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Influences on Job Retention Among Homeless Persons with Substance Abuse or Psychiatric Disabilities

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Job retention is an important psychosocial rehabilitation goal, but one that is not often achieved. We investigate facilitators of and barriers to employment retention among homeless individuals with psychiatric and substance abuse diagnoses who were re-interviewed eight or more years after participating in a traditional vocational rehabilitation program. Most program graduates who maintained employment had secured social support from a variety of sources; personal motivation was also a critical element in job retention and compensated in some cases for an absence of social support. Both the availability of social support contacts and personal motivation influenced likelihood of maintaining sobriety. Physical health problems prevented continued employment for several individuals despite social support and desire to work, while receipt of disability benefits seemed to reduce work motivation.

Key words: *vocational rehabilitation; homelessness; social support; mental illness; substance abuse*

Securing and maintaining employment are important goals in psychosocial rehabilitation programs, but they are neither

often nor readily achieved. Between one-tenth and one-third of individuals with severe and persistent psychiatric disabilities are competitively employed at any given time; the fraction employed falls in the lower end of that range for persons who are also homeless and/or who abuse substances (Gold, Meisler, DuRoss, & Bailey, 2004; Rosenheck, Leslie, Keefe, McEvoy, Swartz, Perkins, et al., 2006; Wells & Williams, 2003). When compared to other homeless individuals, those with substance abuse disorders are less likely to have worked and they are likely to have worked fewer months in the last year and to have experienced longer periods of unemployment since their last job (Burt, Aron, & Lee, 1999; Wells & Williams, 2003). In a national study, the 20 percent of homeless persons who were working had only temporary jobs or received insufficient pay to maintain housing (Burt et al., 1999).

A growing body of research identifies predictors of the ability to secure employment among persons experiencing psychiatric or substance abuse disabilities or homelessness. Few, however, have focused on the factors involved in retaining jobs once they are secured. This scholarly lacuna results in part from the program evaluation focus of much employment rehabilitation research: securing a job is a successful program outcome, but maintaining a job is influenced by post-program factors that are harder to identify and outside of the program's control. Investigation of employment retention also requires maintaining contact with participants over a longer follow-up period, thus imposing additional burdens on research design. Yet such challenges must be overcome in order to fill this critical gap in scholarly understanding of individual behavior and program effectiveness in the world beyond the workshop.

The National Health Interview Survey on Disability (NHIS-D) identified the employment rate for individuals with any diagnosed mental disorder as 44% (McAlpine & Warner, 2001), while estimates for those with severe and persistent psychiatric disabilities range from 10% to 30% (Wewiorski & Fabian, 2004). Rates of competitive employment for homeless persons with severe mental illness have been estimated at between 7 and 21% (Pickett-Schenk, Cook, Grey, Banghart, Rosenheck & Randolph, 2002; Rog, Holupka, Brito, Storm, Hopper, Roy, et al., 1998; Rosenheck et al., 2006; Shern et al., 1997) and as only

slightly higher for homeless persons with substance abuse disorders (Wells and Williams, 2003; see also Rog & Holupka, 1999).

When asked, 42% of homeless persons identify finding employment as a primary need and 24% note lack of employment as a key reason for their homelessness (Burt et al., 1999). Almost three-quarters of persons with psychiatric disabilities aspire to satisfying employment (Center for Mental Health Services, 2003; Cook, Pickett-Schenk, Grey, Banghart, Rosenheck, & Randolph, 2001; Shaheen, Williams, & Dennis, 2003; Trutko, Barnow, Kessler-Beck, & Rothstein, 1997) and rehabilitation experts identify employment as a critical element in reducing homelessness among persons with severe mental illness and improving their quality of life (Bianco & Shaheen, 1998; Ratcliff, Shillito, & Poppe, 1996; Pickett-Schenk et al., 2002).

In spite of this high level of interest in employment, traditional vocational rehabilitation programs that seek to prepare mental health clients for work have had, at best, limited success (Bond, Becker, Drake, & Volger, 1999). Rates of placement in competitive (paid) work were only 17% and 29% in two traditional vocational rehabilitation programs reviewed by Twamley, Padin, Bayne, Narvaez, Williams, and Jeste (2005), while Bond (2004) found an average competitive employment rate of 19% in nine studies, and Crowther, Marshall, Bond and Huxley's (2001) meta-analysis indicated an average competitive employment rate of only 12% one year after the program experience. By contrast, in one recent review of nine studies, supported employment programs that emphasize rapid job placement and as-needed continuous support—termed the "Individual Placement and Support" (IPS) model—have yielded much higher rates of placement in competitive jobs, from 32% to 78% (Bond, Becker, Drake, & Volger, 1997), with a mean of 56% competitively employed for at least one day during follow-up periods up to two years (Bond, 2004).

