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Vocational Rehabilitation for People with Psychiatric Disabilities

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People with psychiatric disabilities represent a significant percentage of the individuals served by rehabilitation programs. Research has shown that most individuals with psychiatric disabilities are interested in employment but vocational providers may lack the knowledge, skills, and abilities to assist this population (Henry & Lucca, 2004; Medar et al., 2017), and this paper may provide valuable considerations to Vocational Rehabilitation Counselors to increase positive outcomes such as securing and maintaining employment. According to Substance Abuse and Mental Health Service Administration (SAMSHA, 2012) unemployment of people with psychiatric disabilities is around 60-90%, work has always been an integrating force, although many people with psychiatric disabilities are unemployed. This article will provide information which will contribute to a better understanding of psychiatric disabilities and the employment and career counseling strategies that have proven successful.

Keywords: Career Development, People with Psychiatric Disabilities, Mental Health, Employment, People with Disabilities, Rehabilitation Counseling, Vocational Rehabilitation

People with psychiatric disabilities represent a percentage of the individuals served by rehabilitation programs (Sevak & Kan, 2016). Research showed that most individuals with psychiatric disabilities want to work and have skills and abilities to offer, but many vocational providers feel deficient in the knowledge and skills to effectively serve this population (Henry & Lucca, 2004; Medar et al., 2017). Work has always been an integrating force, although many people with psychiatric disabilities are unemployed. Individuals with psychiatric disabilities have many challenges and barriers to employment and as a result have higher rate of unemployment around 80% compared to those without disabilities (U.S. Bureau of Labor Statistics, 2015; Hickox & Hall, 2018) which would conclude that unemployment of people with psychiatric disabilities is around 60-90% in the United States (SAMSHA, 2012). The unemployment rate has been consistent over the 20 years where Crowther and colleagues (2001) and Lehman (1995) reported 70-85%. It is estimated that approximately two-thirds of people with psychiatric disabilities want to work (Sherman et al., 2017; McQuilken et al., 2003), and those individuals who do work earn less than workers without mental illness (Frank & Koss, 2005; Levinson et al., 2010). This article will provide several points which will contribute to a better understanding of psychiatric disabilities and the employment and career counseling strategies that have proven successful.

Impact of Stigma on Employment

Stigma continues to serve as a major barrier to employment for individuals with psychiatric disabilities as employers display more negative attitudes towards hiring people with intellectual disabilities and mental illness than for physical and sensory (Sprong et al., 2019; Kocman & Webner, 2018; Newton & Ormerod, 2005; Ozawa et al., 2016; Ren et al., 2008; Scheid, 2005). Furthermore, Ozawa et al. (2016) found that employers' prejudice and fear toward psychiatric disabilities were strong predictors of hiring practice discrimination. The process of how stigma can lead to unfair hiring practices can be conceptualized as consisting of three levels, including stereotype (negative belief about an individual or group), prejudice (agreement with the belief and/or negative emotional reaction), and discrimination (behavior response to prejudice; Corrigan, 2002). The negative impression toward individuals with disabilities has led to examples of discrimination within many different contexts.

An example of disability discrimination was documented in September 2012, when the EEOC filed a lawsuit (EEOC v. United Airlines, 1:10-CV-01699, U.S. Dist. Court, No. Dist. of Illinois; EEOC v. United Airlines, No. 11-1774. 7th Cir.) against United Airlines, alleging a violation of "reasonable accommodations" under the Americans with Disabilities Act (ADA, Rehabilitation Act, 29 CFR Part 1630). United Airlines required workers with disabilities to compete for vacant positions for which they were qualified and needed to continue working. However, it was founded that the company's practice frequently prevented employees with disabilities from continuing their employment with the company by not reassigning them to vacant positions.

Smart and Smart (2006) asserted that the general public views disability through a medical model lens and disability is a concern of medical practitioners because of the perception that it is a disorder, dysfunction, or deformity that is located within an individual. For example, Larson (1986) stated that this social stigma tends to isolate a person with a disability to a much greater degree than the disability itself. Saliency, value, and context are the proposed three conditions that influence fundamental negative bias. If a trait or characteristic is noticeable and it is regarded as negative, and if its context is vague or sparse, then negative values are assigned and will be a major factor in guiding one's perception, thinking, and feeling to fit its negative character (Yuker, 1988, p. 5). Other research attempted to explain workplace discrimination based on causal attributions was sought in a sample of 126 people with psychiatric disabilities receiving supported employment (Lanctôt et al., 2013). In a follow up phone interview nine months later, participants provided reasons to explain job loss. These reasons were categorized as voluntary or involuntary, locus of control (external vs. internal), and controllability (internal vs. external). If a participant reported directly to his or her own characteristics then it was classified as internal locus of control, and likewise, if a participant related job loss as a result to environmental characteristics, then it was external. Moreover, if a person reported having some reason over his or her job loss, then this was considered as internal controllability, lastly, external controllability was used when a participant reported having no control over loss of his or her job. Results indicated that individuals who gave external responses to locus of control were more likely to have significant levels of psychiatric symptoms. Interestingly, they also found that participants who had a primary education level (e.g., high school education) were five times more likely to make external attributions than those with a post-secondary education. They also found that the majority of participants reported having no control over job loss. One explanation of why participants reported no control over job loss is that employers perceived these individuals as being unfit or minimally qualified for employment, as founded in earlier research conducted by Drehmer and Bordieri (1985). When psychological-related disabilities are more salient, stigma can increase because the individuals are viewed as being more dangerous.

Psycho-Social Benefits of Work and Career

Despite stigma impacting the hiring of individuals with psychiatric disabilities, it is well documented in rehabilitation-related literature of the benefit of work on the psychological well-being of people with and without disabilities (Sprong et al., 2019; Sprong et al., 2020). Research has demonstrated that employment can provide a normalizing environment since individuals with psychiatric disabili-

ties are often stigmatized (Elraz, 2018; Scheid, 2005). Work also provides structure and a sense of community (Tartaglia, 2006) as well as helps maintain a positive identity and self-worth (Dutton et al., 2010; Wrzeniewski et al., 2013). Work provides the resources to do the activities we enjoy and to make a contribution to the community. Work provides friendship (Twenge, 2010), a sense of stability (Guichard, 2009; Reich, 2010) an intellectual challenge (George, 2011), and it provides an understanding of the world and other people (Van Zyl et al., 2011). Ultimately, work helps fight negative symptoms toward individuals with psychiatric disabilities experience by promoting a higher sense of self-esteem and quality of life (Picco et al., 2016; Van Dongen, 1996).

Although it has been shown that stigma negatively impacts the hiring of people with psychiatric disabilities, it is well documented in rehabilitation-related literature the benefit of work and employment on the psychological well-being of people with and without disabilities (Sprong et al., 2019; Sprong et al., 2020). There are many psychological benefits that come from meaningful employment for individuals with disabilities. It is through employment that individuals with psychiatric disabilities are provided a 'normalizing environment' which is extremely beneficial since they are often stigmatized within their own communities (Elraz, 2018; Scheid, 2005). This 'normalizing environment' often comes from a process referred to as organization socialization. For individuals with disabilities, it is crucial for them to be included in this process through which individuals in the organization go from outsiders to contributing and accepted members within the workplace (Parker & Patterson, 2012). Successful organization socialization plays a critical role in the perceived benefits of employment and success by an individual with psychiatric disabilities.

Work additionally create a normalized environment by providing individuals with psychiatric disabilities the ability to gain financial stability through potential increased income, in addition to lowering stress as a result of unemployment (Bond et al., 2008). In congruence with lowered stress and increased financial stability, employment can provide structure and a sense of community to individuals with psychiatric disabilities (Tartaglia, 2006) as well as helps maintain a positive identity and self-worth that is often difficult to obtain for individuals who are not employed (Dutton et al., 2010; Wrzeniewski et al., 2013).

Social benefits that arise from employment prove to be equally meaningful and beneficial to individuals with psychiatric disabilities. Work provides individuals with the resources needed to do the activities they enjoy in addition employment allows them to make a perceived positive contribution to their community. This perceived positive contribution to their community is often missing when individuals are unable to maintain employment due to societies norms and expectations in regards successfully operating within society. Oftentimes individuals with psychiatric disabilities struggle to obtain and maintain meaningful relationships within their lives due to social stigma around psychiatric disabilities. Work provides individuals with friendship (Twenge, 2010) and an understanding of the world and other people (Van Zyl et al., 2011). Individuals who successfully maintain employment often report an increase in satisfaction with their social relationships (Bond et al., 2008), which may be the result of work often providing individuals with the environment to establish and maintain social connections and friendships with peers.

Employment often creates a sense of stability in terms of financial and social relationships (Guichard, 2009; Reich, 2010). By successfully maintaining employment individuals with psychiatric disabilities are provided a routine in which they can rely on and benefit from, which many claims helps increase the likelihood of successful illness management (Bond et al., 2008). Additionally, work creates intellectual challenge (George, 2011) this, in congruence with previously discussed benefits ultimately helps fight negative symptoms individuals with psychiatric disabilities experience by promoting a higher sense of self-esteem and increased quality of life (Picco et al., 2016; Van Dongen, 1996).

