers, more evidence is needed before claiming that these practices cause better performance.
3. Practices actually represent more of a continuum than the examples from the two groups show.

## More information

The full report on which this presentation is based is now published in the *Journal of Rehabilitation*:  
King, J., Waghorn, G. (2018). How higher performing employment specialists engage and support job-seekers with psychiatric disabilities. *Journal of Rehabilitation*, 84(2), 48-56.

Two other reports from Joanne's Thesis are currently in press and one more is being peer-reviewed. Her Thesis is available from the University of Queensland library.

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Thank you for your interest in this work.