Yet securing employment does not itself eliminate employment-related difficulties: jobs that are obtained often involve very low pay, no benefits, temporary positions and menial work (Becker, Whitley, Bailey, & Drake, 2007; Burt et al., 1999; Wells & Williams, 2003). Moreover, the rate of competitive

employment tends to decline after one or two years in an IPS program, resulting in long-term employment rates that are similar to traditional vocational training programs (Becker, Drake, Bond, Xie, Dain, & Harrison, 1998; Bond et al., 1997; see also Dorio & Marine, 2004; Zuvekas & Hill, 2001; Drake, McHugo, Bebous, Becker, Harris, Bond, et al., 1999). Job acquisition does not mean job retention (Lehman, Goldberg, Dixon, McNary, Postrado, Hackman et al., 2002).

Most efforts to predict employment outcomes among persons with psychiatric or substance abuse disorders have focused primary attention on employment acquisition, have used preexisting individual characteristics as predictors, and have explained little of the variance in outcomes (Collins, Mowbray & Bybee, 2000; Wewiorski & Fabian, 2004). The few studies of job retention after successful job acquisition indicate that service provision is more important than individual characteristics or level of functioning (e.g., Clark, Xie, Becker & Drake, 1998). The likelihood of job retention increases with the intensity of support provided (Becker, Xie, McHugo, Halliday, & Martinez, 2006; Collins et al., 2000), with the availability of supportive clinicians (Quimby, Drake, Becker, 2001), and with the provision of ongoing, integrated social support rather than simply clinical services (Becker et al., 2006; Dorio & Marine, 2004; McKay, Johnsen, & Stein, 2005). Using retrospective interviews with consumers who had been placed in jobs through an IPS program at least eight years earlier, Becker et al. (2007) also found that ongoing support from employment specialists improved retention, while the likelihood of job retention was reduced for those working full-time rather than part-time and for those experiencing severe psychiatric symptoms. By contrast, sociodemographic characteristics do not appear to be associated with the likelihood of job retention (Becker et al., 2007).

However, these limited findings of beneficial social support effects have been called into question after Leff, Cook, Gold, Toprac, Blyler, Goldberg et al.'s (2005) meta-analysis of data for 1,340 participants collected at seven sites of the Employment Intervention Demonstration Program (EIDP). Receipt of on-site counseling, support and problem solving was associated with job retention—but this relationship was due to

individuals who retained their jobs and then received more support, not to a higher rate of job retention after receiving job support.

Work motivation and its components have not been examined in research on employment outcomes among homeless persons, but research on persons with substance abuse disorders has identified self-efficacy, self-direction and self-belief as important motivational factors affecting behaviors ranging from drug abuse to job acquisition and retention (Miller, 1996; Roessler, 1998). Numerous trials have established the efficacy of motivational interviewing—a form of counseling "for eliciting behavior change by helping clients to explore and resolve ambivalence"—for substance abuse treatment retention and other outcomes (Miller & Rollnick, 1991; Miller & Rollnick, 2002; Miller, Yahne, Moyers, Martinez, & Pirritano, 2004; Rollnick & Miller, 1995). Ongoing interpersonal interaction can also change motivation (Bien, Miller, & Boroughs, 1993).

We examine in this article the factors affecting job retention among former participants in a community rehabilitation program (CRP) for homeless persons with psychiatric or substance abuse disabilities. We focus primary attention on the role of social support, including support from service personnel (Becker et al., 2006; Becker et al., 2007; Cook, Lehman & Drake, 2005) and the influence of motivation in job retention (Roessler, 1998). Our sample includes both participants who were still working one or more years after program participation and participants who were no longer working. Through analysis of responses in intensive interviews, we are able to compare the characteristics and orientations of participants who retained jobs with those who lost them. We were also able to elicit and examine the participants' perspectives on the reasons that they were able or unable to retain their jobs. Although our approach is similar to Becker et al.'s (2007) recent study of an Individual Placement and Support (IPS) program, we focus instead on alumni of an employment and vocational rehabilitation program dedicated to homeless people with disabilities who began with a sheltered workshop experience.

