Employment barriers and strategies for individuals with psychiatric disabilities and criminal histories

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Abstract. Acquiring and maintaining employment is often challenging for individuals with psychiatric disabilities, and for those with a history of criminal offenses additional obstacles exist. This project used focus groups to identify ways in which supported employment providers deliver effective services to persons with mental illness and offense histories. Successful providers report that a sense of hope, a trusting relationship, realistic and sincere expectations about work, and optimism on the part of both the consumer and provider are key ingredients, as are the consumer’s remorse for past criminal activity and an action-oriented attitude toward change. Barriers to success with this population include stigma, which varies based on psychiatric symptoms and the nature of the criminal offense, and inadequate support. Successful employment reflects persistence, clinical and law enforcement supports as needed, lifestyle adjustments, face to face meetings with employers, effective disclosure strategies, and documenting work readiness using portfolios. Providers also cited many contributions of employment to recovery, including increased financial resources, pride, social connections to the community, and quality of life. Training of future professionals should promote skills in advocacy, helping consumers develop work portfolios and other assets, and a view of employment support that is holistic and individualized.

Keywords: Vocational recovery, serious psychiatric disability, criminal offenses

1. Introduction

Supported employment programs provide work opportunities for individuals with disabilities who might otherwise have difficulty securing integrated and competitive employment [1,13]. In recent years government agencies, providers, employers, and others have become interested in supported employment outcomes for adults recovering from disabilities who also have prior involvement with the criminal justice system. Individuals with psychiatric disabilities frequently confront issues of discrimination and stigmatization in employment due to continuing public misperceptions about those with mental illness [7]. Individuals with criminal histories face similar difficulties based on attitudinal barriers [9]. Individuals with both mental illness and an offense history are a significant proportion of consumers served by community mental health centers [14], and in the community face double stigmatization and discrimination [15].

As professionals involved in vocational rehabilitation services, supported employment service providers are charged with the ethical obligation of providing quality services in the best interest of the consumer in order to promote independence and achieve successful employment outcomes. Some providers have successfully helped persons having both mental disorders and criminal histories to find and maintain employment. For example, as part of a program evaluation of support-
ed employment programs in Indiana, Perkins et al. [10, 11] divided a large sample of supported employment consumers into three groups: those with no reported criminal involvement, those who were reported to have been arrested for a crime but had not served any jail or prison time, and those with one or more arrests who did serve time in jail or prison (for offenses that included assault, forgery, drug offenses, arson, and rape). Consumers with prior criminal involvement were less likely to work in retail or clerical positions, and more likely to work in construction/laborer, janitorial/maintenance, or food service jobs. Consumers with prior criminal involvement (either with or without jail time) reported higher job satisfaction, and also higher satisfaction with supported employment services, than did consumers with no prior criminal involvement. Employers of consumers with prior criminal involvement (either with or without jail time) were more satisfied with their performance than were employers of consumers with no prior criminal involvement. None of the three groups differed in terms of wages earned or hours worked per week or probability of reaching successful closure (stable employment).

Thus, despite the challenges, some providers have been effective in helping persons with both mental illness and criminal offenses find and keep satisfying work. Understanding the strategies they use will help more providers achieve similar results. In the current study the perspectives of employment service providers were assessed using a focus group design. Focus groups provide a setting in which participants can express themselves in their own words through a flexible process providing in-depth information about their experiences [8]. This paper reports the results of an effort to examine how service provision is impacted when the consumer has both mental illness and an offense history, and discusses the implications for employment service providers seeking successful employment outcomes for consumers with both mental illness and criminal background. These specific questions were examined: How do individuals with mental illness as well as an offense history impact employment service provision? What barriers do employment service providers face when providing SE services for individuals with both mental illness and offense history? Which strategies have been effective in producing successful employment outcomes for these individuals?

2. Method

2.1. Procedure

Two structured focus groups were assembled for the purpose of exploring service providers’ perspectives on working with individuals having both mental illness and a criminal history. The focus groups included 13 vocational service providers who had been identified as serving individuals with chronic mental illness and criminal histories. Participants were age 18 years and older, of diverse ethnic backgrounds, and worked as supported employment service professionals in community mental health center employment service programs in Indiana. Eligible participants were defined as individuals providing supported employment services who had experience working with consumers having mental illness and an offense history. Program evaluation data from the Supported Employment Consultation and Training (SECT) Center in Anderson, Indiana (see [10,11]) was used to identify employment service programs and employment specialists providing effective supported employment services to individuals having both mental illness and offense histories. Agencies with the greatest number of consumers with mental illness and criminal background served were contacted first. Participants were recruited through invitations emailed to program supervisors requesting participation by the program supervisor as well as at least two other front-line staff with experience providing employment services to individuals with both mental illness and an offense history. Therefore participants were personnel who had experience with consumers with mental illness and offense history and who elected to participate.

