



EMPLOYMENT AND CAREERS IN YOUNG ADULTS WITH PSYCHIATRIC DISABILITIES

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"I always wanted to land a career instead of job. I remember searching for a job for a long time. I would hesitantly apply to jobs at supermarkets or restaurants, hoping that no one would accept me there before I found a career-type job to apply to. I finally found one in the Social Sciences, where I ultimately want to be in, and I got it. If I was working anywhere else, I'd be very scared for my future because I'd feel stuck without any experience gained in the field I like."

-Young adult with lived experience of psychiatric disability



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This paper is part of a compilation of papers summarizing the state of the science in career development among young adults (ages 18-30) with psychiatric disabilities, entitled *Tools for System Transformation for Young Adults with Psychiatric Disabilities*. The purpose of these papers is to provide a summary of research-based knowledge about supports to help this population pursue postsecondary education and training and successfully move into adult working careers. These papers focus on knowledge that can inform the services these young adults can access in adult mental health and vocational rehabilitation systems, or other systems that provide them educational, training, or career supports at this age. These papers also propose future research agendas to strengthen this knowledge base.

Specifically, this paper is one of four papers: a framing paper that highlights issues shared across the subsequent papers, and three major papers, one each on education, employment, and system/policy issues. In order to provide multiple perspectives, a panel of various stakeholders reviewed each major paper. The reviewers' comments were then synthesized by one of the panel members into a response paper that is also included in this compilation.

For your convenience, these papers are available for download as individual papers. However, you will likely find it most useful to refer to the framework paper as well as the other two major papers available on our website at <http://labs.umassmed.edu/TransitionsRTC>.

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The written response to this paper immediately follows the references section

Executive Summary

We examined peer- and non peer-reviewed research, and communicated with other researchers to assess findings about the development of strong work lives during young adulthood (ages 18-30) among those with psychiatric disabilities, and practices during young adulthood that support strong career development. The following is a summary of the findings from that examination.

- Young adulthood is a critical time for launching careers, but employment is compromised in young adults with psychiatric disabilities. *We use the term career to describe occupations undertaken for a significant period of a person's life that provide opportunities for growth.* Developing the foundation of strong careers at this stage of life, when typical young adults are doing the same, should prevent or reduce later financial dependency and unemployment. Thus, interventions need to both support young adults' immediate employment goals and help them develop the necessary tools for successful careers and financial independence. Research is needed to better understand how to help young adults with psychiatric disabilities achieve strong careers.
- Adult vocational support interventions for those with psychiatric disabilities that have been researched include general vocational rehabilitation (VR) services, Clubhouses, Assertive Community Treatment, and supported employment focused on the Individualized Placement and Support (IPS) model. IPS is for individuals who want to work. One of the hallmarks of IPS is a place-then-train approach in which the aim is to help individuals succeed while on the job rather than delaying entry into work through lengthy preparatory activities.
- Because of the success of the place-then-train approach, adult vocational supports have moved away from historical practices that employed an array of “career development” approaches that slowly prepared individuals for competitive employment. In practice, these approaches appear to have non-beneficially delayed adults' entry into competitive employment.
- Though research has established that the IPS model and other supported employment improves employment in adults with psychiatric disabilities compared to usual services and other models, the jobs obtained remain mostly part time and low wage. Evidence supporting other widely available vocational interventions is nonexistent, or suffers from weak methods or outcomes.
- There is no evidence that any career or vocational intervention improves careers (i.e. satisfying jobs and income that improve over time) in individuals with psychiatric disabilities of any age.
- The impact of standard adult vocational models on the employment of *young* adults with psychiatric disabilities is not well studied. The limited research suggests that standard IPS produces better employment outcomes in young adults than standard services but, for the most part, these outcomes are still only part-time, low-wage jobs with many weeks not employed. Other research suggests that supported employment has no better impact than usual services in the youngest adults (i.e., ages 18-24), but heightened impact in older young adults (i.e. ages 25-30).
- An adaptation of IPS supports both employment and education in young adults with early psychosis (IPS-EP-1) and has encouraging evidence for its ability to improve employment outcomes among this group of young adults. Its ability to improve educational outcomes is less clear. The success of IPS-EP has not yet been examined in sites where these young adults are receiving typical (rather than cutting-edge) clinical services.
- Another IPS-EP model (IPS-EP-2) added a concurrent course in workplace skills and knowledge, and family information sessions to supported employment and education with encouraging outcomes in both schooling and working. Either version of IPS-EP may be a good basic model for other young adults

with psychiatric disabilities. An IPS model is under development that adds Peer Mentors to assist young adults with a history of intensive mental health treatment in adolescence. Elements to specifically enhance career development, such as using the work experience to explicitly enhance cognitive underpinnings of careers (e.g. self-efficacy, outcome expectations) may also improve the long-term outcomes of IPS and its versions.

- *Unnecessarily* delaying employment for purposes of career development is detrimental at any age. However, typical young adults have access to a variety of career-enhancing activities, such as summer internships, apprenticeships, Job Clubs, career coaching/mentoring, and formal career training through postsecondary education or training opportunities. These activities are based on a deeply researched theoretical literature on career development in typical individuals. Though not rigorously researched, there is consistent evidence in typical youth of the positive impact of some of these activities on important career elements such as making a good career choice, developing career-related skills, or conducting successful job searches. Some of these activities overlap with those viewed by VR counselors as centrally important for students transitioning out of high school. The degree to which these types of career development activities enhance career outcomes is a promising avenue for future research in this age group.
- Several new vocational approaches for young adults with psychiatric disabilities are in the early stages of research. These approaches share an emphasis on career exploration, assessment, and planning, and support of concurrent employment and education or training. These approaches put young adults in the captain's seat for making career choices, and teach skills for developing and implementing career plans. Several also actively include family members as potential supports. These models need to progress through the research stages of developing strong evidence for their efficacy for employment or careers in young adults with psychiatric disabilities.

Future Research Directions

1. **Identifying factors unique to young adult career paths.** It is difficult to develop interventions when the target[s] of the intervention is not well understood. Research to date does not reveal what the factors are in young adults with psychiatric disabilities that impede competitive employment, employment that supports fiscal independence, or strong longer term careers (i.e. satisfying employment that involves better jobs and better income over time). Many factors that have been found to relate to successful competitive employment in mature adults, such as job placement, likely apply to young adults as well, but should be confirmed. The factors associated with strong careers in typical young adults should be examined in young adults with psychiatric disabilities. Factors that may be unique to young adults or immature careers may hold the keys to more effectively helping them launch successful careers. Research should focus on factors that interventions could impact.
2. **Applying research findings to improve interventions.** Research from #1 should be used to develop or adapt interventions to target those factors. These interventions should undergo rigorous testing.
3. **Research to improve young adult career outcomes with IPS.** Since IPS has the strongest evidence of employment efficacy in young adults, several lines of research examining IPS could help elucidate alterations to it that could strengthen outcomes.
 - a. The longitudinal impact of each IPS version on young adults' careers should be examined, including the quality of employment and the capacity for employment to improve over time.