Impact of Counselor Biases on Vocational Functioning

There is limited research examining biases of rehabilitation professionals and how their biases may create service-delivery issues. Additionally, there are limited protocols in the research to assist in effectively evaluating and placing persons with psychiatric disabilities into the workforce. There have

been few studies (e.g., Sprong et al., 2015; Sprong et al., 2017; Sprong et al., 2020) examining how biases impact the services that rehabilitation professionals provide, but none of these studies explored psychiatric disabilities specifically in their case studies. It is important to understand the research around how counselor biases have impacted vocational functioning for clients with disabilities as many of these biases may be seen with clients with psychiatric disorders.

As aforementioned, work provides an area in which persons with disabilities can become productive members of society, establish social networks, interpersonal relationships and ultimately a higher quality of life (Simplican et al., 2015). According to Remley and Herlihy (2007), "prejudicial attitudes and biases are deeply ingrained in western society and counselors, as members of that society have internalized these biases. Thus, counselors can practice discrimination without being aware that they are doing so" (p. 51). Strohmer and colleagues (2015) identified biases that are likely to occur when working with clients with disabilities. First, it can lead to less-than-optimal choices for the clients and possibility even harmful decisions (Strohmer et al., 2015). As rehabilitation counselors it is important to practice the six principles of ethical behavior (1) autonomy, (2) beneficence, (3), fidelity, (4) justice, (5) nonmaleficence, and (6) veracity in order to facilitate independence for individuals with disabilities and provide appropriate vocational counseling (Commission of Rehabilitation Counselor Certification [CRCC], 2017).

Secondly, rehabilitation counselors focus around the client's limitations which can result in unfortunate outcomes (Strohmer et al., 2015). Traditional, psychiatric diagnosis is more concerned with deficiencies than strengths and abilities (Wood et al., 2014). It is the responsibility of the vocational counselor to identify and build on the client's strengths and abilities instead of their limitations (Chou et al., 2013; Eggerth, 2008). Research shows that there is strong evidence to support that there is no relationship between diagnosis and future vocational functioning (Anthony et al., 2002) and individuals with mental health disorders such as schizophrenia or bipolar disorder are capable of obtaining competitive integrated employment (Knaeps et al., 2016).

When vocational counselors focus on the limitations of the disability this can be described as vocational overshadowing and diagnostic overshadowing. Vocational overshadowing focuses on the under emphasis of a vocational problem with when a client has a coexisting personal problem. Examples of vocational overshadowing can occur during the assessment, diagnoses, and treatment process of vocational evaluation (Spengler et al., 1990). On the other hand, diagnostic overshadowing is the under emphasis of a mental disorder (Reiss et al., 1982; Spengler & Strohmer, 1994). Examples of diagnostic overshadowing include the severity of the psychiatric condition, the degree of the cognitive impairment, and years' experience of the cognitive complexity (Jones et al., 2008; Jopp & Keys, 2001). This research on vocational and diagnostic overshadowing in still controversial and should be noted that discriminatory attitudes and biases cannot be completely described by these two theories (Jones et al., 2008).

Overemphasizing a psychiatric diagnosis can obscure the vocational counselor's perceptions in evaluating the client's potential and chances for career success as well as provide the counselor with a shared language and a common structural basis for working with the mental health system and the client's support network (Anthony et al., 2002). Given the limited research related to the impact of counselor biases towards psychiatric disabilities and service delivery issues, a humanistic approach may best assist a rehabilitation professional when performing job development and job placement services for a claimant.

Framework for Working with Clients with Psychiatric Disabilities

There are several considerations that a rehabilitation professional should contemplate when working with persons with psychiatric disabilities in order to provide an objective opinion about the employability and/or when providing job placement services (Nuechterlein et al., 2008). Biases towards individuals with psychiatric disabilities can (1) impact the therapeutic relationship between a counselor and the evaluee(McCabe, 2012), (2) impact the employability of the claimant (Sprong et al., 2015),

and (3) impact the starting wage if the individual is hired (Bordieri & Drehmer, 1986). Stigma is an underlying factor that influences society's attitudes towards disabilities, and these can be increased when psychiatric disabilities are more salient (noticeable). Stigma has historically been defined as a mark of disgrace associated with a particular quality of a person (Crocker et al.,1998).

Models of Disability

There are many proposed models that have been used and studied with a variety of disabilities. These models include but not limited to the biomedical model, functional model, sociopolitical model, medical model, and the rehabilitation model. No single model can reflect all individuals with disabilities, but it is important to note and discuss the models that have a significant impact on psychiatric disabilities and employment (Smith, 2009). The socio-political model of employment views disability as not as physical or mental impairment but as a social construction that emphasizes take out around environmental factors, cultural attitudes, and social behaviors (Scotch, 2000). In this model, there are assumptions about how other persons with psychiatrics disabilities and their ability to perform everyday tasks or what they can do with and without assistance. Some consequences of the socio-political model of disability and employment are looking at the complex view of the individual's impairment and nature of the employer's environment. Employers need to follow ADA provisions of ability to perform job functions of a job with or without reasonable accommodations (ADA, 42 U.S.C. §12111(8); 1994).

Psychiatric vocational rehabilitation (PVR) is a model in vocational context that focuses on Choose-Get-Keep (CGK; Anthony et al., 2002; Anthony et al., 1984; Rogers et al., 2006). The CGK approach has been tested in various residential, vocational, and educational studies (Brown et al., 1991; Rogers et al., 1991; Shern et al., 2000; Unger et al., 1991). The PVR model using the CGK approach focuses on outlining how VR counselors plan and intervene to help individuals with psychiatric disabilities develop the skills to be successful and satisfied in their employment environment (Anthony, 1979; Anthony et al., 1990; Anthony et al., 2002). Results of this model indicated that there were increased hours worked, income earned, vocational status, and community tenured (Rogers et al., 1995). The two most notable models within vocational rehabilitation which are the medical model and the rehabilitation model.

The medical model has often been used to identify functional limitations and has dominated the mental health system for several decades (Fisher, 1994). The medical or clinical model address psychiatric disabilities in regards to work and independent living (Corrigan & McCraken, 2005). This is helpful when looking at areas which need to be acknowledged, supported or strengthened but it can also be limiting. The medical model of disability is based on the assumption that disability is caused by disease or trauma and the solution is treatment of the disability. Disability is seen as a divergence from normality, intervention by health professionals who are considered the experts is viewed as essential (Smeltzer, 2007). The medical model of mental illness has been known to contribute to the negative self-perceptions of individuals with psychiatric disabilities (Weiner & Weiner, 1996).

Corrigan and McCraken (2005) reviewed the place first then train model as an alternative to the medical model for individuals with psychiatric disabilities in employment. The traditional or original model was based on the medical or clinical approach where individuals were trained first and then placed in employment. The train-place approach focuses on concerns that if a person with a mental illness is placed in employment too quickly it can create demands and stressors that the person was not prepared for. Using a traditional model (e.g. medical model) focuses on an individual's "deficits" that hinders that inclusive process of going to and fitting in at work and independent living situations. However, place-train program for individuals with psychiatric disabilities were able to triple employment (Drake et al., 1996; Lehman et al., 2002; Meisler et al., 2000). Participants that were in the place-train program earned a higher income and longer employment rate than those that were not in the place-train program (Bond et al., 1997). It is important to understand the medical model and both the social and rehabilitation models to conceptualize disabilities.

The social model is reported to have been created as a reaction to the medical model of disability (Falvo, 2014; Paley, 2002). Within this model, societal and environmental barriers are classified as the main contributors to disability, instead of viewing the individual's disability or condition as something that needs to be cured in order to successfully function in society. The social model is a direct result of the civil rights and human rights movements in the United States, which ultimately provided the necessary support for the development of many social policies and legislative actions that support individuals with disabilities. The social model ultimately aims to make the necessary changes in the individual's environment and society to provide an equal experience, instead of focusing on trying to change or cure the individual with a disability (Falvo, 2014). The American's with Disabilities Act (ADA) further supported the social model through ensuring that American's with disabilities have access to reasonable accommodations allowing them to function in their environments and avoid discrimination based on disability. The social model primarily focuses on society's inability to take an individual's disability or limitations into consideration and in turn create appropriate accommodations. However, there are some negatives when only using the social model when discussing disability. Anastasiou and Kauffman (2013) discuss that by viewing individuals as only a social construct and not looking at the full social and biological perspectives of the individual.

The Rehabilitation Model in contrast emphasizes a person's strengths, abilities to improve and make progress. The rehabilitation model includes the medical model but also the belief that with effort on the part of the person with the disability changes and improvement will take place. It considers an individual's efforts to participate, contribute and to make progress, it emphasizes a person's ability to grow and change (Breen & Forwell, 2020). The rehabilitation model is an effective model to consider and implement when working with clients with psychiatric disabilities.

Barriers to Employment

Barriers to employment go beyond stigma of mental illness (Kukla et al., 2016; Milfort et al., 2015; Noel et al., 2017). Additional barriers to employment for individuals with psychiatric disabilities has been evident among multiple studies include but not limited to: the persons physical illness (Braitman et al., 1995; Kukla et al., 2016; Milfort et al., 2015), substance use (Braitman et al., 1995; Kukla et al., 2016; Poremski et al., 2016), demographic factors such as socioeconomic status and race (Cook, 2006; Hanisch et al., 2017; Rosenheck et al., 2006), and individuals lack of motivation or engagement (Braitman et al., 1995; Milfort et al., 2015; Noel et al., 2017; Poremski et al., 2016). According to Sevak and Khan (2018) individuals with mental illness are more likely to report barriers that are not health-related (e.g., lacking the appropriate skills needed for the job, frustrations of finding a job, or feeling dismissed through the job search process) compared to individuals with physical disabilities. Even though individuals with mental illness are more likely to report barriers to employment, it is important for practitioners in the field to have a clear understanding of the barriers the client faces in order to provide effective treatment. Practitioners can use a variety of scales to assist in this process.

