

## Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

### Picturing Work: A New Program for Vocational Empowerment May Help People with Psychiatric Disabilities Pursue Work

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People with psychiatric disabilities may have conditions such as depression, schizophrenia, or bipolar disorder. Studies have shown that employment rates are low among people with psychiatric disabilities and they are often stereotyped as unable to work. Over time, people with psychiatric disabilities themselves may begin to believe these stereotypes, or they may worry about being judged negatively by employers and coworkers. Vocational rehabilitation (VR) services can help people with psychiatric disabilities find and keep jobs. However, some people with psychiatric disabilities may feel discouraged or be less motivated to enroll in VR if they have doubts about their own ability to work, or if they do not yet have a clear vocational goal. In a recent NIDILRR-funded study, researchers tested a new program called Vocational Empowerment Photovoice, or VEP. VEP is designed to help people with psychiatric disabilities build hope and motivation to work. The researchers wanted to find out if the program inspired participants to sign up for employment services like VR. They also wanted to find out if the program led to improved hope, self-confidence, less self-stigma, or a stronger work-related identity for the participants.

Researchers at the [Rehabilitation Research and Training Center on Improving Employment Outcomes for Individuals with Psychiatric Disabilities](#) enrolled 51 adults with psychiatric disabilities in a study. The participants had conditions such as depression, schizophrenia, or bipolar disorder and were enrolled in a university-based recovery center. None of the participants were working or receiving any employment services when they first enrolled in the study. The participants were randomly divided into two groups: an experimental group who received the new program, and a control group who received only their usual services from the recovery center.

The participants in the experimental group attended weekly, 2-hour group sessions led by a trained peer leader, for up to 10 weeks. Participants attended an average of eight sessions, with most participants attending at least seven sessions. In the group sessions, the participants discussed the meaning of work and reasons for working; their work-related values, strengths, and interests; pros and cons of working; informational interviewing to get advice on employment options; and work-related supports. The participants were also assigned to create two “photovoice narratives,” which involved taking a photograph of a meaningful item and then preparing a story about the photographed object. For the first photovoice assignment, each participant photographed an item related to employment in general, while for the second assignment, each participant photographed an item that was relevant to their employment goals, interests, and talents. During the final session, each participant

developed a vocational goal and an action plan for reaching their goal. After the 10-week core program ended, the participants attended two additional booster sessions, 1 and 2 months after the completion of the program, where they reflected on their action plans and made adjustments as needed.

The participants in both the experimental and control groups completed questionnaires at 4 time points: before the first weekly group session; after the last weekly group session (or 10 weeks after the beginning of the study); after the second booster session (about 4.5 months after the beginning of the study); and 3 months after the last booster session (about 7.5 months after the beginning of the study). On each questionnaire, the participants indicated whether or not they were receiving any job-related services, and whether or not they had a job. The participants also answered questions measuring the extent to which they felt empowered to control their own lives and futures; how hopeful they felt about working; how strongly they identified with being a worker; and how strongly they felt stigmatized, alienated, or believed stereotypes related to their psychiatric disability. Finally, the participants rated their agreement with a single item, "I believe I am capable of working" on a ten-point scale.

At the beginning of the study, none of the participants in either the experimental or the control group were receiving employment services. At the end of the 10-week core program, 35% of the participants in the experimental group were receiving employment services, but only 16% of the participants in the control group were receiving employment services. These rates remained similar after the two booster sessions (36% in the experimental group vs. 19% in the control group). However, 3 months after completion of the booster sessions, a similar percentage of the participants in the experimental and control groups were receiving employment services. Less than 15% of the participants in the experimental and 10% in the control groups obtained jobs during the study.

When compared to the control group, the researchers also found that the participants in the experimental group showed greater increases in empowerment and greater decreases in self-stigma between the beginning and the end of the study. When the researchers accounted for the number of sessions that each participant in the experimental group attended, they found that the participants who attended more sessions also reported larger increases in hopefulness, identified more strongly as workers, and believed more strongly that they were capable of working than the participants who attended fewer sessions.

The authors noted that in this study, a brief program combining group discussion with individual photography-based storytelling assignments allowed people with psychiatric disabilities to feel less stigmatized, more empowered, and to see themselves as workers. Although some of the participants in both the experimental and control groups began engaging in employment services during the study, the participants in the experimental group took less time to begin signing up for employment services than the participants in the control group. With guidance, individuals with psychiatric disabilities

may be able to reject stereotypes and let go of discouragement as they build confidence to develop work-related goals. After developing their employment goals, these individuals can begin receiving employment services such as Individualized Placement and Support (IPS) services. It may be beneficial for researchers to test a longer version of the VEP program to find out if it might lead to long-term increases in employment service usage and, eventually, successful employment.

To Learn More

The [RRTC on Improving Employment Outcomes for Individuals with Psychiatric Disabilities continues to develop programs and services to support employment success](#), including testing of a longer version of the VEP. The center's website offers a collection of resources including:

[Video interviews with PhotoVoice participants who discuss their experiences and the images they created.](#)

[Factsheets about recovery and employment](#)

Free [self-paced courses for VR professionals](#) supporting clients with psychiatric disabilities.

The RRTC on Integrated Health Care and Self-Directed Recovery offers a [suite of tools to help individuals with psychiatric disabilities on the path to recovery](#). The suite includes a guide to supported employment among other resources.

To Learn More About this Study

Russinova, Z., Gidugu, V., Bloch, P., Restrepo-Toro, M., & Rogers, E. S. (2018). [Empowering individuals with psychiatric disabilities to work: Results of a randomized trial](#). *Psychiatric Rehabilitation Journal*, 41(3), 196-207. This article is available from the NARIC Collection under Accession Number J79744

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