- b. The research that can fully establish their efficacy should be completed for the young adult IPS versions.
 - c. Research in young adults in IPS is needed to identify subgroups that experience better or worse outcomes, and/or conditions associated with better or worse outcomes. Findings could inform IPS modifications, or the development of alternative or complimentary approaches.
 - d. Research is needed to illuminate the specific mechanisms of IPS that produce better employment outcomes in young adults. Findings would also help inform improvements in IPS or other approaches.
4. **Continue research with developing models to test their career development efficacy.** Current developing models that show promise need to establish their efficacy for improving current employment and developing careers. Those that establish efficacy and/or effectiveness should be further examined for the issues identified in points 3a, c, & d relative to the new intervention.

INTRODUCTION:

This review asked the following questions about young adults, ages 18-30, with psychiatric disabilities (see overview paper for the definition of psychiatric disabilities used here):

1. What is known about their development of careers?
2. What is known about interventions that can help them launch successful careers?
3. What research is needed to improve their career launches?

To answer these questions, we reviewed the peer reviewed literature, and “gray” literature (e.g. online publications that had not undergone peer review, recent presentations at national research conferences). We also talked with researchers about developments in their research that are not yet published.

Young adults with psychiatric disabilities struggle with career development

Working during young adulthood (i.e. ages 18-30 years) is different in important ways from working in mature adulthood and has implications for employment support services. This paper outlines what theory and research reveal about vocational supports for developing strong young adult careers. *We use the term career to describe occupations undertaken for a significant period of a person's life, with opportunities for growth.* It is not limited to professional careers. **The concept of *career* includes employment, but is broader and includes the quality and satisfactoriness of work, the capacity of work or educational experiences to lead to better work in the future, and self-concepts such as vocational identity** (Baron & Salzer, 2000; Lent, Brown, & Hackett, 1994). One can't have a career without employment, but only targeting employment without targeting broader career-related goals will not likely produce careers.

Moving from schooling into a career is an important step in becoming valued adult members of society for typical young adults. Conversely, unemployment as a young adult contributes to mental health and substance use problems (Fergusson, Horwood, & Lynskey, 1997), and criminal behavior (Baron, 2008; Hartnagel, 1997). Unsurprisingly, young adults with psychiatric disabilities also express desires to have careers, rather than simply getting jobs (Rinaldi et al., 2010; Torres-Stone, Delman, McKay, & Smith, Under review). They perceive of careers as an opportunity to be self-sufficient and to become valued adult members of society like their peers (Ryan, Marshall, Thorburn, LeDrew, & Hogan, 2006; Torres-Stone et al., Under review). Increasingly, careers require higher levels of postsecondary education or training (Settersten, Furstenberg, & Rumbaut, 2005). However, as opposed to typical young adults (Osgood, Ruth, Eccles, Jacobs, & Barber, 2005), young adults with psychiatric disabilities are neither well employed nor on career paths.

- Among adults with psychiatric disorders, young adults are less often employed than mature adults (Waghorn, Chant, & Harris, 2009). Young adults that have psychiatric disabilities in adolescence have lower employment rates compared to same age peers in other disability groups or in the general population (Frank, 1991; Neel, 1988; Newman et al., 2011; Vander Stoep et al., 2000).
- Employment rates drop substantially, and in some studies drop to no employment, in young adults with psychosis in the 1-3 years after first episode or initial treatment (Ramsay, Stewart, & Compton, 2012; Rinaldi et al., 2010; Tandberg, Ueland, Andreassen, Sundet, & Melle, 2012; Turner et al., 2009).

- A third of individuals receiving Social Security Income (SSI) under age 65 are young adults, and almost a quarter (24.0%) of those young adults have psychiatric disabilities.ⁱ Receiving Social Security benefits is a strong disincentive to work (e.g. (Bond, Xie, & Drake, 2007; Burns, Catty, Becker, & et al, 2007; Frey et al., 2011).
- Unfortunately, other than the research list in the first 3 bullets, there are no published studies of employment rates or career development paths among young adults with psychiatric disabilities.
- The above research precedes the current world economic climate. This climate and its impact on youth and young adult entry into the labor force is of international concern (International Labour Organization, 2013), particularly for disadvantaged or vulnerable young people (Edelman & Holzer, 2013).
- Career development and career success, as opposed to employment status, has not been examined in young adults with psychiatric disabilitiesⁱⁱ.

Achieving employment is a struggle for young adults with psychiatric disabilities compared to nondisabled peers and older adults with psychiatric disabilities. Moreover, research on achieving employment alone misses critical elements of career development that can support financial independence throughout adulthood.

In order to develop or modify strong career support interventions for young adults with psychiatric disabilities, we need research specifically in this population to help us understand causes of successful and impeded career development that interventions can affect and how this varies among subgroups (e.g. cultural minorities, young mothers, those with criminal justice involvement), at different ages, or at different points in career development (e.g. with or without any employment experience). Published research of this type is scant, though growing.ⁱⁱⁱ Because this research is limited, this review includes research on related populations that have relevance to our target group, either because of disability or because of age.

Young Adulthood is When Careers Launch

There is a rich body of research and theory that describes the development of individual capacities and contextual and experiential factors that affect individuals' careers, mostly in "typical" individuals, though some vulnerable groups have also been examined. Career development actually begins before adolescence (Hartung, Porfeli, & Vondracek, 2005). Then, through repeated practice, modeling, and feedback from significant people, adolescents gradually develop skills, adopt personal standards, become capable of estimating their abilities and the outcomes of their efforts, and increasingly explore and hone their career interests (Zimmer-Gembeck & Mortimer, 2006). Paid employment also typically starts during secondary school (Shanahan & Flaherty, 2001). Career paths diverge greatly post-high school when adult careers

ⁱ Data analyzed from Supplemental Security Income (SSI) Recipients by Geographic Area, Sex, Age, Eligibility, and Diagnostic Group, 2010 Data, retrieved 5/31/13 <http://www.ssa.gov/policy/docs/data/ssi-2010/SSI-Under65-Diag-2-2010.csv>

ⁱⁱ Footnotes will describe new relevant research that is underway, but not yet complete

ⁱⁱⁱ Wagner, M., & Newman, L. are currently identifying individual, family, and school factors associated with positive career trajectories in special education students with serious emotional disturbance, to identify potential targets of high school based interventions to promote better career launches (Transitions RTC, study A1).

are set in motion:

- By the mid-20's, there are significant career differences between those who pursue college degrees, and those who don't, and those who start families, and those who don't (Osgood et al., 2005; Sandefur, Eggerling-Boeck, & Park, 2005).
- By their mid-20's, most young adults are in long term or career-consistent jobs (Osgood et al., 2005).
- Important cognitive aspects of career development (e.g. career self-efficacy) crystallize during young adulthood (Swanson, 1999) and are difficult to change at older ages (Lent et al., 1994).
- Insufficient career activities (e.g. career exploration) can interfere with adult career roles (Herr, 1993; Super, 1988).
- Career efforts during young adulthood predict later career success (De Vos, De Clippeleer, & Dewilde, 2009).