Methods

As little is known about the experiences of homeless individuals with disabilities who are transitioning from chronic unemployment to sustained employment, an exploratory qualitative research approach was used (Denzin & Lincoln, 2005). Semi-structured interviews allowed participants to describe their lived experiences and their perceptions during the process of recovery and reintegration into their communities. We used grounded theory methodology (Charmaz, 2006; Strauss & Corbin, 1998) to analyze our data so as to develop a theoretical understanding of the concepts and issues related to job retention, social connections and processes, and disability.

All participants were recruited from a community rehabilitation program (CRP) that provided specific employment and vocational rehabilitation services to homeless persons with disabilities. Participants were referred to the program by shelters and homeless programs in an urban area. The referring agency screened the participant for diagnosis (usually mental illness or substance abuse) and confirmed that the individual had been clean and sober for a minimum of three months. Subjects received employment and vocational rehabilitation services ranging from rapid employment placement, vocational training, assistance with a resume and job applications, job interview practice, internet job search, and employer networking. Case managers also assisted the participant, as necessary, in identifying employer contacts and networking within the community. An employment placement specialist networked with employers and coordinated interviews. After participants obtained employment, the case manager coordinated other homeless service resources such as housing, medical/rehabilitation treatment, criminal justice services, or transportation. Follow-up services continued for 90 days and ranged from periodic telephone contact to more intense monitoring of medical treatment and social/housing/leisure activity development.

In contrast to the IPS-model programs that have been the focus of much recent research (Becker et al., 2006; Lehman et al., 2002), this employment and vocational program accepted referrals from shelter and community homeless programs and provided services within a traditional community

rehabilitation program in which participants received employment experience and training in a sheltered workshop prior to competitive job placement. Also, the employment goal was full-time competitive employment, although an individual could start with or change to fewer than full-time hours based on individual factors or preferred job availability. Since our focus is on long-term job retention, we do not think that this different starting point raises issues different from those investigated in Becker et al.'s (2007) long-term follow-up of job retention among IPS participants.

We used a maximum variation sampling strategy (Miles & Huberman, 1994) to allow us to capture the diverse experiences of individual participants, as well as to identify common issues relating to job acquisition and job retention. Individuals were recruited from one to five years after post-program placement in competitive jobs. Twenty-three participants demonstrated sustained competitive employment and 12 obtained employment but did not sustain employment. Sustained competitive employment was defined as more than 90 days of employment, with no more than two periods of unemployment of no more than one week each, earning at least minimum wage for a minimum of 20 hours per week.

Homeless individuals have a wide range of disabilities, but the most common disabilities are mental illness and chronic substance abuse. We focused only on those with psychiatric and/or substance abuse disabilities. We stratified the sample based on disability type, gender and minority status and selected cases so as to achieve equal numbers of men and women, of white and African-American respondents, and a proportion of substance abusers and mentally ill clients that was equivalent to our population of program graduates. We selected 23 individuals who had sustained employment and 12 subjects who had obtained employment but were unable to retain their job. None of those invited to participate in an interview refused. All had histories of substance abuse and had been clean and sober at the time of job placement, or had a history of psychiatric illness, as defined by the referring agency and documented in the individual's agency record.

Using this sampling strategy, we aimed to identify common patterns and experiences that cut across different types of

cases (Denzin & Lincoln, 2005). We developed a semi-structured face-to-face interview protocol incorporating input from homeless people with disabilities and information gathered during two preliminary focus groups. The interview schedule requested information about sociodemographic characteristics, prior program participation, and employment history, and then asked open-ended questions about health, program experience, social relations, service supports, work experience, and work-related attitudes. Levels of social support were summarized using an index comprised of answers to questions about support received from friends, family, support personnel and coworkers. Each question was scored on a five-point scale ranging from *"very negative"* to *"very positive."* Substance abuse status was coded as *"solid"* (also used for those who did not have a substance abuse history), *"in recovery,"* or *"not in recovery."*

The interview protocol was piloted with individuals who were homeless and had a disability and who had acquired employment through the agency. We then interviewed 35 participants who had acquired employment through the community rehabilitation agency over the previous five years. The interviews ranged in length from one to two hours and were conducted by trained interviewers from Boston University's Sargent College of Rehabilitation Sciences. Boston University's IRB approved all research procedures.

Each interview was tape-recorded and transcribed. The resulting text files were entered into a qualitative data analysis program, NVivo, by a trained research assistant. Initial codes were based on the interview questions but were elaborated through an inductive process, with the co-investigators reviewing each code and the associated text.

