A COMPARISON OF THE EFFICACY OF A GROUP VERSUS AN INDIVIDUALIZED "JOB CLUB" JOB SEARCH TRAINING FORMAT

by

Robert Kirk Ax

Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY
in
Psychology

APPROVED:

Richard A. Winett, Chairman

David A. Bownas

James J. Lanter

Lee W. Frederiksen

Allan H. Schulman

May, 1983

Blacksburg, Virginia

ACKNOWLEDGEMENTS

I owe an enormous debt to Richard A. Winett, the chairperson of my committee. To say that this project would have been impossible without his guidance and support would be an understatement. More than this, he has been an inspiring teacher and a good friend.

As committee members, David A. Bownas, Lee W. Frederiksen, and Allan H. Schulman made significant and valuable contributions at all stages of this research, for which I am most grateful. I owe a special debt to James J. Lanter, who assisted me both as a committee member and in his capacity as Chief of the Psychology Department at the Veterans Administration Medical Center in Salem, Virginia, where this study was carried out.

The assistance of several other hospital staff members was crucial in facilitating this research. The contributions of ,
and are all gratefully acknowledged. I wish also to extend my sincerest thanks to those who participated in this project as subjects. and
gave generously of their time in rating interview tapes. They have also been wonderful friends all the time I have been at Virginia Tech, and I look forward to many beer-and-pizza reunions with them through the years, not necessarily in Mississippi.

at the U.S. Department of Labor came to my assistance on more than one occasion by providing valuable and timely research articles.

I also want to thank my girlfriend for all her understanding and support while I've been involved with "The Dissertation".

Finally, I dedicate this manuscript with love to my father and to the memory of my mother.

TABLE OF CONTENTS

TABLE OF CONTENTS (Cont'd.)

LIST OF TABLES

Introduction

Writers since Durkheim (1951) have speculated on the nature of the psychological effects of work and unemployment. During the Depression, psychologists conducted a number of investigations, most of them descriptive field studies (i.e., Beales & Lambert, 1934, 1973; Jahoda, Lazarsfeld, & Zeisel, 1933, 1971). However, after World War II, a period of unprecedented economic prosperity ensued, and psychologists' interest waned. In the last few years, unemployment has again been on the rise. In November, 1982, the national unemployment rate was 10.8%, the highest since the end of the Depression. This translates to a figure of 12 million jobless members of the American labor force (New York Times, December 5, 1982). This trend, and perhaps as well the ascendance of behavioral psychology, with its emphasis on the role of the environment in the etiology of behavioral disorders, has prompted a renewed interest in the study of unemployment and its effects upon individuals:

> Unemployment, like physical illness, is one of the very few problems about which there is near universal agreement. It is, perhaps, the major social and economic problem from which so many other psychological and social problems emanate. (Azrin & Besalel, 1980, p. xi.)

Modern concepts of psychopathology acknowledge the importance of the employment-unemployment dimension. Buss (1966) proposed a definition of abnormality as inefficiency,

including inefficient occupational functioning. The third edition of the Diagnostic and Statistical Manual (American Psychiatric Association, 1980) included occupational functioning as one aspect of adaptive functioning, which comprises Axis V of the classification scheme. Similarly, Anthony and his colleagues (Anthony, Buell, Sharratt, & Althoff, 1972) in their review of the literature on the efficacy of inpatient psychiatric treatment, pointed out that post-hospital employment and hospital recidivism are the two most commonly used outcome criteria.

In summarizing the early studies on unemployment, most of which, unfortunately, were methodologically unsound, Eisenberg and Lazarsfeld (1938) suggested that there was a generally deleterious effect of unemployment upon the affected individuals: "The general conclusion of practically all workers in the field is that unemployment tends to make people more unstable than they were previous to unemployment" (Eisenberg & Lazarsfeld, 1938, p. 359).

Recent studies have been designed more adequately, but for obvious reasons, only correlational data have been provided. Several of these have failed to provide support for the hypothesized relationship between unemployment and indicators of psychopathology. Little (1976) sampled 100 men who had been laid off from technical-professional positions due to a recession. Of these, fully 46% expressed "positive

attitudes" toward being laid off. Gurney (1980) found no decrease in self-esteem in a sample of school leavers from graduation through a 4 month period of unemployment. In a study by Kasl, Gore, and Cobb (1975), depression, assessed by self-report, failed to correlate with unemployment for a sample of males who had lost their jobs due to the permanent closing of a plant. Hartley (1980) compared Q-sort measures of self-esteem in unemployed and employed males and found no significant differences in the ratings of the two groups.