Identifying Barriers to Employment. There are several methods to assess barriers to employment, and the administration of standardized instruments might be useful in the identification of barriers. The Barriers to Employment Success Inventory (BESI) 5th edition allows for individuals to identify barriers to getting and succeed on a job. This 30-minute scale created and revised by John Liptak (2018) allows both the individual and practitioner to have an understanding on five different categories: (1) personal and financial, (2) emotional and physical, (3) career decision-making and planning, (4) job-seeking knowledge, and (5) education and training. Once the 50 statements are completed, users can identify barriers and ways to overcome them. The results also allow individuals to develop a plan for successful employment that can be used in group or individual career counseling.

Another instrument that examines barriers to employment is the Perccived Employment Barriers Scale (PEBS) as developed by Hong, Polanin, and Key (2014). The PEBS is a 27-item self-report instrument that has been well examined in terms of psychometric properties (e.g., reliability, validity), and factor analysis of the items of the PEBS were broken into five factors, including physical and

mental health, labor market exclusion, child-care, human capital, and soft skills (Hong et al., 2014). Participants are presented with an item and must indicate their level of agreement with each statement on a 0 – 10 scale (0 = *strongly disagree*, 5 = *neutral*, 10 = *strongly agree*).

Career Search Efficacy Scale (CSES). The CESES is designed to review the confidence a person has in performing a wide variety of career tasks. This scale was correlated with the Career Decision Making Self-Efficacy Scale (Taylor & Betz, 1983). The original 72 items that were slimmed down to a 35 item scale measures job search efficacy, interviewing efficacy, networking efficacy, and personal exploration (e.g., career tasks involving examination of values, skills, and goals) efficacy.

Barriers to Employment and Coping Efficacy Scale (BECES). The BECES was created in collaboration with barriers to employment collected by different authors (e.g., Bachrach, 1991; Bassett et al., 2001; Braitman et al., 1995; Corbière et al., 2002, Hill et al., 1998; May & Vieceli, 1982; McCrohan et al., 1994; Rutman, 1994). This 35-item scale looks at possible barriers to work integration specifically researched for individuals with mental illness (Corbière et al., 2004). The individual first completed a section that ask "in their current situation, could this item represent a barrier to employment?" If the individual indicates that there could be barriers then they are invited to evaluate to what extent they feel are able to overcome this barrier. The purpose of this scale is to identify potential barriers to integration into the workplace.

Career Identity, Completing a Career Interest Inventory

For a client participating in career exploration completing a career interest inventory is essential. An interest assessment helps identify careers which meet the client's interests (Rottinghaus et al., 2018). Interest assessments ask a series of questions and match likes and dislikes to careers, skills, abilities and strengths. The results are not set in stone but open for discussion between the client and the counselor. After the results of the career interest inventory are tabulated, a clarification of patterns and paths evolve. From the career interest inventory, we can identify an individual's vocational interests and use this information when conducting a labor market survey or search. This helps identify training and educational requirements as well as understanding functional limitations (Morgan & Bruin, 2019). For example, if an individual has anxiety disorder and is experiencing anxiety about working with the public a position working as a public information representative would not be a good match. Completing a career interest inventory over the long term contributes to a client's confidence and career identity.

Self-Directed Search. One commonly self-administered career interest assessment is the Self-Directed Search (SDS) developed based on Holland's theory of the behavior of individuals in vocational environments (Watkins & Campbell, 2000). The main principles within this assessment assume that most people can be categorized into one of six personality types and live within six kinds of environments. It is the interaction between the individual's personality and characteristics of the environment that will ultimately determine their behavior (Holland, 1992). During the SDS, the person taking the assessment will have their personality matched within the six listed personality types and accompanying occupations that fall within those same six personality categories. The benefits that come from using the SDS are the test is low cost and easily accessible for individuals. Those interested in taking the assessment can do so on their own in a short amount of time. In fact, today individuals with internet access have the option to take a free SDS online without assistance from a mental health provider. Some negative aspects that need to be considered when using the SDS, especially for individuals with psychiatric disabilities include the lack of professional interpretation. When using the SDS on their own individuals may be misled by the results and would receive increased benefit from participating in vocational assessment lead by a trained professional (Parker & Szymanski, 2010).

Strong Interest Inventory. Although it is known to be one of the oldest interest inventories created the Strong Interest Inventory is continuously used today in vocational assessments due to its multiple revisions ensuring longevity of the assessment (Watkins & Campbell, 2000). This assessment and

many additional vocational assessments differ from the SDS in the sense that they are not created based on a theory. The current version of the assessment asks the test taker to measure their interest in areas including occupations, school subjects, work and leisure activities, and types of people. A computer then calculates the scores and provides a six-page summary for the test taker in areas including general occupational themes, basic interests, and occupational scales (Watkins & Campbell, 2000). Some benefits to using the Strong Interest Inventory include a look into unique qualities of each client, gained client insight on their own interests and how they relate to the working world, and the ability to provide the client with an increased self-understanding (Watkins & Campbell, 2000). However, some negative aspects that must be considered when using the Strong Interest Inventory include difficulty with developing evidence of construct validity, and the great range of human characteristics take out with combined with the many components of the work environment (Parker & Szymanski, 2010). It is important to keep in mind that the Strong Interest Inventory is not used to definitively predict an individual's success in a particular career field, instead it is used to help test takers begin to think about occupations that would match their personal interests.

Occupational Aptitude Survey and Interest Schedule. A third interest inventory that can be used to help explore career interest is the Occupational Aptitude Survey and Interest Schedule-Third Edition (OASIS-3). This test is comprised of two instruments, the Aptitude Survey and the Interest Survey, when used together combine to provide the test taker with their vocational aptitudes and interests (Parker & Patterson, 2012). Some benefits to using the OASIS-3 are the set-up of the test allows for groups of students or individuals to be tested at the same time since it is a paper and pencil test. Additionally, the test must be scored by a machine or in person, providing a possible scenario for the test taker to receive the scores face-to-face with the test administrator and opportunity to discuss the outcomes of the surveys. Negatives from the test include the amount of time required to take the test, in total the test requires approximately 1.5 hours to complete and may induce test taking anxiety due to its similar set up to standardized testing and length of time to administer.

Interpreting Assessments. Regardless of the test used, the interpretation and evaluation of test results to the test taker is one of the most critical and often neglected aspects of career assessment for individuals, especially for clients with a disability (Manyam & Brown, 2018). When interpreting a test to a client it is important for professionals to translate the results, examinations, questionnaires, and any additional information into a coherent report for their client, keeping in mind the ultimate goal is to provide a clear view on the client's rehabilitation (vocational) potential (Parker & Patterson, 2012). When providing a client with a vocational assessment, it is important for the administrator to follow a few basic guidelines. The first being to accurately prepare the client for the test administration prior to administering the test. The administrator should then review the test results and available information in order to prepare a plan to deliver the test interpretation to the client. Once delivering the interpretation the administrator should follow up on the client's reactions to their results, discuss the implications of results, and identify areas of strength for the client. Ultimately, the administrator should never defend the test, and make sure to allow space for the client to react to their results (Parker & Patterson, 2012).

Some additional resources and inventories available to mental health professionals to assist with determining a client's readiness to make educational and vocational choices are the Career Decision Scale, Career Development Inventory, and the Career Maturity Inventory (Watkins & Campbell, 2000). The Career Decision Scale is used to measure difficulties in making a career choice. Some of the benefits from using the Career Decision Scale are the tests ability to be used within multiple career fields and differing individuals. Additionally, the test only requires a short amount of time to administer and can be done in group settings if necessary. The Career Development Inventory is used to measure the client's ability to adapt and master career development tasks. Scores from this measurement can be used to help determine the client's ability to plan ahead when looking at employment and can be reassessed annually. One additional area in which the measurement can assess is the client's ability to explore and utilize resources for planning ahead, this can help professionals determine what resources and skills are needed to assist their clients. While the third measurement listed, Career Maturity Inventory, is used to measure the client's dispositions for occupational decision mak-

ing. One negative to using the Career Maturity Inventory is the measurements inability to provide scores and percentiles for individuals beyond the 12th grade (Watkins & Campbell, 2000).

Increase Capacity and Provide Hope

Utilizing the framework of Roger's congruence, unconditional positive regard and empathetic understanding as the basis of a successful career exploration it's important to have a good vocational plan with specific objectives. The plan can be referred back to when events cause the client to become sidetracked. It's helpful to frame the career plan in terms of long-term and short-term goals. Short-term goals can complement and add up to the career goal that appears presentably beyond reach. Individuals increase their capacity and build on success as they advance through the plan. When the counselor stays engaged with the client by taking action progress is made no effort is wasted and a career path will be the result.