Our analysis begins with a description of the sample. We then compare cases with positive and negative work outcomes, focusing on comments about social supports and motivation and noting consistencies and inconsistencies in these comments.

Results

The detailed information about employment outcomes obtained in the interviews modified our a priori classification of one case, so that 11 cases in our obtained sample had negative employment outcomes (two of which had begun with a positive work outcome), while 24 cases had positive employment outcomes (one of which had begun with a negative work record). Graduates were working in jobs ranging from janitorial, warehouse, food services and housekeeping work to receptionist, clerk, line worker, health aide and counselor, with the majority in "blue collar service" occupations. The average tenure in their last job was 1.2 years, while they had worked an average of 5.3 years in their last three jobs.

Eight of the 14 graduates with positive work outcomes had maintained their sobriety and developed multiple supportive social relations. Their comments often indicated pride in their sobriety:

> Once I did get sober and I had some sobriety under my belt I started to get a life; you know, life happens.

> [i]t was fun you know, cause I had found my body, you know and I didn't haf'ta be somebody else all the time.

One successful graduate had been incarcerated while his son grew up and had been rejected by his family because of his drug use and difficult behaviors. After gaining his sobriety, he was able to reestablish positive relations with family members: "They respect me, they admire me." He said of his father, who previously had banished him from the house, that he "was very, very proud of me."

Successful graduates highlighted the value of relations with supportive staff. Case managers and other staff could provide both instrumental assistance and general encouragement. One graduate described a case manager who had helped with evaluating psychotropic medication needs and remarked that through a relationship with a therapist, he found that "somebody finally believed in me." Another emphasized the

value of ongoing supportive ties with program staff:

> REALLY important...[to be in touch with case managers after leaving the employment program.] You know, and it makes you feel good...and then again, too, I want THEM to know that I appreciate the work they did for me.

Another case manager advised her client how to dress for an interview and to develop a resume. The client said, "...[the case manager explained how to] gap the thirteen years I wasn't working when I was caught up in the grip of my disease." Yet another case manager stayed with a client through three days of detox, developed a trusting relationship, and subsequently walked the client through a job interview. "...if it wasn't for him, I don't know what I would have did." And another graduate described his "solid relationship" with his case manager, and remarked, "I don't know if I have the words to express how wonderful she was, I mean...."

The successful graduates also often emphasized the value of their ties with a spouse, supervisor, or friends. One was now living with his son and father, had a supportive landlord and a very supportive supervisor, and maintained a close relationship with his mother-in-law in spite of the termination of his relationship with his drug-using wife. Several mentioned their focus on maintaining friends with others who were "doing the right things" and on staying away from former substance-abusing contacts. Another took pride in demonstrating his accomplishments to his friends, in part as a way of acknowledging their help: "I wanted them to know, 'Okay, I'm showin' you that I DID want to do somethin'. You know, 'what you did is payin' off.' So I always would call 'em."

The 11 graduates with negative post-program employment outcomes reported sporadic work histories. In many cases, they also noted increasing difficulties in jobs before they left the labor market. One graduate who had stopped working reported problems with coworkers, problems with supervisors who didn't speak English, problems with literacy, and the appeal of receiving Social Security Income instead of working:

> I just didn't like it; too hectic for me; got into a fight,

> bored, didn't get along with people, just couldn't do it [write things down]; felt like that people were lookin' at me [due to illiteracy].

Rather than being a source of support, friends, family and workplace contacts were sometimes seen as obstacles. One graduate "had to do the work of coworkers," stated "nobody helps me," and states that a boss was "a big jerk." Reports of rejecting social opportunities and being out of touch with family members were common. One graduate would "constantly lock myself in the room and just stay in there and watch TV." Another explained that "I'd rather do things my way."

Uncontrolled substance abuse was also common: "And then I had picked up, and I didn't get any better...but I did it anyway.... It's a shame when you KNOW you're doin' wrong and you do it anyway."

The differences in substance abuse and social supports between those who retained their jobs and those who did not are summarized in Tables 1 and 2. Seventeen percent of those with negative work outcomes were not in recovery, compared to none of those with positive work outcomes. Furthermore, the average level of social support was significantly higher among those with positive work outcomes than among those with negative work outcomes. Alcoholics Anonymous was often cited as a source of peer support to maintain sobriety.