Some studies have involved the use of historical data. This method has generally shown the existence of significant positive correlations between unemployment and/or general economic declines and indices of psychopathology. Brenner (1973) studied the relationships between economic conditions and mental illness using first admissions to mental hospitals as a criterion of mental illness. Using historical data from the New York State Department of Mental Hygiene for the years 1914-1967 and state and national manufacturing data, Brenner found highly negative correlations between first admissions to mental hospitals and a composite economic index derived from the above mentioned sources. Marshall and Funch (1977) re-analyzed Brenner's (1973) data for the period 1916-1955, (They had objected to a detrending procedure he had used based on an assumption of

cyclicity in mental illness.) and again found highly negative correlations between economic factors and first admissions to mental hospitals. However, these correlations reached the 0.05 level of significance only for males and females in the age ranges 45-54 and 55-64. (For males, there was a significant positive correlation at the 0-15 age range, and for females there was a significant positive correlation above age 65.) While Brenner (1973) assessed the long-term relationships between economic conditions and mental health facility utilization, Barling and Handal (1980) studied short-term first time use in a five county area which included St. Louis. Some support was found for the hypothesis of increased utilization of mental health facilities in periods of economic decline. Those completing more than 1 year of high school but who had not graduated had a rate of first inpatient admissions that significantly exceeded chance levels at 6 and 9 month intervals after the beginning of an economic downturn. Vigderhous and Fishman (1978) also used historical data to study suicide rates in the United States. Using multiple regression analysis, they found that for the period 1920-1969, the combined factors of unemployment and divorce rates accounted for a significant proportion of the variance of white male suicides (48%, $p < 0.001$). Data were not

reported in terms of unemployment and divorce rates as separate predictors.

Catalano and Dooley (1977) conducted a study using an economically defined area, the Kansas City Standard Metropolitan Area, and found that combined regional and metropolitan unemployment rates were highly predictive ($p < 0.01$) of both mood and stressful life events in a sample of normal, non-institutionalized subjects from this area, as measured by the Center for Epidemiological Studies-Depression Scale and the Life Events Schedule, two self-report measures.

Several smaller scale studies have also found evidence of relationships between unemployment and depression and suicide. Roy (1978) matched two samples of depressed women seen as psychiatric inpatients or outpatients at treatment centers in England with women having no prior history of depression who were admitted to hospitals as medical patients. Depressed working class women were found to be almost three times as likely to have been unemployed as their matched controls ($p < 0.001$). Shepherd and Barraclough (1980) found highly significant differences in unemployment rates between a sample of 75 British suicides and 150 controls, with suicides more likely to have been unemployed. Oliver and Pomicter (1981) assessed depression among auto workers. Although mean Beck Depression Inventory

scores did not differ significantly between laid-off workers and those not laid off, it was found that, for the laid off group, a set of five predictors with significant beta weights accounted for almost all of the explained variance. These predictors were current layoff status, perceived chance of being laid off in the coming year, shift working, perceived amount of salary recoverable from union supplemental benefit funds, and perceived future status of the economy.

It appears that a reasonably strong case may be made for the existence of a relationship between economic conditions, including unemployment, and observable indices of psychopathology. However, if this is assumed to be the case, then self-report measures do not appear to be uniformly reliable indicators of this relationship. One possible reason for this is that of social desirability. The studies which failed to correlate economic conditions and psychopathology used non-psychiatric populations, and individuals in these studies may have been reluctant to admit that they were not coping as well with their problems as they thought they should be.

Several studies have investigated the efficacy of treating individuals who would ordinarily have been hospitalized as outpatients. Taken as a group, these studies

suggest that such alternative modes may provide better results than hospitalization (Kiesler, 1982).

Flomenhaft, Kaplan, and Langeley (1969) randomly assigned subjects (N=300) at intake to inpatient hospitalization or to a family therapy oriented outpatient treatment program. Inpatients were hospitalized an average of 26 days, while outpatients were seen for an average of five office visits and received an average of three telephone contacts and one home visit covering a mean 2.5 weeks. None of the 150 outpatients ever had to be hospitalized. At a 6 month follow-up (which assessed half the patients in each group), it was found that experimentals returned to prestress levels of functioning much more rapidly than did controls" (p. 43).

In a study by Herz, Endicott, Spitzer, and Misinkoff (1971), subjects in both the experimental and control groups received the same treatment and in the same setting—an inpatient ward. However, experimentals went home at night and on weekends. Subjects had been randomly assigned to one of the two conditions at intake. Although all but 90 of 424 patients were eliminated from the study for various reasons (for example, being "too healthy" or "too ill" to participate), at every follow-up through 2 years, more day patients were found to have been in the community 24

hours a day for the entire preceding week than were inpatient controls.

In an experiment by Brook (1973), all subjects who would have been hospitalized at an inpatient treatment unit were instead assigned to a hostel unit where they stayed a mean of 5.5 days, after which they were discharged to outpatient status. The hostel was an old house which had a capacity of four patients. Staffing was minimal and meals were often supplied by neighbors. As outpatients, they received additional family or inpatient therapy. Although almost half of the hostel patients were classified as moderate to high suicidal risks, there were no suicidal gestures or AWOL episodes. At 6 month follow-up, only 1 of 49 hostel patients had been hospitalized, while 6 of 49 controls were rehospitalized. However, seven of the experimental subjects had to be rehospitalized for brief periods while they were still in the hostel.