Young adulthood is a critical window for establishing life-long careers. Subsequent adult career paths are largely extensions of the choices and opportunities of this period.

The dominant theory that guides career development research and interventions is the well-researched Social Cognitive Career Theory (SCCT) (Betz, 2007; Lent, Brown, & Larkin, 1986; Ochs & Roessler, 2004; Patrick, Care, & Ainley, 2011), based on Bandura's social cognitive theory (Bandura, 1986). In SCCT, three central cognitive mechanisms exert primary influence on career success:

- 1) *Career self-efficacy beliefs*: confidence in performing career-enhancing tasks
- 2) *Outcome expectations*: beliefs regarding future benefits of current career-related behaviors
- 3) *Clarity of career goals*

Additional influences include; career interests, career activities, practice and refinement of skills, and contextual variables, such as discriminatory hiring practices. The learning from prior career experiences and attainment are the strongest influences on self-efficacy, expectations, and goal clarity, and therefore on career performance and attainment

Research on career development in young adults with other disabilities (Benz & Halpern, 1993; Capella, Roessler, & Hemmerla, 2002; Ochs & Roessler, 2001) or mature adults with psychiatric disabilities (Corbiere, Mercier, & Lesage, 2004; Regenold, Sherman, & Fenzel, 1999; Waghorn, Chant, & King, 2007) generally confirms the applicability of SCCT to understanding careers in individuals with disabilities. The consistent finding that prior employment is the strongest predictor of future employment in adults with psychiatric disabilities (Bond, Drake, & Becker, 2008; Cook et al., 2008; MacDonald-Wilson, Rogers, & Anthony, 2001) is also consistent with SCCT, which posits that career development is incrementally built from previous experience. We propose that attending to career development, rather than more narrowly on employment, will produce better long-term careers in young adults with psychiatric disabilities. Others have suggested a similar shift for adults with psychiatric disabilities (Mueser & Cook, 2012; Gioia 2005; Smith & Milson, 2011).

Career development research suggests that interventions that target key career development elements in young adults with psychiatric disabilities should strengthen their initial and subsequent careers.

Important characteristics of young adults with psychiatric disabilities

Psychiatric disabilities. Some characteristics of young adults with psychiatric disabilities distinguish them from young adults who are either non-disabled or have other disabilities.

Psychiatric disabilities and associated characteristics. Symptoms of psychiatric disabilities can directly impact competitive employment in adults with psychiatric disabilities (Bond et al., 2008; McGurk & Mueser, 2003). *Competitive employment* is “jobs paying at least minimum wage, in regular, socially integrated community settings, not reserved for individuals with disabilities, and held by patients rather than provider agencies” (Cook et al., 2005). Despite the absence of research on the impact of symptoms on career development constructs like vocational identity formation, it is likely that symptoms, such as some of the cognitive symptoms of schizophrenia, or cognitive distortions of anxiety disorders, may impede the healthy development of these constructs. Psychiatric disabilities can interfere with the social aspects of working (Anthony & Jansen, 1984; Becker et al., 1998; Brekke, Hoe, Long, & Green, 2007) or social support for working (Norman et al., 2007). The stigma of psychiatric disabilities also impacts employment (Corrigan, Powell, & Rusch, 2012; Yanos, Lysaker, & Roe, 2010), and likely other aspects of career development.

“I was once let go simply because I disclosed and not because I was symptomatic. They never told me upfront because of legal issues, but since my boss was friends with a family friend, I heard the truth of why I was let go soon after. My experience may make me afraid to disclose, but I always feel that honesty is the best policy. Finding the right fit with a job is thus very important.”

-Young adult with lived experience of psychiatric disabilities

Work disincentives. A significant work disincentive that many adults with disabilities, including those with psychiatric disabilities, face is the receipt of monthly Social Security Administration cash benefits provided to those who are unable to work because of a disability (Burke-Miller, Razzano, Grey, Blyler, & Cook, 2012; Bond et al., 2007; Burns et al., 2007; Frey et al., 2011). For some people who receive these benefits, the financial risk of losing benefits is too high in the face of uncertain job possibilities and job markets, to consider jobs that have the potential to increase their income substantially. Related disincentives include housing and food stipends. Employment disincentives will impede career development.

Differences between young and mature adults with psychiatric disabilities

“My Senior year of college was tough. I had a full-time course load and worked as much as I could. Also, having recently acquired knowledge of having a mental health condition and learning how to cope with it consumed much of my time and energy.”

Recent college graduate (Young adult with lived experience)

As described in the introductory paper on this population, there are some important differences between young adults and mature (i.e. not young) adults with psychiatric disabilities. These reflect differences in the general population:

- It is age-typical to pursue educational goals in young adulthood, but less so in mature adulthood

- Young adults, as a group, will have less mature career development than mature adults
- Young adults will generally have more family involvement than mature adults
- Peer influence is stronger in young than in mature adulthood
- There are higher rates of pregnancy and early parenthood, substance use, and arrests in young than mature adults

To be useful for young adults with psychiatric disabilities, vocational supports designed for young adults in the general population or with other disabilities may need modifications for the presence of psychiatric disabilities and the impact of psychiatric disabilities symptoms, the stigma of psychiatric disabilities, and disability-related work disincentives. Interventions developed for mature adults with psychiatric disabilities may need modifications to address youthful needs for; immature career development, co-occurring educational pursuits, the greater influence of families, peers, substance use, and arrests, and developing careers while parenting young children.

Services to Support the Career Development of Young Adults with Psychiatric disabilities

Because the focus of this conference is on services in “adult” systems that could better support career development in the young adults that access those systems (see Systems and Policy pre-meeting paper), our service review focuses on those provided in adult systems, and especially adult mental health and state vocational rehabilitation services. We also include those offered in child services for young adults (ages 18-21). We recognize that important career development work occurs prior to entry into adulthood, and would typically be offered within the “children’s system” (e.g. child mental health, high school school), but will not review them here as they are designed for a younger age group. We will also not review care coordination models that could link individuals to services that support career development and employment. We assume linkage to strong interventions is beneficial. Thus, the focus of the interventions reviewed here are vocational rehabilitation (VR) services for those for individuals with psychiatric disabilities offered through state VR or adult mental health agencies, and career interventions that are typically offered in schools, colleges, within businesses, or by private pay. We have selected approaches to review based on there being some data related to their employment or career related outcomes in the research literature (both peer- and non peer-reviewed literature). We have tried to strike a balance between emphasizing scientific rigor and practicality. We emphasize what is known based on rigorous research, but also describe research findings from less rigorous approaches. In the first section we describe interventions and, in the second section, we review their attendant research.^{iv}

General vocational rehabilitation. State government vocational rehabilitation (VR) agencies administer the national VR Program. State VR agencies provide direct services to people with disabilities that support development of educational and vocational skills needed to live independently in the community, with priority given to individuals with the most severe disabilities. Services can be provided directly by VR counselors, or through contracted service providers. Typical services include:

^{iv} Lidz, C. is conducting a qualitative study of the perceptions of employers and vocational support staff regarding the employment of young adults with mental illness, and perceptions of “recovered” adults regarding their vocational experiences (Transitions RTC Study B2).