Participants received a letter of consent indicating the purpose of the study and participant rights. After consent for participation was obtained, participants completed a brief demographic form and were then asked to engage in discussion regarding their service provision experiences. Focus group discussion content was captured through audiotaping. Transcripts were used as the basic data for this project. Each focus group session was facilitated by the first author, using a predetermined set of questions. Service providers were asked a series of questions in relation to their service provision strategies used with consumers with mental illness and offense history. The questioning route included opening comments, service provision framework questions, categorical service provision questions, and ending questions to summarize discussion
and confirm main points. A series of probes was used to enable participants to elaborate on their responses. The questions were selected due to their relationship to the process and procedures of supported employment in vocational rehabilitation (a copy of the questions is available from the senior author).

Participants were asked to answer survey questions in relation to their work with individuals with mental illness and offense history. The focus of the questioning series was on the employment service provider’s experiences with barriers and strategies in service provision, not on the consumer him or herself. Participants were urged not to include any consumer identifying information in their responses to the questioning series. All methods and procedures were approved by the Ball State University Institutional Review Board.

2.2. Analysis

The focus group protocols were analyzed using the grounded theory approach [4], involving data reduction, developing categories, and sorting text into those categories which emerged through similar comments and perspectives [2]. A graduate student who was present at the focus groups and employed as the primary research assistant also reviewed and coded the transcripts independently. Analysis began with the process of indexing focusing on particular themes that emerged from the initial focus group. These themes were used to develop a framework for analyzing the data from the second focus group. Segments of data were sorted within subthemes that developed from evidence that portrayed multiple perspectives about each category.

2.3. Participants

2.3.1. Demographic variables

Participants ranged in age from 24 to 69 years. There were seven males (54%) and six females (46%). Seven of the thirteen participants (54%) indicated that they held Bachelor’s degrees in various fields, four (31%) held Master’s degrees, and two (15%) held Associates degrees as their highest level of education. Specific field of degree varied widely between business, social service, and education related areas. In fact no two participants held degrees in the same specific area.

2.3.2. Employment service provision variables

Years of experience in employment services ranged from 10 months to 45 years. Six participants had less than 5 years of experience, three participants had between 5–10 years, and four participants had over 11 years of experience in employment services. In terms of occupational position, two of the participants indicated that they were currently employed as Employment Services Administrators. Ten participants identified their current position as Employment Specialist. Of those ten, four indicated that they were also engaged in a Job Coach position, and four indicated that they serve an additional role as Case Manager. One participant identified his current position solely as Vocational Supervisor. Participants represented five of the eight agencies invited to participate in the study.

3. Results

Four main themes emerged in the focus group discussions including (1) barriers to successful employment outcomes, (2) contributors to successful employment outcomes, (3) supportive interventions in job placement, development, and retention, and (4) employment and recovery. The resulting themes and subthemes within each of the categories are presented below, illustrated by representative quotes from the focus group participants.

3.1. Barriers to successful employment outcomes

3.1.1. Consumer-based barriers

Participants identified consumer-based barriers that pose challenges for successful employment outcomes. In particular, participants felt that consumers’ lack of disclosure, negative attitudes, unrealistic expectations, and poor illness management all hinder employment efforts. Participants revealed that often they must rely on consumers as historians, which can make obtaining accurate information about work and criminal history difficult. One participant described her concern over access to information:

... we need all of the information and ... if somebody does have a criminal history, we’ll want to be clear on exactly what that includes. ... Yet, with the right to privacy laws sometimes information becomes very difficult to get.

Participants also described how consumers may come into agencies with expectations about employment that may lead to consumer dissatisfaction, e.g.
high initial wages. In particular, consumers who have a
history of lucrative illegal activity may have unrealistic
expectations about income and workload at legitimate
jobs.

(A consumer might say), “why should I work this
job when I could be making this money out on
the street?” That’s an attitude that I get, and you
know, they’ll go to the job and they realize that
after the first week, they’re only going to get a few
hours, then they are out of there because it’s not that
kind of money. So they maybe have even higher
expectations... And they get all upset, and I think
that’s part of our job to help them realize when
you get this job, it’s still going to be hard... There
are some very realistic concerns, its all about the
attitude because if (the client’s) not happy about it
then he’s not going to go to work.

Consumer motivation was also identified as a problem
if the motivation to work is primarily external:
(a) client was told by his therapist they will quit
med monitoring him every other day if he can show
that he can hold down a job. He doesn’t want to
be med monitored, so in his head, he’s like “well,
I’m going get a job so they’ll quit med monitoring.”
He’s not going to be successful because he’s really
not motivated to work.