In addition, it is important for the counselor to recognize the clients' reasons for obtaining employment this may vary from individual to individual. Some may be working in order to survive, others may view work as a means of socializing and connecting with peers, and others may view work as a means of self-determination (Blustein et al., 2008; Parker & Patterson, 2012). Bluestein and colleagues (2008) states that the following objectives must be present when working with individuals with a disability and providing career counseling services. The counselor must foster empowerment, foster critical consciousness, promote the clients' skill building for a changing workforce, and demonstrate volition and the role of advocacy (Parker & Patterson, 2012). Ultimately, it is critical that the counselor works with the client to set appropriate long- and short-term goals, in addition to providing the client with appropriate strategies and goal setting in congruence with their reasons for entering employment. VR counselors can utilize the Employment Hope Scale

Employment Hope Scale (EHS). The Employment Hope Scale (EHS) was originally conceptualized in the U.S. by analyzing job-training program participants and service providers (Hong, 2013). It was founded that employment hope consisted of six dimensions under two higher-order constructs: (1) psychological empowerment (agency component of hope that comprises self-worth, self-perceived capabilities, and future outlook) and (2) process of moving toward future goals (pathways component of hope that comprises self-motivation, utilization of skills and resources, and goal oriented). This 14-item two factor structure scale was developed to measure empowerment-based self-sufficiency, and the original scale by Hong and colleagues (2012) was developed and validated. The primary goal was to measure an individual's process on how to reach one's employment and financial goals, which is achieved by overcoming perceived barriers by enhancing hope (Hong & Choy, 2013) and as a result, employment hope is critical to believing in "possible-self" (Oyserman et al., 2004) even against obstacles and career paths.

Consideration for Vocational Rehabilitation Cases

Early literature (e.g., Nadolsky, 1971) described the vocational evaluation process as intended to predict work behavior and vocational potential through the application of vocational rehabilitation techniques and procedures. Several models were developed to assist in determining work behavior and vocational potential, such as the RAPEL model, which stands for rehabilitation plan, access to the labor market, placeability, earning capacity, and labor force participation (Robinson, 2013). In determining a claimant's employability/placeability and earning capacity, a Vocational Rehabilitation Counselor needs to synthesize relevant case data and collateral information (Shahnasarian, 2001; 2004; Robinson, 2013), including a vocational interview, vocational testing, and initiating labor market and associated research to address questions and hypotheses derived from the previous steps (Shahnasarian, 2004). As stated in Robinson (2013), Shahnasarian (2004) described that the clinical interview and psychometric should focus on the following areas (p. 46):

1. Background information
2. Chronology of vocational activity near an event in dispute

3. Potential physical problems or psychological problems that may affect career development
4. Activities of daily living
5. Mental Health
6. Education and specialized training
7. Career development
8. Administration of standardized tests

As mentioned in the framework aforementioned, mental health should be considered during the Vocational Evaluation process, and this would include obtaining information related to psychological functioning and psychological readiness for employment. Walker and Sizemore (2019) indicated that during a vocational assessment:

> effort test findings should be used to clarify the validity of other psychometric results administered during the examination . . . . If an individual is inconsistent or deceptive in response to measure of effort, the evaluator may need to conclude that the examinee set forth less than complete effort or inconsistent responses to other measures within the test battery...the vocational assessment may have been invalidated or sabotaged (p. 52).

Prior to assuming that a claimant has not made adequate effort in the testing that has been administered, one should consider the impact of low employment hope, issues with motivation due to psychological factors rather than first assuming motivations is due to secondary gains (although this sometimes happens). There are several sources of assessment information for a Vocational Rehabilitation Counselor to consider, including (1) observing the individual, (2) vocational interview, (3) review the person's current condition and history, (4) reviewing collateral data (information from family, friends, neighbors, schools, medical providers, social service programs, and treatment records. Another method of gathering relevant information is by administering vocational tests. A test is an objective and standardized measure of a sample of behavior and is used to predict how a person will behave in situations of interest (Anastasi & Urbina, 1997). Specifically, tests are used to obtain a diagnosis (estimate a person's current status – behavior) and prognosis (predict a person's future status). A vocational evaluator's goal is how a person will behave in an employment setting. For example, does the evaluee have the knowledge, skills, and abilities to perform a specific type of occupation? The goal within performing vocational assessment is to (a) determine the barriers that preventing employability and placeability, such as psychological readiness, mental health concerns, employment hope, work readiness, educational level, and (b) consider how these barriers can be removed (e.g., training program may reduce the impact of the educational barrier). When evaluating a sample of behavior, the test items must prove its worth by demonstrating the relationship between behavior on the test and the behavior of interest, and this can be accomplished by examining the test's level of correspondence, including (Drummond & Jones, 2010):

1. High correspondence: test items are part of the behavior of interest
2. Moderate Correspondence: test items only partially reflect the behavior of interest
3. Low Correspondence: test items do not appear to include the behavior of interest.

In order to properly assess a person with a disability with vocational tests, the test needs some type of standardization, as having such a mechanism implies uniformity of procedures (rules) for administration, scoring and interpretation, and makes it possible to compare scores of different people because they have been exposed to the same stimuli. Therefore, when selecting standardized assessments, the Vocational Rehabilitation Counselor should evaluate the test manual (all credible tests/instruments should have one) and determine if the following eight categories are discussed (Drummond & Jones, 2010):

1. Uniform test materials
2. Time limits
3. Exact oral instructions
4. Preliminary demonstrations or items, examples of which are provided

5. How to handle questions that arise form participants
6. Details of test environments
7. Norms for comparing test performance
8. Guidelines for test performance interpretation

Vocational assessment may include:

- Psychometric testing, such as instruments designed to assess aptitudes, work values, personality, and learning styles, among others
- Work samples (define)
- Situational assessment (define)
- Job tryouts, community-based assessment
- Career exploration takes place throughout this process

Accommodation & workplace modifications. Title I of the Americans with Disabilities Act (ADA) was passed in an attempt to lesser the degree of stigmatization (Kilbury et al., 1996) and reduce the likelihood of discrimination against people with disabilities with respect to employment. Specifically, Title 1 of the ADA prohibits private employers, state and local governments, employment agencies, and labor unions from discriminating against qualified individuals with disabilities in the job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment (ADA, 1990). Despite the passage of the ADA almost 10 years prior, research such as Kennedy and Olney (2001) reported that an estimated 748,000 persons with disabilities were refused employment, 402,000 were refused a promotion, 245,000 were denied a transfer, and 227,000 were refused access to training programs immediately following the passage of the ADA. In more recent research, Lanctôt et al., (2013) attempted to explain workplace discrimination based on causal attributions was sought in a sample of 126 people with psychiatric disabilities receiving supported employment. 9-month follow-up phone interviews were conducted and data related to the reasons provided to explain job loss were categorized as voluntary or involuntary, locus of control (external vs. internal), and controllability (internal vs. external). If a participant reported directly to his or her own characteristics then it was classified as internal locus of control, and likewise, if a participant related job loss as a result to environmental characteristics, then it was external. Moreover, if a person reported having some reason over his or her job loss, then this was considered as internal controllability, and external controllability was used when a participant reported having no control over loss of his or her job. Results indicated that individuals who gave external responses to locus of control were more likely to have severe levels of psychiatric symptoms. Interestingly, they also found that participants who had a primary education level (e.g., high school education) were five times more likely to make external attributions than those with a post-secondary education. They also found that majority of participants reported having no control over job loss. One explanation of why participants reported no control over job loss is that employers perceived these individuals as being unfit or minimally qualified for employment.

Vocational Rehabilitation Counselors that are sometimes retained to provide job placement services (e.g., workers' compensation cases) may have to teach the employer in an attempt to reduce the stigma towards people with psychiatric disabilities. For examples, some questions the employer may have include (1) will hiring workers with disabilities increase workers' compensation insurance rates, (2) will absentee rates be higher for people with psychiatric disabilities, (3) will these types of employees likely have accidents on the job, (4) will they be able to meet production standards, (5) how much will it cost this company to accommodate the employee, and (6) will the applicant with the psychiatric disability cause harm to the other employees or customers served. In addition to addressing these potential employer concerns, providing recommendations related to accommodations and workplace modifications may be valuable. An accommodation is any change or adjustment to a job, work environment, or the way tasks are completed that would allow for a person with a disability to apply for the job, perform required job functions, or enjoy equal access to benefits available to people without

disabilities (U.S. Department of Labor, 2020b). Examples of accommodations to consider when working with people with psychiatric disabilities include the following (Department of Labor, 2020a):

- Flexible Workplace - Telecommuting and/or working from home.
- Scheduling - Part-time work hours, job sharing, adjustments in the start or end of work hours, compensation time and/or "make up" of missed time.
- Leave - Sick leave for reasons related to mental health, flexible use of vacation time, additional unpaid or administrative leave for treatment or recovery, leaves of absence and/or use of occasional leave (a few hours at a time) for therapy and other related appointments.
- Breaks - Breaks according to individual needs rather than a fixed schedule, more frequent breaks and/or greater flexibility in scheduling breaks, provision of backup coverage during breaks, and telephone breaks during work hours to call professionals and others needed for support.
- Other Policies - Beverages and/or food permitted at workstations, if necessary, to mitigate the side effects of medications, on-site job coaches.

As shown in Table 1, examples of workplace modifications related to the environment, use of equipment/technology, and job duties are provided.

Vocational Rehabilitation counselors providing job placement services may need to recommend and explain accommodations to the employer and provide strategies for implementing appropriate management/supervision (Department of Labor, 2020a):

- Implementation of flexible and supportive supervision style; positive reinforcement and feedback; adjustments in level of supervision or structure, such as more frequent meetings to help prioritize tasks; and open communication with supervisors regarding performance and work expectations.
- Additional forms of communication and/or written and visual tools, including communication of assignments and instructions in the employee's preferred learning style (written, verbal, e-mail, demonstration); creation and implementation of written tools such as daily "to-do" lists, step-by-step checklists, written (in addition to verbal) instructions and typed minutes of meetings.
- Regularly scheduled meetings (weekly or monthly) with employees to discuss workplace issues and productivity, including annual discussions as part of performance appraisals to assess abilities and discuss promotional opportunities.
- Development of strategies to deal with problems before they arise.
- Written work agreements that include any agreed upon accommodations, long-term and short-term goals, expectations of responsibilities and consequences of not meeting performance standards.
- Education of all employees about their right to accommodations.
- Relevant training for all employees, including co-workers and supervisory staff.