- VR counselors who work with clients to develop an Individual Plan for Employment (IPE), organized around a specific client-chosen employment outcome. VR counselors also act as liaisons with high school special education staff, and offer services to eligible students (Marrone & Taylor, 2013).
- Services provided that may generally include assessment, counseling, resume development, employment coaching, therapeutic treatment, and employment-related transportation (Dutta, Gervey, Chan, Chou, & Ditchman, 2008).
- Services to high school students with disabilities, such as those that VR counselors rate as most important for them to provide (in order of importance): provision of career planning and counseling, provision of career preparation experiences (facilitate development of employment-related skills through community-based work experience), facilitation of connections to agency resources, facilitation of nonprofessional supports and relationships, development and maintenance of collaborative partnerships, promotion of access and opportunity for success as students, and conducting program improvement activities (Plotner et al., 2012).
- Services for VR clients that are in college or a training program, including job placement, job search assistance, and on-the-job training. A large subgroup of VR clients are in college or a training program, including 25,000 people with psychiatric conditions during FY06 (Boutin & Accordino, 2009).
- Specialized services for people with psychiatric disabilities, including IPS and Clubhouses (described below), that VR agencies can contract with providers to offer.

Guideposts for Success. Guideposts for Success is a handbook developed by the National Collaborative on Workforce and Disability for Youth (2005), based on their review of the research, to provide guidance about services to help youth with disabilities transition from school to work. These are not specific to youth with psychiatric disabilities. The guideposts are broad, without a fidelity measure available, but are focused on several elements that fit with the developmental status of young adulthood; work-based experiences, youth empowerment, family involvement, and system linkages and benefits counseling. For example, in the second guidepost (career preparation and work-based learning experiences), one element calls for youth to be exposed to a range of experiences in order to identify and attain career goals. These experiences include the following:

- Opportunities to engage in a range of work-based exploration activities such as site visits
- Multiple on-the-job training experiences (paid or unpaid), including community service, that are specifically linked to the content of a program of study and school credit
- Opportunities to learn and practice their work skills (so-called “soft skills”)
- Opportunities to learn first-hand about specific occupational skills related to a career pathway

The Social Security Administration (SSA) launched the Youth Transition Demonstration in 2003, that funded six sites to implement Guideposts for youth ages 14-25 with disabilities (i.e. those who were SSA income or insurance beneficiaries). Sites had to implement six elements in the guideposts: individualized work-based experiences, youth empowerment, family supports, system linkages and benefits counseling, and social and health services. Sites also offered these youths SSA waivers of disability program rules to allow them to keep more of their benefits as their earnings increased.

Individualized Placement and Support (IPS). The aim of IPS is to help people with psychiatric conditions achieve competitive employment. IPS clients work with an employment specialist, and employment specialists coordinate their efforts with that of the clinical team. It is a systemic approach based on eight supported employment principles;

1. A focus on *competitive employment* defined as jobs in the open job market at prevailing wages, and side-by-side with nondisabled employees, with supervision provided by personnel employed by the business (Bond, Drake, & Campbell, 2012)
2. Open to any person with a psychiatric disabilities who wants to work
3. Utilizes a rapid job search approach (job search occurs within 1 month, but according to client preference)
4. Is integrated with mental health treatment team
5. Potential jobs are chosen based on people's preferences
6. Service is provided for an unlimited time
7. Supports are individualized
8. Benefits counseling is provided to help address SSI's disincentivizing effect (Bond, 2004; Drake et al., 1999).

Two IPS versions for those with early psychosis, IPS-EP, have incorporated age-based modifications because most individuals with early psychosis are young adults. Both models integrated supported education with supported employment (Killackey, Jackson, & McGorry, 2008; Nuechterlein et al., 2008). Nuechterlein's group also added family information sessions and a group didactic training on workplace fundamentals that occurs while clients look for or obtain work or schooling.

Clubhouses. An International Center for Clubhouse Development certified Clubhouse is a place where a person with a psychiatric condition can receive rehabilitative supports, as a participating member, working side-by-side with paid staff to manage all clubhouse operations. Clubhouses offer a variety of group and individualized interventions for employment, and may also offer interventions for education, advocacy, housing, recreation, and wellness (McKay, Yates, & Johnsen, 2007). Work is seen as providing the foundation for recovery and community integration. Clubhouses provide various levels of vocational services;

- *The work-ordered day*: Members and staff work collaboratively to manage one of several Clubhouse functional units (e.g. the café, business office). Members working in the units develop skills for employment success (e.g. punctuality, responsibility) (Schonebaum & Boyd, 2012).
- *Transitional employment placements (TE)*: Members work in part-time market rate paid jobs for a limited time (6-9 months) for a Clubhouse-affiliated employer, who holds one or more jobs open for Clubhouse members. Clubhouses guarantee job attendance and performance (i.e. Clubhouses train members for the job, coach them, and fill in if they are absent). These positions are designed to enable members to try out a variety of positions and work settings (McKay, Johnsen, & Stein, 2005).
- *Supported employment*, which is similar to IPS, but without the requirement for integration with mental health treatment or benefits counseling, is offered to members.
- *Support of independent employment*: The Clubhouse community provides general support.

A qualitative study found that several clubhouses had, through trial and error, learned how to better engage young adults (McKay et al., 2012). These authors recommended the following approaches to engage young adults: develop referral and outreach strategies to welcome and

meet the needs of young adults, and provide opportunities to build on young adult strengths, particularly with technology, to contribute to clubhouse community and development.

Assertive Community Treatment (ACT). Assertive community treatment (ACT) is a community-based mental health service that provides integrated rehabilitation and clinical services. The multidisciplinary team typically includes case managers, clinicians (e.g. psychiatrist, substance abuse specialist) a peer counselor, and a vocational specialist. The goal of ACT is to provide holistic services and facilitate community integration (Stein, Santos, & Santos, 1998; Waynor & Pratt, 2011). The vocational portion of ACT contains many of the elements of IPS (Russert & Frey, 1991).

The most common adult vocational services are general VR services, Clubhouses, and Individualized Placement and Support (IPS), only one of which, IPS, has been systematically modified for young adults.