Other consumer-based barriers included lack of re-
more for criminal activity, failure to understand how
the crime translates into work restrictions (e.g., a pe-
dophile restricted from working in childcare) or use
of “excuses” for past criminal behavior. Disruption in
other areas of life (e.g. housing), poor time manage-
ment or misinterpretation of work hours, maladaptive
priorities, and poor illness management were also seen
as barriers to employment.

3.1.2. Employment services provider-based barriers

Participants identified some of their own attitudes,
expectations, and limitations as potential barriers.
Many shared that when they were assigned consumers
with criminal backgrounds they anticipated added chal-
enges. Some were initially uncomfortable with the
task of providing employment services to consumers
with criminal histories:

I guess it would be a concern, it’s already difficult
with a mental illness, now we have a combined issue
of offense history. Should I be concerned about
this person being violent or what kind of criminal
history? If I place someone I feel responsible for
sharing that kind of information.

When I first got his chart, I felt that if the client
has one or two offenses we can possibly mitigate
that, maybe try to explain it away, maybe clean it
up. But this particular client had 20–25 forgery and
theft charges maybe five were felonies. When that
came across my desk, I was pretty overwhelmed
with that prospect.

Participants also indicated that policies, the nature
of their jobs, and their own limitations often impose
barriers to successful outcomes. For example, while
long-term follow-up is seen as beneficial, it is often
unrealistic. One participant explained “We’re pretty
involved the first month or so but not if you’re looking
at a year or two years down the road”. Another cited
the challenges of dealing with employers:

An employment specialist doesn’t have a lot of
time to convince an employer of anything...we
don’t have the luxury of explaining to the employ-
er, “well, this person has a mental illness and this
is what it means and this is how they’re dealing
with it and they happen to have a criminal histo-
ry.” You have to convince the person in a few
sentences...give this person an interview. You
don’t have the luxury of time because employers
don’t care and they don’t want to hear it.

3.1.3. Environmental-based barriers

Broader societal or environmental issues were also
frequently cited by the participants. Stigma related to
both mental illness and criminal background was found
to be prevalent. One participant stated that she felt
while both issues carry stigma, criminal background
was actually less stigmatizing. She explained that some
offenses are “concrete” whereas “mental illness is not
concrete and harder to explain away”.

Other participants shared their thoughts on stigma
related to criminal history:

It’s my job, I can’t control all of the stigma, but I can
certainly control some of it, just by the way that I
introduce him into the employment field... I think
it’s part of our job to put them in a situation where
the stigma is going to be minimized... Initially,
when I take them out, I want to take them to a place
where the stigma is as little as possible. There’s a
hierarchy in stigma also.

Societal impressions of various offenses also dictate
the level of challenge a criminal history will pose. Sev-
eral participants shared descriptions of which offens-
es are most stigmatized and how they impact potential
employment settings:
Sometimes you are working with people with a diagnosis of schizophrenia or bipolar, or they may have substance abuse history, plus they commit a crime. There are three major barriers a person has against them. It depends on what kind of offense they did: murder, or stealing something, beating the crap out of somebody. My feeling is there are some places that may consider employing someone with a felony. It just depends on what felony... in restaurants and hotels... they are willing to work with people with felonies on an individual basis. However, I think that there are people that work in government facilities, federal facilities, temporary facilities/agencies, and some factories and warehouses who are pretty selective in who they take there. We just have to look at what is given to them.

... I had a client who had an offense of battery by means of a deadly weapon. And that meant that he couldn’t find a job in a place where they use knives or any sharp objects at all. Already, that was a barrier for me because a lot of places use sharp objects. He was interested in working for food service, but every time we had to make sure that they don’t use knives. We ended up talking to his probation officer and she was very supportive and she said that she would talk to the judge, and I found him a job working at a store but he has to use a box cutter and that was also a problem for him. I mean this guy was very remorseful and he changed his life completely because he didn’t want to be trouble again. He wants to keep his job for a long time and was very scared. It got to the point where he would ask in the interview if he was required to use a knife, already the employer’s wondering why he is asking such questions.

In retail, theft or forgery can be a problem. I think they’d prefer someone who had a battery charge rather than someone who had a theft charge.

On the other hand, probably the easiest one to explain away is a drug offense. You can explain away a drug offense pretty easily.

Participants agreed that sexual offenses were the most stigmatized and difficult to overcome due to related restrictions:

If you have somebody with a criminal history that has a mental illness and they have a molestation charge against them, those people are very, very, very, very difficult to place. That type of offense... is hard for the general public to understand, so that has been a huge barrier.