Job Placement Strategies

Traditional models of job placement fall within four delivery systems: (1) general rehabilitation counselor, specialized placement professionals, contracted service, and supported employment, however are not mutually exclusive (Gillbride & Stensrud, 1993). One of the foundational models that is common in private rehabilitation is the placement assistance model. This model has historically dominated the state-federal system, where placement for clients is viewed at the end-state of the relationship between the VR counselors and client relationships (Gandy et al., 1987; Vandergoot 1987a; Wright, 1980). Another traditional delivery system is the use of specialized professionals. This model

Table 1

Examples of Workplace Modifications Related to the Environment, Use of Equipment / Technology, and Job Duties (U.S. Department of Labor, 2020a).

Categories	Examples
Environment	• Reduction and/or removal of distractions in the work area. • Addition of room dividers, partitions or other soundproofing or visual barriers between workspaces to reduce noise or visual distractions. • Private offices or private space enclosures. • Office/work-space location away from noisy machinery. • Reduction of workplace noise that can be adjusted (such as telephone volume). • Increased natural lighting or full spectrum lighting. • Music (with headset) to block out distractions.
Equipment/Technology	• Tape recorders for recording/reviewing meetings and training sessions. • "White noise" or environmental sound machines. • Handheld electronic organizers, software calendars and organizer programs. • Remote job coaching, laptop computers, personal digital assistants and office computer access via remote locations. • Software that minimizes computerized distractions such as pop-up screens.
Job Duties	• Modification or removal of non-essential job duties or restructuring of the job to include only the essential job functions. • Division of large assignments into smaller tasks and goals. • Additional assistance and/or time for orientation activities, training and learning job tasks and new responsibilities. • Additional training or modified training materials.

was developed and used widely in the mid 1970s (Melia, 1984) and provides a wide variety of services including job seeking skills, job club, employment development (Vandergoot, 1987b). Contracted services is the last traditional delivery system that has been used in rehabilitation services for clients with psychiatric disabilities. This approach was designed to move towards placement function closer to the employer. Projects with Industry (PWI) is one example of the contracted services model that used placement specialist and emphasizes the development of relationships between rehabilitation providers and employers (Baumann, 1986).

One of the most seminal job placement strategies used within the VR setting is supported employment. Supported employment was developed in the 1970s and throughout the last three decades has primarily been used to individuals with developmental disabilities to find employment (Wehman, 2006) and later expanded to service other populations such as mental illness (Bond et al., 2012). In recent research and practice, the individual placement and support model (IPS) may be the best choice. The modeling of an interpersonal relationship and the support given, having an ally in placement, support and follow-up is essential to successful placement. Ideas of job placement strategies have changed over the last couple of decades. The individual placement and support model was developed

as a standardized method of assisting individuals with severe mental health problems find competitive work (Bond et al., 2001) and is now considered to be evidence-based (Marshall et al., 2014). With the IPS model focusing on regular jobs in the completive labor market, there are eight evidence-based principles that are incorporated within the IPS model (Sveinsdottir & Bond, 2017), including eligibility based on client choice, emphasis on competitive employment, doing a rapid job search, paying attention to client preferences, systematic job development. Integration of mental health and employment services, individualized benefits counseling and individualized long-term support (Drake et al., 1996).

Using the IPS model has had robust outcomes for different groups of people with significant psychiatric disabilities (Campbell et al., 2011). Muser and colleges (2016) reviewed the current research around the IPS model for individuals with psychiatric disabilities. According to their findings seven out of 23 randomized controlled trials published indicated that IPS is effective at improving work outcomes. For example, Muser et al. summarized a controlled trial that evaluated the effectiveness of IPS for people with serious mental illness and criminal justice system involvement (an increasingly prevalent complication in the U.S.) [Bond, Kim, Becker, Swanson, Drake... Frounfelker, 2015]. By one year 31% of IPS participants, versus just 7% of participants in an active comparison model, had achieved competitive employment. In another study, Bond et al. (2012) evaluated 15 randomized controlled studies and found that overall competitive employment rate for IPS clients in US studies was significantly higher than in non-US studies (62% vs. 47%). Johnson-Kwochka and colleagues (2017) conducted a mixed-method study with behavioral health agencies and state VR agencies and findings showed that most states do utilize the IPS model, due to the enforcement of the Supreme Court's Olmstead decision has grown the support and interest of the IPS model but was not shown to impact the quality of IPS services (Burnim, 2015; Johnson-Kwochka et al., 2017).

Conclusion

To review people with psychiatric disabilities experience high rates of unemployment. Research shows that most individuals with psychiatric disabilities want to work and have skills and abilities to offer, but many vocational providers feel deficient in the knowledge and skills to effectively serve this population. Work is an important activity it not only gives an individual with a psychiatric disability a sense of identity but also a sense of purpose. Psychiatric diagnosis does not predict employability, it's more important to focus on how an individual function in the work world than on specific limitations or symptoms. The rehabilitation model considers an individual's efforts to participate, contribute and to make progress, emphasizing a person's ability to grow make progress and change. It includes the medical model but also the belief that with effort on the part of the person with the disability changes and improvement will take place.

Carl Rogers (1902-1987) a humanistic psychologist wrote about congruence, unconditional positive regard and empathetic understanding. Roger's framework closely follows the rehabilitation model. Applying these concepts when working with people with psychiatric disabilities helps to build trust and rapport with a client from the very beginning and is an effective way for the counselor to work with the individual with a psychiatric disability.

Outlining and clarifying the career development steps an individual can be expected to go through clarifies expectations. By defining the career development steps each individual is expected to follow a road map is created, this frames the career plan in terms of long-term and short-term goals. The plan can be referred back to when events cause the client to get sidetracked.

Career Development is an exploratory mission not an all or nothing process. Framing the career development process as a gradual proccss rather than as an all or nothing proposition helps overcome anxiety and fear of failure. The client may have been in a crisis management mode in which most of their efforts went toward limiting symptoms. This gradual approach expands awareness beyond crisis management to increased knowledge on which to base a career decision. It's essential to outline and clarify the career development steps an individual can be expected to go through.

By defining the career development steps each individual is expected to follow a road map is created. Completing a career interest inventory contributes to a client's confidence and career identity. A significant part of the career development process is to empower the client and provide information and hope. Informational interviews, working on interview skills, completing a career interest inventory, designing a resume are all concrete activities that gives the client with psychiatric disabilities a sense of career identity, a clearer career objective and hope for the future.

References

Americans With Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990).

Anastasiou, K. (2013). The social model of disability: Dichotomy between impairment and disability. *The Journal of Medicine and Philosophy*, *38*(4), 441–459. https://doi.org/10.1093/jmp/jht026

Anthony, W. A. (1979). *The principles of psychiatric rehabilitation*. University Park Press.

Anthony, W. A., Cohen, M. R., & Farkas, M. D. (1990). *Psychiatric rehabilitation*. Boston University, Center for Psychiatric Rehabilitation.

Anthony, W., Cohen, M. R., Farkas, M., & Gagne, C. (2002). *Psychiatric rehabilitation* (2nd ed.). Boston University, Center for Psychiatric Rehabilitation.

Anthony, W. A., Howell, J., & Danley, K. S. (1984). Vocational rehabilitation of the psychiatric disabled. In M. Mirabi (Ed.), *The chronically mentally ill: Research and services* (pp. 215–237). Spectrum.

Anthony, J. L., Lonigan, C. J., Burgess, S. R., Driscoll, K., Phillips, B. M., & Cantor, B. G. (2002). Structure of preschool phonological sensitivity: Overlapping sensitivity to rhyme, words, syllables, and phonemes. *Journal of experimental child psychology*, *82*(1), 65–92. https://doi.org/10.1006/jecp.2002.2677

Bachrach, L. L. (1991). Perspectives on work and rehabilitation. *Psychiatric Services*, *42*(9), 890–891. https://doi.org/10.1176/ps.42.9.890

Baumann, N. (1986). Keeping business advisory councils active and involved: The aging in America model. *Journal of Job Placement*, *2*(2), 16–17.

Bluestein, D. L., Kenna, A. C., Gill, N., & DeVoy, J. E. (2008). The psychology of working: A framework for counseling practice and public policy. *Career Development Quarterly*, *56*(4), 294–308. https://doi.org/10.1002/j.2161-0045.2008.tb00095.x

Bond. G. R., Becker, D. R., Drake, R. E., & Vogler, K. M. (1997). A fidelity scale for the individual placement and support model of supported employment. *Rehabilitation Counseling Bulletin, 40*(4), 265–284.

Bond, G. R., Drake, R. E., & Becker, D. R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, *31*(4), 280–290. https://doi.org/10.2975/31.4.2008.280.290

Bond, G. R., Drake, R. E., & Becker, D. R. (2012). Generalizability of the individual placement and support (IPS) model of supported employment outside the US. *World Psychiatry*, *11*(1), 32–39. https://doi.org/10.1016/j.wpsyc.2012.01.005

Bond, G. R., Kim, S. J., Becker D. R., Swanson S. J., Drake R. E., . . . & Frounfelker, R. L. (2015). A controlled trial of supported employment for people with severe mental illness and justice involvement. *Psychiatric Services, 66*, 1027–1034.