Table 1. Recovery Status by Sustained Employment

	Sustained Employment		
Recovery Status	Not Sustained	Sustained	Total
Not in recovery	16.7%	0	5.7%
In recovery	50.0	43.5	45.7
Solid*	33.3	56.5	48.6
Total	100.0%	100.0%	100.0%
N	(12)	(23)	(35)

*Includes those who had not had a substance abuse problem.
t2=4.74, df=2, p=.093.

Stress was a common complaint among those who had lost their jobs. One graduate reported that on one job, things "got hectic" and he "ended up doing' everybody else's jobs." Another, who reported that she "loved" working and was given "employee of the month," ultimately resigned from her job due to the level of stress she experienced.

What seemed to distinguish two respondents who had managed to maintain positive work outcomes in spite of problems with sobriety and social supports was a high level of motivation to change. One graduate had "to change everything" by turning away from old substance-abusing friends and by seeking out coworkers in order to develop new friendships.

> I mean, I had, I was... I had tunnel vision. I had tunnel vision. And I was gonna do this!... knew that I needed a good job...in order to have...to HAVE the pride. ... there's so many people out there that are just...they're just WAREHOUSED! ...if you're flippin' burgers at McDonald's and you're forty-seven years old, right? Where's your pride?

Another graduate linked his high level of motivation to vocational rehabilitation:

> Thank God when I got here I had a desire to do whatever it took to stay sober.... When you first went there, nobody's gonna make you, you make out the list of what you want to do in your mind to go on. I wanted to get a job and get my own place. I pushed myself.

By contrast, low levels of motivation were expressed by several who had not maintained employment. "I, um...basically, I had no choice there...I HAD to get a job, because that was one of the rules of livin' at the house."

In another case, receipt of Social Security Income benefits diminished interest in working, despite the recognition that with a job, "[t]hat responsibility is...you enjoy that and...and that keeps you...that's one of the things that keeps you goin'."

Table 2. Social support by sustained employment

	Sustained Employment	
Social Support Score	Not Sustained	Sustained
$\bar{\chi}$ (s.d.)	3.28 (1.0)	3.87 (.66)
N	12	23

t=-2.1, d.f.=33, p=.043

In every case of ongoing employment, one or more reliable sources of social support had been developed. However, some graduates who had established supportive relations with one or more contacts were still not able to maintain competitive employment. For some of these graduates, a negative experience with coworkers or a supervisor diminished the interest in seeking another job. For example, one graduate reported a poorly run job in a kitchen with a lot of pressure, poorly trained coworkers, and insufficient help. Repeated headaches, the need to take job time for medical appointments related to her rheumatoid arthritis, and diabetes compounded problems with a supervisor and led to her decision to resign.

Two graduates had negative work outcomes despite having maintained their sobriety and having developed meaningful social supports. Health problems were employment barriers to continued employment in both cases.

> I couldn't hold a job for forty to forty-five hours a week, I know that. You know I...would like to do something maybe like twenty hours a week. ...I'm the type I want to get out, so hopefully, by next summer I'll be doing something. You know, I, well, I like extra money.

> Should I get off the disability permanently and try to work full time and know, at the same time, the last couple of years at um, and as I get older, it's not any better [health problems], you know what I mean.

The likelihood of job retention and the level of social supports were generally similar for men and women, for black, Hispanic and white sample members, and for those identified

as having psychiatric disabilities. However, individuals whose comments indicated they were solidly in recovery from substance abuse tended to have more positive work-based social relations and were more likely to be working than those whose recovery from addiction was not so certain. In addition, half of black respondents described their relations with service staff in terms that were rated as "very good," as compared to just one in seven white respondents.

Discussion

Our investigation of employment retention among graduates of a sheltered workshop program for homeless persons with disabilities adds new insights to the literature on job retention. Respondents described social support processes involving family, friends, coworkers, and Alcoholics' Anonymous peers as providing both critical incentives and important practical and emotional resources. Connections with professional staff were also critical in many cases, sometimes complementing natural social supports and sometimes compensating for their absence. Although the types of professional supports ranged from mental health counselors to job placement advisors, it appeared to be both the practical advice and the respect and esteem that an empathetic professional could provide regardless of their official job title that was critical to many graduates. Given these multiple sources of social support, focusing on just formal supports offered through a job support program or even any type of support offered only at work will inevitably underestimate the value of social support (Leff et al., 2005). In this result, we lend support to the understanding of the multifaceted and fungible nature of social support revealed in Laub and Sampson's (2003) life course study, in Rogers, Anthony and Lyass's (2004) analysis of perceived support among vocational rehabilitation clients, and in Arrigo and Takahashi's (2006) identification of the value of community-building processes among former homeless decarcerated addicts living in an SRO (single room occupancy) residence.