He had sexual abuse charges against him and a lot of the barriers were people’s attitudes towards people who have abused people sexually. So, he had some real barriers. He was a hard worker. In his particular case it wasn’t the fact that he had been incarcerated, it was the reason he had been incarcerated... that made it difficult and harder to place him. He couldn’t be within so many feet of children. So, we couldn’t get him in the factory, he was a factory worker. Say the factory was a few yards of a school, he wouldn’t have been allowed to work there. He had limitation of his perimeters around children. We did finally find him a small factory position that wasn’t surrounded by schools, wasn’t near a school or children.

Several participants reported that societal myths and misperceptions regarding connections between violence and mental illness were prevalent among employers. One participant shared at length the attitudes she has encountered from potential employers:

You know, that’s real difficult to get them to share their concerns... Because they’re really, most people are really afraid of being sued for discrimination one way or another... So, what I try to do is guess what they’re thinking. What would I be thinking if I didn’t know what I know about mental illness? Well, my first thought would be, are they going to be violent? Because there’s a lot of violence in the workplace. So, I try to address that issue with them without them asking... More times than not what I get is “Oh, I understand. My sister in law has... she’s been diagnosed with bi-polar. Or, I have a brother who is a schizophrenic. Or, my grandma has been depressed all of her life.” So, a lot of times there’s a relative in there somewhere once you get to talking. But, I think one of the issues that I always address is the violent issue because that’s what television shows.

Participants agreed that often employers in the community make broad generalizations about employing individuals with disabilities from isolated negative experiences:

When people do that (walk off the job) it makes it harder to place another person. Because the employer had a bad experience once. You go into a place and they say, “Oh yeah, I remember doing that with Agency X” or “I did that with Agency Y and it didn’t work out too well.” “I had a bad experience.” Now I have the challenge of how am I different from Agency X and Y. And, I usually
am not successful in being different because they remember their experience and they do not want to go through it again, so they kind of politely kick me out the door. So, I move on because I know it’s not going to happen. And, I tell that to my clients, “You’re not only out there representing yourself and I know this is a big burden, but you’re representing a lot of mentally ill people.”

Participants identified additional employer issues which pose barriers in the community including concerns over whether or not the individual can get along with others at the worksite, the presence of job coaches on site, the desire to hire “safe bets” and minimize turnover, and the consumer’s potential for productivity. Another significant societal barrier discussed by all of the focus group participants was lack of support systems in the consumer’s environment, including probation officers, vocational rehabilitation offices, and even family and friends:

Often we hear them say, “I wish my family understood better.” They don’t have understanding of their illness from family members. They don’t have friends.

Support systems have been broken down and destroyed and it’s important that a lot of us do our part to help reestablish that support. One guy was a drug addict for like ten plus years. He was not allowed to speak to his family for the last ten years but was allowed home for Christmas this past year. Reestablishing the family and support system that’s very important because these guys without support systems need support systems in place or they are probably going to fail.

Finally, logistical barriers, such as lack of access to resources, may impact employment outcomes. One participant described lack of education as “a huge barrier-their education level is directly related to what kind of success we can have”. Another participant shared how completing the GED made a “huge difference” in a consumer’s confidence level and his ability to find employment. One participant summarized the many details to which employment service providers must attend in order to increase the likelihood of employment success:

it is very hard to get a photo I.D., you need a birth certificate, proof of social security number... Also if you’re coming out of prison or on probation, you don’t have transportation. And a lot of these things seem so simple to us, but if it’s a small barrier, to us it’s small, to them it’s huge. . . There’s also a huge clothing barrier. While they may have clothing, it may not be appropriate for the interview or it may not be appropriate for the job that you have actually gotten. You still have barriers past that initial getting the job to keep them successful. And if they still don’t have a place to wake up in the morning with an alarm clock, or they are still living at Grandma’s house, ex-wife’s house, girlfriend’s house, whatever, baby’s mama’s house, you don’t know where they are starting from in the morning.

3.2. Contributors to successful employment outcomes

Participant discussion indicated that there are consumer-based, employment service provider-based, and environmental-based contributors to vocational success.

3.2.1. Consumer-based contributors

There was consensus among the participants that remorse and accountability are important consumer factors contributing to successful employment when one has a criminal offense history:

if they come to me with a healthy “I know what I’ve done” attitude then we can get started right away... If they don’t... we have to do more work on the front end, because you need to be able to discuss what happened [so] the employer feels... that justice was done.