Career interventions. *Career interventions*, as used here, consist of interventions that have generated from vocational psychology and are applied through the field of career counseling within counseling psychology (Savickas & Baker, 2005). Career interventions are rarely designed to address the needs of those with disabilities (Peterson & Elliott, 2008), but rather focus on typical young people and adults. The most common career intervention is one-on-one or group career counseling. As with psychotherapy, there are many different career counseling approaches that range from including psychotherapy, to those concretely focused on well-defined career-oriented activities. Career interventions also include workshops (Koivisto, Vinokur, & Vuori, 2011), courses (Reese & Miller, 2010), mentoring (Allen, Eby, O'Brien, & Lentz, 2008; Ensher, Thomas, & Murphy, 2001), coaching (Stelter, Nielsen, & Wikman, 2011), online career exploration programs (Betz & Borgen, 2009; Herman, 2010), and internships (Brooks, Cornelius, Greenfield, & Joseph, 1995).

Career interventions differ for youth and adults. Generally, for those still involved with schooling (e.g. high school, college), most career interventions focus on helping individuals develop the *precursors* for successful work lives. These include developing interests, relationship skills, self-evaluation skills, specific skills for working/careers, and skills to develop and follow career plans (Chope, 2012; Herr, Cramer, & Niles, 2004). Once adults begin to work, the focus is on helping adults find satisfying jobs or make workplace adjustments (satisfaction and success), linked to a larger goal of their “current and future happiness” (Chope, 2012, pg 549). Career interventions assume that strengthening career elements, such as developing better career choices, will lead to better careers, which includes obtaining employment.

How well do these vocational and career development approaches work for young adults?

Overall, there are few published randomized trials examining specific vocational or career interventions in comparison to each other or usual services that have focused on young adults.

No research has examined the impact of any intervention on the *longitudinal* patterns of employment or broader careers in individuals of any age with psychiatric disabilities.

This section summarizes the extant research on vocational and career interventions, using the framework on the rigor of research methodology described in the overview paper as a guide to the strength of the evidence.

General VR Services. Generally, it is difficult to fully assess the impact of the array of general VR services because they are applied and studied variably (Fleming & et al, 2013). Some specific components of VR general services are significantly correlated with competitive employment in individuals with mental disabilities (i.e. intellectual, learning, psychiatric disabilities). The greatest gains were from on-the-job supports, job placement assistance and vocational training (Dutta et al., 2008). College and university training supports, in adults with psychiatric disabilities, were associated with better competitive employment compared to similar individuals but without this VR support (Boutin & Accordino, 2011). While some studies have found beneficial effects of general VR services on the employment outcomes of adults with psychiatric disabilities (Rosenthal, Chan, Wong, Kundu, & Dutta, 2006), all studies that have compared general VR services (the “usual” VR services), or even specific VR services, to IPS have shown IPS to provide superior competitive employment outcomes for mature adults with psychiatric disabilities (Bond et al., 2007; Bond et al., 2008). IPS_EP-1 clients also had better competitive employment outcomes than those in standard VR services in Australia (Baksheev, Allott, Jackson, McGorry, & Killackey, 2012; Killackey et al., 2008). The occupations of the jobs that individuals with psychiatric disabilities hold at the end of VR services are low-wage occupations (e.g. janitorial, clerical, stock clerks; Martin et al., 2012). VR services have been unexamined in young adults with psychiatric disabilities (Marrone & Taylor, 2013). Similarly, the impact of VR services for special education students after high school on employment outcomes have not been rigorously researched (Hunnell, 2012). Thus, research is needed to establish which specific VR practices or combination of practices produce the best career outcomes (competitive employment, employment that supports financial independence, and satisfying employment that involves better jobs and better income over time) in young adults with psychiatric disabilities.

Guideposts for Success. The Social Security Administration launched the Youth Transition Demonstration in 2003, that funded six sites to implement Guideposts for youth ages 14-25 with disabilities, generally those who were SSA income or insurance beneficiaries. Sites had to implement seven of the guideposts: Individualized work-based experiences, Youth empowerment, Family supports, System linkages, Social and health services, SSA work incentive waivers, and Benefits counseling. The demonstration also included SSA waivers of disability program rules to allow young workers to keep more of their benefits as their earnings increased. A random assignment evaluation was conducted and the findings suggest that individuals in programs that delivered more hours of employment services had significantly more hours and higher wages than individuals in the control groups. What was done within those employment service hours was not examined, thus relatively stronger versus weaker employment services could not be discerned. There was also no examination of any outcome differences for different disability groups. Unfortunately, there were no significant differences between the demonstration program and control group within the one site that targeted youth with serious emotional disturbance. The evaluation design precludes making conclusions about the particular factors that contributed to the lack of differences in this site, though this was a site that had fewer average hours of employment services (Wittenburg, Mann, & Thompkins, 2013; Fraker, 2013).

IPS. IPS has undergone extensive and rigorous research. The most recent reviews of controlled studies of the IPS model, generally with mature adults, found that IPS participants are two to three times more likely to obtain competitive jobs than participants receiving other types of employment programs (Bond, Drake, & Becker, 2012), and to work more hours than people using comparison services (Knapp et al., 2013). IPS is also likely cost-effective (Knapp et al., 2013). Like other VR models, the jobs that IPS produces for clients are typically part-time and most commonly 20 hours a week. It appears that few IPS clients work full-time due to fear of losing social security or other benefits, and the concern about the increased stress of full-time work (Bond et al., 2012). In a meta-analysis of four randomized control studies of IPS versus usual services, Bond, Drake and Campbell (2012) confirmed that standard IPS also produces better employment outcomes in young adults, producing almost double the employment rate, and about three times the total number of weeks with employment and wages earned. Yet, young adults in the IPS condition were not employed for most weeks, and the average number of hours worked per week was still less than 20. Thus, while IPS is more effective than usual services, these outcomes are still well below a desirable amount of work, or rate of pay. Moreover, *career* outcomes in IPS have not been examined (e.g. quality of occupation, job progression) in adults or young adults.

Evidence supports the employment efficacy of the IPS-EP version tested in Australia (Killackey et al., 2008; Baksheev et al., 2012) that simply integrated supported employment with supported education. In a randomized trial design, this IPS-EP produced better employment outcomes for young adults with EP than standard services in Australia. Australia has a time cap on services, so this IPS-EP version was not adherent to IPS principle #6, above. Results of the randomized efficacy trial of the version by Nuechterlein and colleagues (2008) have not yet been published, but appear strong as more than 80% of clients returned to school or work within six months of starting IPS-EP (Nuechterlein, personal communication, 8/29/11). It is important to note that young adults in both of these studies received clinical services from specialized teams for early psychosis, not from standard clinical care. It may be important that the clinical care that IPS integrates with be developmentally appropriate for young adults (i.e. appealing, engaging, effective).