Bordieri, J. E., & Drehmer, D. E. (1986). Hiring decisions for disabled workers: Looking at the cause. *Journal of Applied Social Psychology*, *16*(3), 197–208. https://doi.org/10.1111/j.1559-1816.1986.tb01135.x

Braitman, A., Counts, P., Davenport, R., Zurlinden, B., Rogers, M., Clauss, J., . . . & Montgomery, L. (1995). Comparison of barriers to employment for unemployed and employed clients in a case management program: An exploratory study. *Psychiatric Rehabilitation Journal, 19*(1), 3–8. https://doi.org/10.1037/h0095466

Breen, J. S., & Forwell, S. (2020). The difference model of disability: A change in direction for vocational rehabilitation practice. *The Australian Journal of Rehabilitation Counselling*, *26*(1), 12–17. https://doi.org/10.1017/jrc.2020.2

Brown, M. A., Ridgway, P., Anthony, W. A., & Rogers, E. S. (1991). Comparison of outcomes for clients seeking and assigned to supported housing services. *Hospital & Community Psychiatry, 42*(11), 1150–1153. https://doi.org/10.1176/ps.42.11.1150

Burnim, I. (2015). The promise of the americans with disabilities act for people with mental illness. *Jama*, *313*(22), 2223–2224. https://doi.org/10.1001/jama.2015.4015

Campbell, K., Bond, G. R., & Drake, R. E. (2011). Who benefits from supported employment: A meta-analytic study. *Schizophrenia Bulletin*, *37*(2), 370–380. https://doi.org/10.1093/schbul/sbp066

Chou, C. C., Chan, F., Chan, J. Y. C., Phillips, B., Ditchman, N., & Kaseroff, A. (2013). Positive psychology theory, research, and practice: A primer for rehabilitation counseling professionals. *Rehabilitation Research, Policy, and Education*, *27*(3), 131–153. https://doi.org/ 10.1891/2168-6653.27.3.131

Commission on Rehabilitation Counselor Certification. (2017). *Code of professional ethics for rehabilitation counselors*. Schaumburg, IL: Author. https://www.crccertification.com/filebin/Ethics_Resources/CRCC_Code_Eff_20170101.pdf

Cook, J. A. (2006). Employment barriers for persons with psychiatric disabilities: Update of a report for the President's Commission. *Psychiatric Services*, *57*(10), 1391–1405.

Corbière, M., Bordeleau, M., Provost, G., & Mercier, C. (2002). Obstacles à l'insertion socioprofessionnelle de personnes ayant des problèmes graves de santé mentale: Résultats empiriques et repères théoriques (Barriers to work integration of people with severe mental health disorders: Empirical outcomes and theoretical aspects). *Revue Santé Mentale au Québec, 27*(1), 194–217. https://doi.org/10.7202/014547ar

Corbière, M., Mercier, C., & Lesage, A. (2004). Perceptions of barriers to employment, coping efficacy, and career search efficacy in people with mental illness. *Journal of Career Assessment*, *12*(4), 460–478. https://doi.org/10.1177/1069072704267738

Corrigan, P. W. (2002). Empowerment and serious mental illness: Treatment partnerships and community opportunities. *Psychiatric Quarterly*, *73*(3), 217–228. https://doi.org/10.1023/A:1016040805432

Corrigan, P. W., & McCracken, S. G. (2005). Place first, then train: An alternative to the medical model of psychiatric rehabilitation. *Social Work*, *50*(1), 31–39. https://www.jstor.com/stable/23721297

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), The handbook of social psychology (p. 504–553). McGraw-Hill.

Crowther, R. E., Marshall, M., Bond, G. R., & Huxley, P. (2001). Helping people with severe mental illness to obtain work: Systematic review. *Bmj*, *322*(7280), 204–208. https://doi.org/10.1136/bmj.322.7280.204

Drake, R. E., McHugo, G. J., Becker, D. R., Anthony, W. A., & Clark, R. E. (1996). The New Hampshire study of supported employment for people with severe mental illness. *Journal of Consulting and Clinical Psychology*, *64*(2), 391–399. https://doi.org/10.1037/0022-006X.64.2.391

Drummon R. J., & Jones, J. D. (2010). *Assessment procedures for counselors and helping Professionals.* Pearson

Drehmer, D. E., & Bordieri, J. E. (1985). Hiring decisions for disabled workers: The hidden bias. *Rehabilitation Psychology*, *30*(3), 157–164. https://doi.org/10.1037/h0091030

Dutton, J. E., Roberts, L. M., & Bednar, J. (2010). Pathways for positive identity construction at work: Four types of positive identity and the building of social resources. *Academy of management review*, *35*(2), 265–293. https://doi.org/10.5465/amr.35.2.zok265

EEOC v. United Airlines, 1:10-CV-01699, U.S. Dist. Court, No. Dist. of Illinois; EEOC v. United Airlines, No. 11-1774. 7th Cir.

Eggerth, D. E. (2008). From theory of work adjustment to person–environment correspondence counseling: Vocational psychology as positive psychology. *Journal of Career Assessment*, *16*(1), 60-74. https://doi.org/10.1177/1069072707305771

Elraz, H. (2018). Identity, mental health and work: How employees with mental health conditions recount stigma and the pejorative discourse of mental illness. *Human Relations, 71*(5), 722–741. https://doi.org/10.1177/0018726717716752

Falvo, D. R. (2014). *Medical and psychosocial aspects of chronic illness and disability*. Jones & Bartlett.

Fisher, D. B. (1994). A new vision of healing as constructed by people with psychiatric disabilities working as mental health providers. *Psychosocial Rehabilitation Journal, 17*(3), 67–81. https://doi.org/10.1037/h0095574

Frank, R. G., & Koss, C. (2005). Mental health and labor markets productivity loss and restoration. *Disease Control Priorities Project. Geneva, Switzerland: World Health Organization.*

Gandy, G., Martin, E., Hardy, R., & Cull, J. (1987). *Rehabilitation counseling and services.* Charles C. Thomas.

George, J. M. (2011). The wider context, costs, and benefits of work engagement. *European Journal of Work and Organizational Psychology, 20*(1), 53–59. https://doi.org/10.1080/1359432X.2010.509924

Gilbride, D., & Stensrud, R. (1993). Challenges and opportunities for rehabilitation counselors in the americans with disabilities act era. *NARPPS Journal, 8*(2), 67–74.

Gilbride, D. D., Stensrud, R., & Johnson, M. (1993). Current models of job placement and employer development: Research, competencies and educational considerations. *Rehabilitation Education, 7*(4), 215–239.

Guichard, J. (2009). Self-constructing. *Journal of Vocational Behavior, 75*(3), 251–258. https://doi.org/10.1016/j.jvb.2009.03.004

Hanisch, S. E., Wrynne, C., & Weigl, M. (2017). Perceived and actual barriers to work for people with mental illness. *Journal of Vocational Rehabilitation, 46*(1), 19–30. https://doi.org/10.3233/JVR-160839

Henry, A. D., & Lucca, A. M. (2004). Facilitators and barriers to employment: The perspectives of people with psychiatric disabilities and employment service providers. *Work, 22*(3), 169–182. https://doi.org/1051-9815/04/$17.00

Hickox, S. A., & Hall, A. (2018). Atypical accommodations for employees with psychiatric disabilities. *American Business Law Journal, 55*(3), 537–594. https://doi.org/10.1111/ablj.12125

Hill, M. L., Ruth, D. J., Hine, M. J., Carlson, R. M., Jones, S. W., & Watts, A. T. (1998). Navigating and improving employment related policies for people with disabilities: An emerging work world knowledge based decision support (WW-KBDS) system. *Journal of Applied Rehabilitation Counseling, 29*(4), 32–36. https://doi.org/10.1891/0047-2220.29.4.32

Holland, J. L. (1992). *Making vocational choices: A theory of vocational personalities and work environments*. Psychological Assessment Resources.

Hong, P. Y. P., & Choi, S. (2013). The employment hope scale: Measuring an empowerment pathway to employment success. *International Journal of Psychology Research, 8*(3), 173–189.

Hong, P. Y. P., Polanin, J. R., & Pigott, T. D. (2012). Validation of the employment hope scale: Measuring psychological self-sufficiency among low-income jobseekers. *Research on Social Work Practice, 22*(3), 323–332. https://doi.org/10.1177/1049731511435952

Hong, P.Y.P., Polanin, J. R., & Key, W. (2014). Development of the perceived employment barrier scale (PEBS): An empowerment perspective. *Journal of Community Psychology, 42*(6), 689–706. https://doi.org/10.1002/jcop.21646

Johnson-Kwochka, A., Bond, G. R., Becker, D. R., Drake, R. E., & Greene, M. A. (2017). Prevalence and quality of individual placement and support (IPS) supported employment in the United States. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(3), 311–319. https://doi.org/ 10.1007/s10488-016-0787-5

Jones, S., Howard, L., & Thornicroft, G. (2008). 'Diagnostic overshadowing': Worse physical health care for people with mental illness. *Acta Psychiatrica Scandinavica, 118*(3), 169–171. https://doi.org/10.1111/j.1600-0447.2008.01211.x

Jopp, D. A., & Keys, C. B. (2001). Diagnostic overshadowing reviewed and reconsidered. *American Journal on Mental Retardation*, *106*(5), 416–433. https://doi.org/10.1352/0895-8017(2001)106<0416:DORAR>2.0.CO;2

Kennedy, J., & Olney, M. (2001). Job discrimination in the post-ADA era: Estimates from the 1994 and 1995 national health interview surveys. *Rehabilitation Counseling Bulletin*, *45*(1), 24–30. https://doi.org/10.1177/003435520104500103

Kilbury, R., Bordieri, J., & Wong, H. (1996). Impact of physical disability and gender on personal space. *Journal of Rehabilitation*, *62*(2), 59.