We all make mistakes. So, what did I learn from those mistakes? How am I applying it to my future or to my present? I think we can all look back on our life and it will very vividly tell us, “whew, that was a big mistake.” It’s in the changing that we’ve learned from it. So, what have you learned from being in prison or being on probation?

One participant shared her thoughts on a successful approach used by an influential community member in determining job readiness:

He would say, “How has your life changed? Who are you hanging around with now? Where are you living? Who is supporting you?” That was... his biggest concern before they would even talk about employment. I need to know that you’re different. I need to know that you no longer talk to those people. I need to know you have no ties.

One participant described what she perceived as necessary information gathering in predicting success:
Just like with their illness... a good referral is someone who has not been in the hospital for 6 months and is following their medications and working with their doctors... anyone with a criminal history background, as part of our initial assessment work with them you’re going to identify exactly what was the issue? How recent was it? Make sure that we clearly know what’s going on. If you’re on probation right now, we need to know, when are your meetings? Is this person following through to overcome whatever their issues are? I think that bodes well.

Remorse, accountability, action-oriented attitudes toward change all appear to be viewed as positive indicators of consumer success.

3.2.2. Employment services provider-based contributors

Participants agreed that a positive provider attitude was key to assisting consumers in being motivated and persevering. Establishing a trusting relationship, exhibiting optimism and modeling a hopeful attitude, normalizing challenges in the employment process, and being persistent were all provider-based factors that were seen to facilitate successful employment. In addition, projecting a nonjudgmental attitude toward mental illness and criminal background was seen as especially salient in helping the consumer:

The fact that I don’t have a different attitude towards these people. I just don’t treat them any differently. These are people who have a specific illness that has gotten in their way in life, or really society has gotten in their way. I think that the person is not the disease.

If I am down on them like “you have done all of these offenses, you have done all these things wrong” you would start off in a negative atmosphere. So the first thing we try to establish is that a positive rapport, that our relationship is going to be a positive one. We tell our consumers that your diagnosis and background is not important... You have got to get them to stop thinking that I am mentally challenged or I am mentally disabled because you are going to go out and get a job. You are going to help these people empower themselves.

Finally, some participants found that personal disclosure about their own difficulties in finding employment helped to validate the experience for consumers as well as build the relationship. One participant stated that she explains how difficult it was for her to find the right job and added the comment “Write that in big letters... it’s HARD.” Another participant echoed the sentiment commenting that she is open to sharing her own struggles in an effort to help consumers realize they are not alone:

I didn’t make it through my first couple of jobs either, you know, or I’ve made horrible mistakes. So, I am never above throwing myself under the bus without taking away the professional relationship that we have, but yeah, I’m extremely honest with the mistakes that I’ve made, and sometimes they’re like, wow, she can make mistakes, no big deal, so just because I walked away from this job it doesn’t mean it’s over, it’s the end.

3.2.3. Environmental-based contributors

The benefits of support was a recurrent theme. Several participants described the importance of connecting consumers with social supports, such as a clubhouse model program, which can contribute towards employment efforts and overall quality of life:

The illness really isolates them a lot in all different directions. And, it’s hard for them to get back. I think that’s what so neat about (our agency) having the Clubhouse... we all need a community and they get a community of like people over there. I’m beginning to see where it’s making a big difference in a lot of people’s lives. They’re developing friendships and they want to get out there and they gain confidence that they can get out there and work.
The importance of supportive community agencies was highlighted. Cooperation from vocational rehabilitation (VR) systems and probation officers was appreciated and seen as extremely beneficial to employment efforts. Poor relationships with probations officers and VR were noted as a barrier earlier in this report. Positive relationships were suggested to be quite helpful when serving individuals with criminal histories. Finally, participants agreed that natural supports in the workplace were paramount to successful employment outcomes. In regards to a consumer who had been successfully employed for ten years:

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\ldots \text{his employer supports him, there are natural supports and that is the key} \ldots \text{for somebody with a criminal history. I happened to know the manager at the time which helped me and he kept that confidential among the employees. (The consumer) has been able to stay in his job for about ten years. He's been employee of the month several times.}
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### 3.3. Interventions and strategies

Participants were asked to identify strategies and interventions that were particularly helpful in job development/placement and retention. These interventions were organized into subcategories that included targeting: consumer intrapersonal factors such as building accountability; interpersonal factors, aimed at enhancing relationship and communication skills between people; and finally those that focused on larger environmental considerations.