Personal motivation, or "agency" (Laub & Sampson, 2003) was also a critical element in job retention and in some cases was sufficient to compensate for deficient social supports.

Several graduates described a reciprocal reinforcement process in which those who provided social support increased their personal motivation, which then fueled their desire to maintain that support and not let others down. In contrast, those with low levels of work motivation, whether due to a prior disinterest in work, health problems, or the receipt of SSI, were quick to resign from their jobs or to delay seeking new jobs when problems developed.

Maintenance of sobriety was intertwined with both social support processes and personal motivation. Several respondents emphasized the importance of their decision to stay away from former substance-abusing friends as a critical element in their successful post-program employment experience. In almost every instance of successful job maintenance among former substance abusers, the commitment to maintain sobriety went hand-in-hand with the commitment to maintain employment. Family, friends, and professional staff were just as important in reinforcing a commitment to maintain sobriety as they were for encouraging continued employment. Personal orientation and the presence of social support were inseparably linked with regard to their influences on individual behavior.

Because we used retrospective interviews to assess post-program experiences, we cannot adequately disentangle cause and effect in the relationships we have examined. We do not know if the type of month-by-month analysis that Leff et al. (2005) conducted with the EIDP data would call into question our respondents' assertions about the timing of support and job loss. However, our findings are consistent with most of the limited literature on employment retention among persons with disabilities as well as with the more general scholarship on the predictors of successful outcomes for persons with disabilities. Like Becker et al. (2007), we found that ongoing staff support was beneficial and that part-time rather than full-time employment could increase job retention by reducing stress and maintaining eligibility for financial benefits. We encourage further research using more rigorous longitudinal or experimental designs in order to conduct formal hypothesis tests. The greater benefit that African American respondents seemed to derive from their relations with service personnel should also be explored in job retention studies that have larger samples

and more measures of potential mediating factors.

We also note the limitation of our sample to homeless persons with disabilities who were referred to a sheltered workshop program and who graduated from that program. We suspect that in a sample composed of individuals who were less accepting of services, the ratio of positive to negative employment outcomes would be much lower and that levels of social support and personal motivation would be considerably reduced. Although our purposive selection of cases of employment failure as well as success help somewhat to mitigate the consequences of our service-involved sample, it is also possible that predictors of employment retention would change with a different sample. On the other hand, the comparable rates of job loss among persons who have completed traditional rehabilitation programs, as in our sample, and those who have completed IPS programs suggest that there may be many similarities in the processes involved in job retention.

Conclusions

Consistent with prior investigations of long-term employment outcomes of formerly homeless persons with substance abuse and/or psychiatric disabilities, our research indicates that job retention is not easily achieved even after initial job placement. Although all participants in the program we studied had initially been placed in jobs, about half in our long-term follow up were no longer employed. Whether the starting point is an IPS-supported employment model or a sheltered workshop program like the one we studied, long-term outcomes seem to be similar.

What our research adds to previous investigations is further understanding of the factors that influence job retention after initial job placement. Our results suggest that the key to successful transition to long-term employment is long-term supports that are developed in a community context, not the initial employment method used. Whatever their starting point, what is critical for persons with histories of homelessness, mental illness and/or substance abuse is developing a package of supports while they are in a vocational rehabilitation program that they can continue to access after leaving the formal program. These supports can be garnered through

service staff, family and friends, or directly in the workplace, but they are critical for most individuals. Many persons may not easily develop such supports without active program assistance, and our findings suggest that this may be achieved more easily if there is a preliminary preparatory period prior to movement into community-based employment.

Our results also highlight the importance of three other factors in long-term job retention. Ongoing substance abuse treatment programs should be available in all vocationally-oriented rehabilitation programs in order to encourage maintenance of sobriety and therefore maximize the likelihood of job retention. The paradox of welfare benefits such as SSI should also be recognized in employment programs. While such benefits can be critical to survival for many persons suffering from disabilities, they also can serve as a disincentive to work. Transfer payment policies should be reexamined in order to ensure that persons with disabilities can work the number of hours they can manage and not suffer reduced income as a result. Further research should also test the value of motivational interviewing in order to overcome lack of motivation as a barrier to job retention.

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