Clubhouses. The Clubhouse model and its components do not have evidence from rigorous research that it is more effective for competitive employment than other approaches. Clubhouses were compared to IPS in a randomized trial before Clubhouses added the current supported employment program element. The competitive employment outcomes in that older trial were worse in the Clubhouse group (Bond & Dincin, 1986). While a randomized trial compared the more recent Clubhouse model to supported employment delivered through ACT, because the employment outcomes for the Clubhouse included those from employment that doesn't fully meet the criteria for competitive employment, comparison of the competitive outcome differences in the two conditions isn't possible (Macias et al., 2006). One study's finding suggests that participation in the training through employment in Clubhouses (e.g. working in the Clubhouse café) provides competitive employment benefit for those who enroll in it (Schonebaum & Boyd, 2012), but this element has not been tested in comparison to other approaches that target individuals who are not prepared for transitional, supported, or independent employment. No studies of Clubhouses have examined vocational outcomes specifically in young adults.

ACT. Research to date does not supported ACT as an effective vocational rehabilitation delivery mechanism in adults with psychiatric disabilities (Mueser, Bond, Drake, & Resnick, 1998; Waynor & Pratt, 2011). Adding a family component to ACT, along with the vocational component was found to produce positive employment outcomes in a small clinical trial (McFarlane et al., 2000), but no further research on this model has been published. None of these studies examined vocational outcomes specifically in young adults.

Age differences in the efficacy of these services. Several studies have found that younger adults with psychiatric disabilities have better competitive employment outcomes than older adults in vocational rehabilitation services (Salzer, Baron, Brusilovskiy, Lawer, & Mandell, 2011), supported employment services (Cook et al., 2008), or other vocational approaches (O'Brien, Price, Burns, & Perkins, 2003). Broad conclusions about the greater benefit for younger adults in these programs are not yet justified because many of these studies combined a broad age range of young adults (e.g. 18-34 yrs) within which important age differences likely exist. For example, the finding of better supported employment outcomes for young adults was found to be true only for 26-30 year olds, while it produced no better outcomes than control conditions in 18-24 year olds (Burke-Miller et al., 2012).

The only intervention with evidence of efficacy in improving employment outcomes in young adults is IPS. The IPS version for early psychosis has growing evidence that it benefits those for whom it was designed. The evidence supporting other established vocational interventions is either nonexistent, or suffers from weak methods or weak outcomes. *However, the IPS model does not appear to improve careers.*

Career Development Interventions. Given the vast research supporting career development theory, interventions that beneficially impact elements of career development associated with strong career performance should be a promising avenue for developing interventions that better benefit long term careers. However, before reviewing the research on career interventions it is important to acknowledge a historical controversy regarding the value of these types of services. We understand the term “prevocational activities” and related terms such as *career counseling* and *career development* in some circles have become associated with practices that delayed entry into competitive employment without clear evidence of benefit. Moreover, some of these practices included mandatory sequencing of activities prior to job placement, regardless of individuals’ needs. Thus, in adult vocational rehabilitation, career development activities may be viewed as practices with little supportive evidence. However, despite this history, the fact is that most young adults are early in their career development and thus many are without firm employment or career direction. Simply helping them obtain competitive employment is a limited means of helping them develop the career elements that theory suggests is necessary. Therefore, it should be facilitative and not a hindrance for helpers to engage young adults in career exploration activities, depending on the needs and career status of each young adult. It remains important that these activities do not needlessly delay entry into competitive work. Research is needed to guide decisions about the amount and type of career strengthening activities that are beneficial at different levels of career maturity and for various subgroups of young adults with psychiatric disabilities.

Research in career interventions has not been rigorous. While many of the career interventions listed in the previous section have guidelines, and were examined in comparison to a randomly assigned control group, the guidelines are often not specific (making replication difficult), fidelity is rarely measured, and most interventions have only undergone a single study examining its effects (Brown & McPartland, 2005; Ethridge, Burnhill, & Dong, 2009; Perry, Dauwalder, & Bonnett, 2009). Further, the direct impact of these interventions on employment *per se* has rarely been examined. Other than job search interventions that have been examined for efficacy in obtaining jobs (e.g. Stidham & Remley, 1992), there is a dearth of research on interventions that improve work performance (Brown & McPartland, 2005). Because few career interventions have addressed the needs of individuals with disabilities (Peterson & Elliott, 2008), there is little research in this specific area. We are aware of Career Visions as being the only study that has examined the impact of a career intervention with young adults with psychiatric disabilities. Career Visions (Sowers, 2013) is undergoing an initial clinical trial, and has reported encouraging preliminary findings in career exploration, and career- and disability-related self-efficacy.

The career development field has myriad interventions for young adults. Their targets are typically elements of career development, not employment *per se*. Their efficacy in young adults with psychiatric disabilities is largely unexamined, and the relationship of these elements to actual careers in this population is unknown.

Newer interventions and supporting evidence

Psychosocial and career development differences between younger and older adults with psychiatric disabilities suggest several needed adaptations for adult vocational approaches. A qualitative study of young adults in the standard adult vocational support programs described above express three major desires: 1) career exploration, job preparation, and effective educational supports; 2) social skills training; and 3) supportive provider relationships and readily available workplace supports that don't involve provider staff (Torres-Stone et al., Under review). Standard adult approaches could build more explicit career development activities into the work they help young adults obtain (i.e. use the work experience to explicitly explore skills, career preferences, outcome expectations, career self-efficacy, etc.). For the career interventions used with typical young adults to be useful for young adults with psychiatric disabilities they may need to address the experience of disability or psychiatric disabilities, including education about the impact of symptoms on working or on self-efficacy beliefs, or provide information about disclosure of psychiatric disabilities or Americans with Disabilities Act accommodation requirements for employers.

Several studies are underway examining these types of age- and disability-tailored approaches. The interventions described in this section are uniformly in early stages of developing evidence regarding their efficacy with employment or other aspects of career development. They are described here to reveal interventions that may be found to be effective in the near future, and the young adult “themes” that emerge from them.

Career Visions. Career Visions is a career planning intervention for young adults with psychiatric disabilities (ages 18-30). Clients learn and use strategies to choose a career or job, and develop and implement plans progressing toward their goals. They also learn practical skills (e.g. resume writing), and gain information and support directly related to mental health challenges.

Preliminary findings from the small randomized trial indicate better career development outcomes in the Career Visions than in a control group (Sowers, 2013).

RENEW (Rehabilitation, Empowerment, Natural Supports, Education, and Work). This approach was developed for youth with emotional and behavioral disorders to provide an individualized and comprehensive planning and support process focused on high school completion, career development, employment, and post high school activities such as independent living, post-secondary education and training opportunities, and community inclusion (Hagner, Cheney, & Malloy, 1999). This approach has a manual (Malloy, Drake, Cloutier, & Couture, 2010). A small follow-along evaluation study (n=20) of special education students with emotional disturbance found an increase in competitive employment rates from 11% at baseline to 61% at follow-up among those enrolled in the program for at least two years (Hagner et al., 1999). No further research on this model has been produced.