#### 3.3.1. Intrapersonal strategies

Actively working to “establish” and “instill” hopefulness and optimism in consumers who have faced so many obstacles was identified as a powerful intrapersonal intervention. Several participants discussed how taking the time to help consumers build insights into their lives and clarify what they want for their future is a key to success. Participants agreed that it was important to assure that consumers have support services in place such as a therapist or case manager to work with broader life and personal issues:

Most of our clients have therapists. But, if they don’t and they’re approaching us with issues of anxiety or issues of insecurities or that sort of thing, we can give the general advice, but it gets to the point where you have to say, I’m not a therapist and these are real issues that seem to be getting in your way of your job search. Are you interested in meeting with a therapist? . . . We need to hook you up with that. You’re dealing with things that are getting in your way of your job search and it’s not our job to take care of full time.

Intrapersonal interventions including developing the consumer’s concept of oneself as worker, enhancing knowledge about oneself and the world of work, and establishing feasible career goals were also noted. In addition, building work behaviors such as being on time, keeping appointments, completing assignments, and acting and dressing professionally were discussed. Another consideration presented in discussion was that of exploring the individual’s sense of daily structure and current priorities before imposing new structure on their lives with employment. Discussion ensued about how as an outside observer a lifestyle may appear fluid and unstructured when there may actually be a personal structure based on specific priorities. Participants agreed that these issues should be explored, honored, and then negotiated and adjusted depending on the consumer’s new goals and needs.

#### 3.3.2. Interpersonal strategies

Participants shared strategies for building more effective interactions with potential employers. The following quotes refer to methods for preparing the consumer ahead of time to address employer questions about criminal history or mental illness:

We practice (addressing gaps in employment) a lot. And that can take a long time because it depends on their knowledge of their illness. How much of their illness do they deny? How can we work forward with the client? So it’s more like a one on one and a lot of practice and getting them to understand the importance of being able to explain these gaps in their job history. Sometimes we do it by cover letter, I’ll have an outline and have a paragraph or so on why the client didn’t work from 1997 to 1999 and put that with the application.

Our strategy is to constantly double interview them and triple interview them, and think of any possible question that an employer might ask them regarding their criminal history or mental illness and then put a positive spin on that. You know, sometimes the only way to put a positive spin on that is just to be completely honest . . . but if the client doesn’t sell himself in the interview, it doesn’t matter what you say unless a close personal friend of yours wants to take a gamble on what’s sitting in the chair. You still have to teach them to directly and assertively deal with the disclosure. That is the only way that I have successfully done it.
I tell them that the employers will check your police record, and I normally recommend them to go to the state building and get a police check. That is what the employers will see. And we can address it like that. Review their own criminal record ahead of time. My take is that I really don’t encourage strongly to discuss mental illness with them. It’s up to the client. I always tell them to stress the strengths and skills that it takes to do the job. That’s what you’re there for. Because they think you can do the job not to discuss your criminal history.

In terms of engaging potential employers, there was consensus that face to face meetings with employers and consumers present were ideal:

They can have even less than 10 seconds if the employer looks down and says, “They have a criminal history, they haven’t worked in 10 years.” So, I always try to make that face to face contact with the manager or employer and you only have a couple sentences to spit it out.

The first thing I try to do is really get that client before that manager as soon as possible to put a face onto that application. I think it’s much more difficult for a manager to say no face to face as opposed to seeing me bring that application into the store.

The decision to disclose criminal history or mental illness to potential employers was discussed at length. Participants shared thoughts on effective ways to handle elective or mandatory disclosure. For example, one participant stated that he encourages consumers to write “Open to discussion” when they must acknowledge a felony on an application. Another had been trained to teach consumers to write in actual offense codes if convicted e.g. convicted under Penal Code 23456 – 4 and “will discuss”. One participant shared an especially well-received method for discussing mental illness, focused on functional implications rather than diagnosis which can carry stigma:

I coach (consumers) that they should be very vague with the terms… say something like “out in public I am very uncomfortable so I require a job coach to be with me” or “I’m not comfortable in a crowd of people” or “sometimes I need reinforcement to learn the task or the job” so be very vague and stay away from medical terminology.

Many of the participants asserted that they encourage consumers to communicate to potential employers a focus on the future and highlight change or improved self-management that has occurred in their lives. Several participants discussed the strategy of portfolio development. One participant quoted below explained what she learned about this method in a recent training:

Be upfront and honest… gather five to seven documents… as a portfolio… certain employers may be interested in certain things. [Include] landlords and employers who can talk at great length about doing volunteer work and improving yourself in that way and then getting references from those people who you have worked with and then making connections with people who have actually seen you work in the community.

Many participants were enthusiastic about this idea for promoting consumer self-esteem and other strengths. Several shared their experiences using this portfolio method:

[letters] have gone as far as to say especially if the person was a model prisoner, how difficult would that be to get along with a bunch of folks like that? And if you can exist and do well in that environment, there’s probably no place that you couldn’t get along!