Knaeps, J., Neyens, I., van Weeghel, J., & Van Audenhove, C. (2016). Counsellors' focus on competitive employment for people with severe mental illness: An application of the theory of planned behaviour in vocational rehabilitation programmes. *British Journal of Guidance & Counselling*, *44*(1), 57–71. https://doi.org/10.1080/03069885.2015.1007443

Kocman, A., & Weber, G. (2018). Job satisfaction, quality of work life and work motivation in employees with intellectual disability: A systematic review. *Journal of Applied Research in Intellectual Disabilities*, *31*(1), 1–22. https://doi.org/10.1111/jar.12319

Kukla, M., McGuire, A. B., & Salyers, M. P. (2016). Barriers and facilitators related to work success for veterans in supported employment: A nationwide provider survey. *Psychiatric Services*, *67*(4), 412–417. https://doi.org/10.1176/appi.ps.201500108

Lanctôt, N., Bergeron-Brossard, P., Sanquirgo, N., & Corbière, M. (2013). Causal attributions of job loss among people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, *36*(3), 146–152. https://doi.org/10.1037/prj0000002

Larson, D. A. (1986). What disabilities are protected under the rehabilitation act of 1973?. *Labor Law Journal*, *37*(11), 752–766.

Lehman, A. F. (1995). Vocational rehabilitation in schizophrenia. *Schizophrenia Bulletin*, *21*(4), 645–656. https://doi.org/10.1093/schbul/21.4.645

Lehman, A. F., Goldberg, R., Dixon, L. B., McNary, S., Postrado, L., Hackman, A., & McDonnell, K. (2002). Improving employment outcomes for persons with severe mental illnesses. *Archives of General Psychiatry*, *59*(2), 165–172. https://doi.org/10.1001/archpsyc.59.2.165

Levinson, D., Lakoma, M. D., Petukhova, M., Schoenbaum, M., Zaslavsky, A. M., Angermeyer, M., . . . & Gureje, O. (2010). Associations of serious mental illness with earnings: Results from the WHO world mental health surveys. *The British Journal of Psychiatry*, *197*(2), 114–121. https://doi.org/10.1192/bjp.bp.109.073635

Nadolsky, J. M. (1971). *Development of a model for vocational evaluation of the disadvantaged*. Auburn University.

Manyam, S. B., & Brown, J. D. (2018). Assessments in rehabilitation counseling. In B. McHenry, K. C. MacCluskie, & J. McHenry (Eds.), *Tests and assessments in counseling* (pp. 139–155). Routledge.

May, V. R., & Vieceli, L. (1983). Barriers to placement: Strategies and resolution. *Journal of Rehabilitation*, *49*(3), 43–46.

McCrohan, N. M., Mowbray, C. T., Bybee, D., & Harris, S. N. (1994). Employment histories and expectations of persons with psychiatric disorders. *Rehabilitation Counseling Bulletin*, *38*(1), 59–71.

Meisler, N., Williams, O., Kelleher, J., & Gold, P. (2000, October). Rural-based supported employment approaches: Results from south carolina site of the employment intervention demonstration project. In *Fourth Biennial Research Seminar on Work, Matrix Research Institute, Philadelphia*.

Melia, R. (1984). Job development and placement research. *American Rehabilitation*, *10*(1), 23–26.

McCabe, B. (2012). The therapeutic relationship and adherence to antipsychotic medication in schizophrenia. *PloS One*, *7*(4), e36080–e36080. https://doi.org/10.1371/journal.pone.0036080

Medar, M., Bugarszki, Z., Saia, K., Tiko, A., Sooniste, I., Hall, A., & Rahu, A. (2017). Complexities of participating in estonian labour market: Experiences of persons with mental health problems,

employers and service providers. *East-West Studies, 8,* 91–105. http://publications.tlu.ee/index.php/eastwest/article/view/648

McQuilken, M., Zahniser, J. H., Novak, J., Starks, R. D., Olmos, A., & Bond, G. R. (2003). The work project survey: Consumer perspectives on work. *Journal of Vocational Rehabilitation, 18*(1), 59–68.

Milfort, R., Bond, G. R., McGurk, S. R., & Drake, R. E. (2015). Barriers to employment among social security disability insurance beneficiaries in the mental health treatment study. *Psychiatric Services, 66*(12), 1350–1352. https://doi.org/10.1176/appi.ps.201400502

Mueser, K. T., Drake, R. E., & Bond, G. R. (2016). Recent advances in supported employment for people with serious mental illness. *Current Opinion in Psychiatry, 29*(3), 196–201. https://doi.org/10.1097/YCO.0000000000000247

Morgan, B., & de Bruin, G. P. (2019). Development and evaluation of a short RIASEC interest inventory. *International Journal for Educational and Vocational Guidance, 19*(3), 437–454. https://doi.org/10.1007/s10775-019-09387-2

Newton, R., & Ormerod, M. (2005). Do disabled people have a place in the UK construction industry? *Construction Management and Economics, 23*(10), 1071–1081. https://doi.org/10.1080/01446190500372510

Noel, V. A., Oulvey, E., Drake, R. E., & Bond, G. R. (2017). Barriers to employment for transition-age youth with developmental and psychiatric disabilities. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(3), 354–358. https://doi.org/10. 1007/s10488-016-0773-y

Nuechterlein, K. H., Subotnik, K. L., Turner, L. R., Ventura, J., Becker, D. R., & Drake, R. E. (2008). Individual placement and support for individuals with recent-onset schizophrenia: Integrating supported education and supported employment. *Psychiatric Rehabilitation Journal, 31*(4), 340–349. https://doi.org/10.2975/31.4.2008.340.349

Oyserman, D., Bybee, D., Terry, K., & Hart-Johnson, T. (2004). Possible selves as roadmaps. *Journal of Research in personality, 38*(2), 130–149. https://doi.org/10.1016/S0092-6566(03)00057-6

Ozawa, A., Kikuchi, E., & Yaeda, J. (2016). Causal analysis of employer attitude formation toward employing individuals with psychiatric disabilities. *Journal of Vocational Rehabilitation, 44*(2), 201–212. https://doi.org/10.3233/JVR-150791

Parker, R. M., & Patterson, J. B. (2012). *Rehabilitation counseling: Basics and beyond*. Pro-Ed.

Parker, R. M., & Szymanski, E. (2010). *Work and disability: Contexts, issues, and strategies for enhancing employment outcomes for people with disabilities*. Pro-Ed.

Picco, L., Pang, S., Lau, Y. W., Jeyagurunathan, A., Satghare, P., Abdin, E., . . . & Subramaniam, M. (2016). Internalized stigma among psychiatric outpatients: Associations with quality of life, functioning, hope and self-esteem. *Psychiatry Research, 246,* 500–506. https://doi.org/10.1016/j.psychres.2016.10.041

Poremski, D., Woodhall-Melnik, J., Lemieux, A. J., & Stergiopoulos, V. (2016). Persisting barriers to employment for recently housed adults with mental illness who were homeless. *Journal of Urban Health, 93*(1), 96–108. https://doi.org/10.1007/s11524-015-0012-y

Reich, R. B. (2010). *Aftershock: The next economy and America's future*. Knopf Doubleday. http://capitolreader.com/sum/111810-aftershock.pdf

Reiss, S., Levitan, G. W., & Szyszko, J. (1982). Emotional disturbance and mental retardation: Diagnostic overshadowing. *American Journal of Mental Deficiency, 86*(6), 567–574.

Ren, L. R., Paetzold, R. L., & Colella, A. (2008). A meta-analysis of experimental studies on the effects of disability on human resource judgments. *Human Resource Management Review*, 18(3), 191–203. https://doi.org/10.1016/j.hrmr.2008.07.001

Remley, T. P. & Herlihy, B. (2007). *Ethical, legal, and professional issues in counseling* (updated 2nd ed.). Pearson Prentice Hall.

Robinson, R. H. (2013). Forensic rehabilitation and vocational earning capacity models. In R. H. Robinson (Eds.), *Foundations of forensic vocational rehabilitation* (pp. 33–62). Springer.

Rogers, C. R. (1951). *Client-Centered counseling*. Houghton-Mifflin.