Jump On Board for Success (JOBS). The JOBS program provides developmentally tailored wraparound services (VanDenBerg & Grealish, 1996) that focus on career development. JOBS specialists coordinate wraparound care and provide supported employment for youth, ages 16-22, with serious emotional disturbance, who have been served in the children's system or adult corrections (Clark, Pschorr, Wells, Curtis, & Tighe, 2004). In a follow-along evaluation study, among those that graduated from the program, positive engagement in attending school and/or competitive employment increased from 23% at baseline to 96% at graduation, with 76% engaged in competitive employment (Clark et al., 2004). While both RENEW and JOBS have positive outcomes, there are no outcomes from clients that didn't complete the program, no published fidelity measure, and no control group data available. These would be the next research steps necessary to further develop and test these interventions.

Social Enterprise Intervention for Homeless Young Adults. This twenty-month social enterprise intervention combines a community economic development approach with clinical supports to promote individuals' human and social capital (Ferguson, 2012). There are four elements to this intervention: 1) a 4-month course of vocational skill acquisition, 2) a 4-month small-business skill acquisition course, 3) a 12-month peer supported affirmative business formation phase, and 4) clinical services. A small randomized trial was conducted with homeless young adults (18-24 yrs old). Mental health condition was not a requirement of participation, though clinical services are part of the model. Early preliminary qualitative findings are encouraging.

IPS Peer Mentors. Program developers at Thresholds in Chicago in partnership with researchers at the Transitions RTC, have developed a version of IPS_EP for young adults (ages 17-21) with long standing serious mental health conditions and intensive adolescent mental health service utilization, called IPS_Peer Mentors. The model adds peer mentors to the Killackey (2008) model. During weekly one-on-one interactions, peer mentors engage youth in specific recreational or relationship-building activities or teach curricula, available on a variety of topics that are chosen by the mentee, their supported education/employment specialist, and the peer mentor. The approach is manualized, with a fidelity measure, and has been examined in a single case series research project without a comparison group. Findings are not yet available.

MST-EA Coaches. Multisystemic Therapy for Emerging Adults (MST-EA) is an adaptation of an intervention with well-established efficacy to reduce juvenile recidivism (MST; Littell, Popa, & Forsythe, 2005), for use with 17-21 year olds with psychiatric disabilities and recent justice

system involvement. MST-EA adds Coaches to the team of MST-EA therapists and clinical supervisor. Coaches are part-time lay positions utilizing individuals (usually young adults) who work well with this population to model good relationship skills, reinforce progress made in therapy, and teach and coach skills for independent living. Currently, Transitions RTC is conducting a randomized clinical trial of two Coach versions: Vocationally enhanced Coaches (VocC) versus No Vocational capacity Coaches+state VR services (NoVocC+VR). MST-EA and the Coach versions are manualized approaches with fidelity measures. Preliminary findings (N=21) indicate that using VocC yields better competitive employment outcomes post treatment (57% vs. 20% in competitive employment).

Several approaches to address employment or career development in young adults with psychiatric disabilities are in the early stages of research. These approaches share an emphasis on career exploration, assessment and planning, support of concurrent employment and education or training, and support of young adults leading and improving their capacities for career planning and implementation. Several also actively include family members as potential supports.

CONCLUSIONS: Young adults with psychiatric disabilities need better supports for their current employment as well as for developing strong careers. Similar conclusions have been made regarding adult, in general, with psychiatric disabilities. Adult mental health and vocational rehabilitation systems can provide interventions to achieve these goals. However, the evidence is now clear that effective vocational supports should be customized for this population. No current model has evidence that it achieves both strong employment and longer term career outcomes. The Individualized Placement and Support model has good evidence that it supports immediate employment goals for young adults in both its standard and versions for young adults with early psychosis. Further enhancements of this model may prove to support greater career strengthening. It is unlikely that any single model will improve employment and career outcomes of all young adults with psychiatric disabilities, and the array of developing interventions will likely further add to improved employment and career outcomes in this population. Eventually, comparative effectiveness studies that examine which models are best for whom at which points in their career trajectories will help refine the matching of effective interventions to individuals' needs, and provide the best supports for all young adults with psychiatric disabilities to achieve satisfying adult work lives that provide financial independence. It is time to shift from a focus purely on relatively short-term employment, to a focus on helping young adults gain the tools necessary for employment and the progression of employment into successful careers. In order to achieve this shift, we believe the following types of research are necessary:

1. **Identifying factors unique to young adult career paths.** It is difficult to develop interventions when the target[s] of the intervention is not well understood. Research to date does not reveal what the factors are in young adults with psychiatric disabilities that impede competitive employment, employment that supports fiscal independence, or strong longer term careers (i.e. satisfying employment that involves better jobs and better income over time). Many factors that have been found to relate to successful competitive employment in mature adults, such as job placement, likely apply to young adults as well, but should be

confirmed. The factors associated with strong careers in typical young adults should be examined in young adults with psychiatric disabilities. Factors that may be unique to young adults or immature careers may hold the keys to more effectively helping them launch successful careers. Research should focus on factors that interventions could impact.

2. **Applying research findings to improve interventions.** Research from #1 should be used to develop or adapt interventions to target those factors. These interventions should undergo rigorous testing.
3. **Research to improve young adult career outcomes with IPS.** Since IPS has the strongest evidence of employment efficacy in young adults, several lines of research examining IPS could help elucidate alterations to it that could strengthen outcomes.
 - a. The longitudinal impact of each IPS version on young adults' careers should be examined, including the quality of employment and the capacity for employment to improve over time.
 - b. The research that can fully establish their efficacy should be completed for the young adult IPS versions.
 - c. Research in young adults in IPS is needed to identify subgroups that experience better or worse outcomes, or conditions associated with better or worse outcomes. Findings could inform IPS modifications, or the development of alternative or complimentary approaches.
 - d. Research is needed to illuminate the specific mechanisms of IPS that produce better employment outcomes in young adults. Findings would also help inform improvements in IPS or other approaches.
4. **Continue research with developing models to test their career development efficacy.** Current developing models that show promise need to establish their efficacy for improving current employment and developing careers. Those that establish efficacy or effectiveness should be further examined for the issues identified in points 3a, c, &d relative to the new intervention.