Networking and marketing were discussed as effective strategies at increasing employment potential. Marketing services as an employment agency rather than a social service agency was a popular strategy. Several participants noted that even the names of their agencies are purposefully generic in an effort to not be associated with social services. Participants indicated that they make special efforts to build relationships early on and fulfill promises of support to both the employee and employer.

There’s going to have to be a lot of communication, probably a lot more established with folks with felonies than any other situation. Not only communication with the client, communication with the supervisor, communication with the case manager, communication with the therapist, kind of give them a report card as to what is going on because everybody buys into this program of trying to have a successful closure with voc rehab.

3.3.3. Environmental strategies

Participants described interventions for addressing larger environmental issues. These included assisting consumers in acquiring needed resources within the community, educating and building public awareness of mental illness and rehabilitation for those with criminal histories, combating stigma, and fulfilling basic needs:
We have education, a taxi cab, and we try to help with the I.D. and birth certificate barrier. We try to knock down each of those barriers and make them a non-issue. The clothing and the interview; we try to take care of that for them. We have GED. We have our own tutor on staff. We have two other alternative types of schooling. We also have secondary education where they can get a trade. We will financially assist them in getting whatever they need if they’re trying to better themselves. Education in particular because we realize that’s the key. It can be such a huge barrier. We try to set up several things in our community to try to assist our clients to get an education.

Finally, the collection of quotes below illustrates participants’ attention and commitment to education, building awareness, and combating stigma in the community:

[People are] afraid, so they have to think of ways to make themselves feel safer. So, when someone goes in with a machine gun and kills a bunch of people at work, it’s real important to make something different about them so we’ll feel safe about going to work. So, we make them mentally ill. “Oh, thank God, because I don’t work with anyone who’s mentally ill.” Well, that’s not true, probably the guy next to us has depression and takes Prozac . . . but, I don’t know that so I think I’m safe. So, I think a lot of the problem, we could do a lot of research, but if we don’t educate the public our research is like big waste of time. I think the biggest thing for me is getting the public to understand. Sixty-four percent of employers don’t know about supportive employment program to help people and individuals go back to work and that’s just because they are mentally challenged and have an offense background, but it’s the labeling and I really take it upon our program to try and educate, and let’s get rid of these ideas that we have about the illness and the disability . . . the more we can educate our community to back off of these terms that we’ve developed, I think we’re going to have much, much more success. I think that goes all the way back to our educational system when we are educating our kids. It goes back to using the right kind of verbiage, and textbooks and things, I think we’re conditioning people to grow up and go “you’re different and you’re less than me because you’re mentally ill”. Well, what about if I’m medically ill? I mean, people don’t have that same connotation, so I want to try and educate as much as I can in my program because I think it helps.

3.4. Employment and recovery

Participants shared their perspectives on the role of employment in recovery. Overall they indicated that employment contributes to recovery by increasing pride, sense of self-efficacy, empowerment, and connection in the community. The resources that employment offers, such as financial resources, pride in earning one’s own income, and socialization, were identified as improving overall quality of life. Participants shared these observations about the impact of successful employment on recovery:

And as far as the recovery. . . it’s on-going too. . . as they look for a job we really emphasize that every step they take is a success. Every time they go fill out an application. I think that is beneficial in their recovery, in building their sense of esteem, their sense of accomplishment, and that they can make a difference in their life and are making a difference. Those who do have some kind of network of friends, or those that go to Clubhouse, they get such positive feedback and they’re sort of looked up to by their peers, which is a whole new experience. They’re not used to being looked up to by anybody. Most of the people we have worked with over the years have had labels on them, whether they be ex-offender or ex-con, child molester, crazy person, client, patient, some of those can be perceived as negative or whatever, and a lot of our folks have that as their identity. . . We put our own labels on people- so either they are a job candidate if they are not working, or a worker if they are working and I think those are some of the biggest battles we have had to fight in some respects within our center. Working with the individual, to help them make that transition from the patient role and client, which are honorable, to a job candidate role. . . we tell people right up front we are not going to get you a job. . . we are going to get them to a new identity.

4. Discussion

These results identify various challenges and strategies experienced by employment service providers when working with individuals having mental illnesses and criminal histories. Factors such as consumer expectations, negative provider attitudes, and stigma were all identified as significant barriers to employment, which is consistent with previous research. Of particular interest here, however, were findings that a
criminal history can be less stigmatizing than mental illness, although certain crimes (such as sex offenses) make job development extremely challenging.