Rogers, E. S., Anthony, W. A., Lyass, A., & Penk, W. E. (2006). A randomized clinical trial of vocational rehabilitation for people with psychiatric disabilities. *Rehabilitation Counseling Bulletin, 49*(3), 143–156. https://doi.org/10.1177/00343552060490030201`

Rogers, E. S., Anthony, W. A., Toole, J., & Brown, M. A. (1991). Vocational outcomes following psychosocial rehabilitation: A longitudinal study of three programs. *Journal of Vocational Rehabilitation, 1*(3), 21–29. https://doi.org/10.3233/JVR-1991-1304

Rosenheck, R., Leslie, D., Keefe, R., McEvoy, J., Swartz, M., Perkins, D., . . . & CATIE Study Investigators Group. (2006). Barriers to employment for people with schizophrenia. *American Journal of Psychiatry, 163*(3), 411–417. https://doi.org/10.1176/appi.ajp.163.3.411

Rottinghaus, P. J., Falk, N. A., & Park, C. J. (2018). Career assessment and counseling for STEM: A critical review. *The Career Development Quarterly, 66*(1), 2–34. https://doi.org/10.1002/cdq.12119

Rutman, I. D. (1994). How psychiatric disability expresses itself as a barrier to employment. *Psychosocial Rehabilitation Journal, 17*(3), 15–35. https://doi.org/10.1037/h0095577

SAMHSA Uniform Reporting, Summary (2012). *Mental illness: NAMI report deplores 80% unemployment rate; State rates and ranks listed-model legislation proposed*. National Alliance on Mental Illness. https://www.nami.org/Press-Media/Press-Releases/2014/Mental-Illness-NAMI-Report-Deplores-80-Percent-Un

Sevak, P., & Khan, S. (2017). Psychiatric versus physical disabilities: A comparison of barriers and facilitators to employment. *Psychiatric Rehabilitation Journal, 40*(2), 163–171. http://dx.doi.org/10.1037/prj0000236

Scheid, T. L. (2005). Stigma as a barrier to employment: Mental disability and the Americans with Disabilities Act. *International Journal of Law and Psychiatry, 28*(6), 670–690. https://doi.org/10.1016/j.ijlp.2005.04.003

Scotch, R. (2000). Models of disability and the Americans With Disabilities Act. *Berkeley Journal of Employment and Labor Law, 21*(1), 213–222.

Shahnasarian, M. (2001). Career rehabilitation: Integration of vocational rehabilitation and career development in the twenty-first century. *The Career Development Quarterly, 49*(3), 275–283. https://doi.org/10.1002/j.2161-0045.2001.tb00571.x

Shahnasarian, M. (2004). The clinical interview in vocational rehabilitation assessment. *Directions in Rehabilitation Counseling, 15*, 109–118.

Sherman, L. J., Lynch, S. E., Teich, J., & Hudock, W. J. (2017). *Availability of supported employment in specialty mental health treatment facilities and facility characteristics: 2014*. Substance Abuse Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/ files/report_3071/Short Report-3071.html

Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M. (2015). Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation. *Research in Developmental Disabilities, 38*, 18–29. https://doi.org/10.1016/j.ridd.2014.10.008

Shern, D. L., Tsemberis, S., Anthony, W., Lovell, A. M., Richmond, L., Felton, C. J., ... & Cohen, M. (2000). Serving street-dwelling individuals with psychiatric disabilities: Outcomes of a psychiatric rehabilitation clinical trial. *American Journal of Public Health, 90*(12), 1873–1878. https://doi.org/10.2105/ajph.90.12.1873

Smart, J. F., & Smart, D. W. (2006). Models of disability: Implications for the counseling profession. *Journal of Counseling & Development, 84*(1), 29–40. https://doi.org/10. 1002/j.1556-6678.2006.tb00377.x

Smeltzer, S. C. (2007). Improving the health and wellness of persons with disabilities: A call to action too important for nursing to ignore. *Nursing Outlook, 55*(4), 189–195. https://doi.org/10.1016/j.outlook.2007.04.001

Strohmer, D. C., & Chan, F. (2015). Introduction to the special issue on international rehabilitation counseling research. *Rehabilitation Counseling Bulletin.* https://doi.org/10.1177/0034355214561208

Strohmer, D. C., Pellerin, M. F., & Davidson, K. J. (1995). Rehabilitation counselor hypothesis testing: The role of negative information, client disability, and counselor experience. *Rehabilitation Counseling Bulletin, 39*, 82–93.

Spengler, P. M., Blustein, D. L., & Strohmer, D. C. (1990). Diagnostic and treatment overshadowing of vocational problems by personal problems. *Journal of Counseling Psychology, 37*(4), 372–381. https://doi.org/10.1037/0022-0167.37.4.372

Spengler, P. M., & Strohmer, D. C. (1994). Clinical judgmental biases: The moderating roles of counselor cognitive complexity and counselor client preferences. *Journal of Counseling Psychology, 41*(1), 8–17. https://doi.org/10.1037/0022-0167.41.1.8

Sprong, M. E., Currier, K., Cerrito, B., Buono, F. D., & Hollender, H. (2020). The influence of gender and sexism on the recommendation of certificate programs and consumer autonomy in vocational rehabilitation. *Journal of Rehabilitation, 86*(1), 4–11.

Sprong, M. E., Dallas, B. K., Chowdhury, D., & Buono, F. D. (2017). Impact of sexism and gender on recommendations for rehabilitation services. *Journal of Rehabilitation, 83*(4), 13–24.

Sprong, M. E., Dallas, B., Upton, T. D., & Bordieri, J. (2015). The influence of race, causal attribution, and in-group favoritism on recommendations for rehabilitation services. *Rehabilitation Counseling Bulletin, 58*(4), 227–239. https://doi.org/10.1177/0034355214562071

Sprong, M. E., Mikolajczyk, E., Buono, F. D., Iwanaga, K., & Cerrito, B. (2019). The role of disability in the hiring process: Does knowledge of the americans with disabilities act matter? *Journal of Rehabilitation, 85*(4), 42–49.

Sveinsdottir, V., & Bond, G. R. (2017). Barriers to employment for people with severe mental illness and criminal justice involvement. *Journal of Mental Health*, 1–9. https://doi.org/10.1080/09638237.2017.1417556

Tartaglia, S. (2006). A preliminary study for a new model of sense of community. *Journal of Community Psychology, 34*(1), 25–36. https://doi.org/10.1002/jcop.20081

Taylor, K. M., & Betz, N. E. (1983). Applications of self-efficacy theory to the understanding and treatment of career indecision. *Journal of Vocational Behavior, 22*(1), 63–81. https://doi.org/10.1016/0001-8791(83)90006-4

Twenge, J. M. (2010). A review of the empirical evidence on generational differences in work attitudes. *Journal of Business and Psychology, 25*(2), 201–210. https://doi.org/10.1007/s10869-010-9165-6

Unger, K. V., Anthony, W. A., Sciarappa, K., & Rogers, E. S. (1991). A supported education program for young adults with long-term mental illness. *Hospital & Community Psychiatry, 42*(8), 838–842.

U.S. Bureau of Labor Statistics (2015). *Monthly Labor Review.* Division of Information and Marking Services. https://www.bls.gov/opub/mlr/2015/home.htm

U.S. Department of Labor (2020a). *Accommodations for employees with psychiatric disabilities.* Office of Disability Employment Policy. https://www.dol.gov/agencies/odep/program-areas/mental-health/maximizing-productivity-accommodations-for-employees-with-psychiatric-disabilities

U.S. Department of Labor. (2020b). *Job accommodations*. https://www.dol.gov/general/topic/disability/jobaccommodations

Van Dongen, C. J. (1996). Quality of life and self-esteem in working and nonworking persons with mental illness. *Community Mental Health Journal, 32*(6), 535–548. https://doi.org/10.1007/BF02251064

Vandergoot, D. (1987a). Review of placement research literature: Implications for research and practice. *Rehabilitation Counseling Bulletin, 30*(4), 243–272.

Vandergoot, D. (1987b). Placement and career developing in rehabilitation. In R. Parker (Ed.), *Rehabilitation Counseling: Basics and Beyond* (pp. 121–156). Pro Ed.

Van Zyl, E. S., Kleynhans, R., & Du Plessis, M. (2011). Understanding and approaching the cultural gap between first world leaders and their third world workforce: An African focus. *African Journal of Business Management, 5*(17), 7171–7178. https://doi.org/10.5897/AJBM10.1338

Walker, J. M., & Sizemore, A. M. (2019). Effort testing in forensic vocational assessment. *The Rehabilitation Professional, 27*(1), 49–54.

Watkins Jr, C. E., & Campbell, V. L. (2012). *Testing and assessment in counseling practice.* Routledge.

Wehman, P. (2006). Integrated employment: If not now, when? If not us, who? *Research and practice for Persons with Severe Disabilities, 31*(2), 122–126. https://doi.org/10.1177/15407969 0603100203

Weiner, E., & Weiner, J. (1996). Concerns and needs of university students with psychiatric disabilities. *Journal of Postsecondary Education and Disability, 12*(1), 2–9.

Wood, L., Birtel, M., Alsawy, S., Pyle, M., & Morrison, A. (2014). Public perceptions of stigma towards people with schizophrenia, depression, and anxiety. *Psychiatry Research, 220*(1-2), 604–608. https://doi.org/10.1016/j.psychres.2014.07.012

Wright, G. (1980). *Total rehabilitation.* Little, Brown.

Wrzesniewski, A., LoBuglio, N., Dutton, J. E., & Berg, J. M. (2013). Job crafting and cultivating positive meaning and identity in work. In A. B. Bakker (Ed.), *Advances in positive organizational psychology: Vol. 1.* Advances in positive organizational psychology (p. 281–302). Emerald Group Publishing. https://doi.org/10.1108/S2046-410X(2013)0000001015

Yuker, H. E. (1988). *The effects of contact on attitudes toward disabled persons: Some empirical generalizations.* In H. E. Yuker (Ed.), *Attitudes toward persons with disabilities.* Springer.

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