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**Summary of Responses to Paper:
“Employment and Careers in Young Adults with Psychiatric Disabilities”**

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7/31/13

Youth with psychiatric disabilities have the same vocational needs as those without psychiatric disabilities but are compounded by the symptoms of their illness and the associated stigma and potential discrimination. The Davis, Delman, & Duperoy paper does an excellent job of highlighting a plethora of significant vocational issues confronting young adults with psychiatric disabilities. Some additional ones, not otherwise noted, that might be considered, include:

- a) Often limited access to SPED services, except for “behavioral” problems
- b) The need for supports in additional areas like housing and transportation, etc. Many of the youth in the target group are coming from foster care or the juvenile justice system and might not have many natural supports with which to connect.
- c) Young adults with and without mental health problems often need to explore many short term jobs before deciding on a career path, which may lead to what some may see as “job hopping”. They may also be more attracted to the sorts of jobs we think of as lower status (e.g., working in restaurants) but that may involve more “action” which youth crave.
- d) Distinguishing psychiatric impairment requiring intervention from age related dysfunctional behaviors that youth age out of.

The paper seeks to identify key elements of career development as juxtaposed to employment or job acquisition. The authors see this enhanced emphasis as a counterweight to the multitude of barriers that young adults, ages 18-30, face in the vocational and career arenas. In the course of the review, the authors highlight significant reasons why career development should be a concern for researchers and practitioners through an extensive literature review contained in Sections II and III. They then go on to discuss issues in systems and programs specific to youth and young adults with psychiatric impairments.

1. Many of the respondents commented favorably on the:
 - Career development focus of the paper
 - Literature review contained in the earlier sections
 - Emphasis on environmental and social factors impeding employment and career progression for the group in addition to the clinical issues they must confront
 - Inclusion of quotes from young adults
 - Attempt to delineate types of research needed

- Description of some existing innovative programs that target these young adults.

Some additional considerations were:

2. It is hard to make clear delineation between “career development and employment” or of “career counseling” *per se*, and difficult to create specific, concrete measures of career development.
3. It is difficult to clarify how the various interventions noted can all be classified as service models *per se*. “General VR Services” as an example is not a specific model of discrete interventions though, as noted in the paper when referencing the Plotner citation, there are some broadly accepted competencies that VR staff should bring to bear when dealing with youth and young adults with psychiatric disabilities.

The authors do show an understanding that use of the terminology “pre vocational services” is one that has been used for many years to throw obstacles and faulty mandatory sequencing of services into the path of all people with significant psychiatric disabilities, rather than merely describing helpful activities that can occur prior to, or concomitant with, employment. The emphasis of much recent employment research has been debunking the need for people to get engaged in precursors to employment (e.g., vocational evaluation, volunteer, staging a “readiness” continuum, sheltered work, etc) as a requirement before getting help to acquire a competitive job. The authors do cite reporting that young adults in vocational programs express a desire for “prevocational” supports. Because this paper is unpublished and the term is somewhat hazy, it is difficult to assess its relevance.

The primary author of this response, though not all responders, would support the notion that young adults do benefit from multiple avenues to employment experience including temporary jobs, volunteer options, work tryouts, etc. Nonetheless, it is perhaps a misnomer to characterize them as “prevocational,” or align oneself with the notion that before engaging in employment, young adults must be assessed or evaluated as to appropriate career paths. One commenter, in particular, felt strongly that the existing research did not demonstrate any support for career counseling as a useful component in the employment trajectories of young adults. However, the primary author of this response paper does endorse the potential utility of career counseling seen not as passive 1-1 clinical

activity. Rather, career counseling can be conceptualized as a set of processes that could and should include rapid focus on job acquisition as a method of investigating interests and aptitudes and providing career momentum, as well as the practical benefit of gathering references and developing a practical resume of a work history.

The distinction the authors make between “career development” and “employment” is somewhat ambiguous and not explicitly laid out. One generally cannot have a career without a job or employment. It appears that the point trying to be made is not the separation of career development from employment, but rather the notion that *initial* job acquisition is not an adequate measure of a career development track. It is hard to argue that exposure to employment experiences for young adults is not an important point of career development (in fact the authors do just that) so the concern they posit needs to be stated differently.

While some commenters lauded the attempt to analyze various existing service models, many felt that it was not deep or accurate enough to provide useful context. Furthermore, it appears that the authors would better serve the purposes of the paper to identify specific types of services, components, or engagement styles from a clinical or system or policy perspective more broadly, rather than use a necessarily shallow overview of existing services to drive the discussion. These recommendations could then be used to assess how best to revise or use existing service streams to better enhance career development. That person stated that there is some evidence for the effectiveness for IPS in this age group, but there is no strong set of data supporting any other employment model within this paper the responders reviewed. This same responder was of the opinion that “Instead of speculating about career development or job tryouts, etc., would it not be better to start from what we know?”

The inclusion of general VR services as a model misstates the content and context of a VR program. Once a young adult is determined eligible there is a plethora of services that potentially could be brought to bear to address the young person’s barriers to his/her desired vocational goal. Any of the other services noted in the paper can and are, in some areas, used in developing a program of services and supports, including career counseling, for a client. These do encompass, but are not limited to evidence based alternatives, such as IPS. Nonetheless, there are key areas that have

been identified in the rehabilitation literature as key competencies for VR staff to possess as they engage youth in the transition process that intersects with public vocational rehabilitation. These areas are in fact cited by the authors. VR services represent a public agency attempt to provide services leading to employment; they are not a discrete set of interventions or program “model.”

Finally, it would be worth clarifying some terminology further as the discussion develops. The overall term “young adult with mental illness” might apply to a wide variety of groups and should be defined more directly. Another item in the paper mentioned “compromised” families without explaining what exactly the authors meant.

There are some themes that emerged or noted by one or more responders regarding further research or policy questions that might need to be answered as a complement to this paper, or of added benefit to the field overall:

- Developing an analysis of the “active ingredients” of the current models that effectively address employment and career development
- Identifying how young adults might best be included in further research or in evaluating program efficacy
- Separating out more fully the evidence of efficacy and effectiveness for certain practices and interventions from considered opinion. Many examples exist where developed data has shown the fallacies inherent in various strains of “common wisdom” in the field. One of the most egregious of these errors in the employment field had been the long held notion of the need for developing continuums of employment preparatory services to enhance “readiness” before engaging in direct employment and job development on behalf of the person.
- Exploring how families might be engaged more both as recipients of support, as well as providing greater support to young adults
- Assessing how being part of a disadvantaged socio-cultural or vulnerable group (race, ethnicity, language, teen single parenthood, poverty, etc.) in addition to mental illness affects career development and access to effective pre-career pathways
- Discussing how various disincentives or barriers to employment, other than SSA policies, can be countered to affect career development

- Understanding the skill sets that staff from various support systems need to better serve youth and young adults
- Examining the role of secondary school influences, including but not limited to IEPs and 504 plans, in career development pathways
- Researching various types of work options that may jumpstart not impede career development and long term work force participation
- Understanding how the extension of “adolescence” in our society in general with a later entry into solid career paths, as well as longer term structural unemployment (both exacerbated by the recent recession) may hinder career development
- Analyzing governmental social/financial assistance policies that could better assist and encourage young adults with psychiatric disabilities to enter employment and initiate the journey to fulfilling careers.