Participants also identified contributors to successful vocational recovery in this population, including consumer remorse about past criminal conduct, optimistic provider attitudes, and active support systems. Interventions and strategies that providers have found to be effective in promoting successful employment outcomes include intrapersonal strategies such as building hope, interpersonal strategies such as marketing, networking, and communication, and strategies focused on environmental issues such as building awareness and educating the employer community. Finally, participants cited many contributions of employment to consumer recovery, including financial resources, pride, social connection to the community, and improved quality of life [12].

In short, successful employment outcomes are complex processes that involve both barriers and contributors layered within the individual, between individuals, and in the larger environment surrounding the individual. Strategies and interventions were also identified which can be targeted at the individual's development, as well as various audiences within the larger life space of the client. These findings and suggestions indicate the importance of considering vocational services from a holistic perspective.

5. Implications

There are several implications for employment service provision identified in the findings of this study. Interventions for consumers should include building accountability and hope, expressing remorse, and balancing optimism with realistic expectations about employment. The importance of the provider-consumer relationship and the focus on intra and interpersonal issues suggests the need to employ providers who have strong counseling and relationship building skills.

Advocacy through building awareness and educating natural support persons, employers, and other providers in collaborative systems is also crucial and should be a focus of training for those serving individuals with psychiatric disabilities. With the addition of criminal offense history as a complicating factor, advocacy efforts are all the more important. Such efforts indicate to consumers that providers believe in them and their right to have further opportunities regardless of their history. Such efforts also indicate to employers and other members of society that agencies support individuals with this background and are committed to the philosophy of rehabilitation and recovery. The ability to promote self-advocacy skills in consumers and prepare them to be informed job applicants, employees, and citizens is also paramount.

Some of the most popular strategies for enhancing employment success involved understanding how to communicate with employers and highlight consumer assets, often in the face of highly stigmatized backgrounds. Training in marketing, business perspectives, job-seeking skills and portfolio building are important areas for improving the likelihood of successful employment outcomes for individuals with mental illness and criminal history. Employer education about mental illnesses, rehabilitation, and recovery is clearly needed. The stigma and discrimination that was identified in this report is often based on misunderstandings and myths about mental illness. These concerns could be reduced by educational efforts as suggested by focus group participants.

The current findings are consistent with previous studies (e.g. [6]) suggesting that active training of consumers promotes higher levels of employability. In addition, advocacy and "nonjob advocacy" [6, p. 57] efforts on the part of providers may help in building rapport with natural and professional support people and developing additional support systems. The present findings also complement those of Jones et al. [6] in that clinical characteristics of consumers were not found to be significant barriers or contributors to employment. Our participants instead emphasized the importance of individualized attitudes, expectations of clients, their own characteristics and efforts, and environmental influences.

The pervasive impact of mental illness and criminal history on all areas of one's life illustrates the need for a holistic service perspective. Identifying barriers and contributors for each client will allow providers to implement targeted, tailored strategies. Focus group participant responses indicate the need for individualized supportive strategies that focus on intrapersonal, interpersonal, and environmental factors.

This reinforces the need to view the client as a whole person and develop interventions accordingly.

6. Limitations

Consistent with the goals and philosophy of qualitative inquiry [2], the purpose of the study was not to
provide results that could be widely generalized but to capture important insights based on these providers’ experiences and ideas. As a result, further research is needed to advance knowledge in this area. The generalizability of these findings may be enhanced by conducting additional focus groups which are more diverse in terms of consumers served and geographic location. Though the sample is limited the findings are consistent with existing literature on employment issues for individuals with psychiatric disabilities. For example, stigma and negative attitudes on the part of potential employers as barriers to employment [3] and support systems as a contributor to employment have been reported in the literature [5].

7. Conclusion

The multiplicity of factors that create barriers to employment for individuals with psychiatric disabilities and offense histories can be overwhelming for clients and providers alike. Establishing a sense of hope, a trusting relationship, and an attitude of optimism on the part of both the consumer and provider are key. Providers can assist consumers by better understanding the individual’s level of remorse, accountability, attitudes about self, and expectations about employment early in the relationship.

Support systems seem to be seen as crucial for not only the consumer but also the service providers. A number of participants commented on the importance of this focus group process in helping them express their feelings about the challenges of their work, build a sense of universality in their struggles, share common experiences, and learn new strategies. Some providers said they experience a lack of appreciation for the challenges they face in assisting clients with complex backgrounds, and they appreciated the interest shown by this study in the obstacles they face and their ideas for success. Participants commented that the focus group experience itself seemed to build a sense of camaraderie and hopefulness. Given the importance of a positive and optimistic attitude on the part of providers noted in these focus groups, agencies would do well to provide training and supportive group experiences to providers to boost their morale and build their skills, enhancing their abilities and efforts at providing quality, effective services for consumers with challenging backgrounds.

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