Stein, Test, and Marx (1975) randomly assigned patients to either an inpatient group or to a community treatment approach. Alcoholics and those with organic brain syndrome were excluded from the study. Median inpatient stay was 17 days, while the community-living approach continued for 14 months. At 6 month follow-up, six of the 60 experimental subjects had had to be hospitalized, while 14 of the 60 controls had had to be rehospitalized. Also,

experimental subjects spent significantly less time unemployed and significantly more time ($p < 0.001$) in sheltered employment than did controls.

After reviewing the psychiatric rehabilitation literature, Anthony and his colleagues (Anthony et al., 1972; Anthony, Cohen, & Vitalo, 1978) concluded that traditional inpatient treatment methods have been generally ineffective in decreasing recidivism and in assuring employment. Haven and Wood (1970) found no significant difference in recidivism rates between patients attending group therapy sessions and controls. Fairweather and Simon (1963) found that at 18 month followup there were no significant differences in employment rates or in amount of time spent out of the hospital between groups of subjects receiving work assignments (controls), work assignment plus individual psychotherapy, work assignment plus group psychotherapy, and a fourth group of subjects who participated in group activities in a group living situation. Williams and Walker (1961) reported that discharged patients maintained on tranquilizing drugs had a slightly higher rehospitalization rate than subjects not receiving such medication.

There is some evidence, however, for the efficacy of some non-traditional therapeutic approaches, including multi-modal therapy and approaches which focus on aspects of the posttreatment environment. Purvis and Miskimins

(1970) reported that a group follow-up procedure resulted in significantly lower rehospitalization rates than did individual follow-up or no treatment control procedures. The authors speculated that "the very community oriented philosophy of the group follow-up program coupled with its physical autonomy from the hospital appears to have broken the hospital tie while affording sufficient support and guidance" (p. 380). Lamb and Goertzel (1971) randomly assigned patients at discharge to either an activity oriented halfway house or to a boarding house where there was little or no planned activity. The authors found that the patients assigned to the halfway houses were rehospitalized more frequently, but that they averaged 71 days in the community at 6 month follow-up, versus 43 days for the boarding house group.

Three other innovative programs have yielded evidence of lowered rehospitalization rates. Jacobs and Trick (1974) reported that of patients who had participated in intensive group therapy which emphasized interpersonal feedback, only 21% had been rehospitalized at one-year follow-up interval. There was no control group, but Anthony et al. (1972) cited figures indicating that the 1 year psychiatric rehospitalization rate generally varies from 35% to 50%. Becker and Bayer (1975) utilized a multi-component treatment approach which included a token economy, milieu therapy, and

socialization procedures. At a 5 year follow-up, only 12% of their patients had been rehospitalized. Azrin (1976) employed a community-operant reinforcement approach in treating alcoholics. Particular attention was paid to the social and vocational needs of the patients. They were provided with marriage counseling and given job-finding assistance. Antabuse was also prescribed. Subjects provided with this treatment spent 0% of their time during the ensuing 6 months in the hospital, as opposed to the standard treatment controls, who spent 45% of their time in the hospital during the same period.

The "Lodge Program" of G. W. Fairweather merits particular attention because of the way in which it bridges the gap between inpatient and outpatient environments. Fairweather (1980) had become convinced not only that long-term psychiatric hospitalization had deleterious effects on patient recidivism rates but also that therapeutic interventions generally ceased to be effective once the patient had left treatment. In spite of this, many patients seemed able to function at higher levels than those at which the community allowed them to perform. They were able to perform work assignments in the hospital, even while deluding or hallucinating, yet once they were out of the hospital, if they engaged in any of these bizarre behaviors, they were often returned to the hospital by their families or

other community members. Fairweather and his associates formulated the idea of the Lodge system, small group houses for ex-inpatients, who as a group had almost total responsibility for running the house. The group home, in turn, provided a buffer against other potentially hostile community members. Part of the Lodge's autonomy derived from the fact that members shared financial responsibility for running their homes and met this by forming group businesses with help from staff members.

Fairweather et al. (1969) reported the results of an experiment which tested the efficacy of the Lodge program against a "traditional" community aftercare program. Subjects were inpatient volunteers who were randomly assigned to either outpatient program. All subjects had the same treatment regimen as inpatients. In the Lodge group, patients moved from the hospital into their own facility where they started a janitorial-gardening business. Staff involvement, initially intense, decreased over time until Lodge members were substantially autonomous. The Lodge closed after 33 months and follow-up took place through 40 months. At all assessment points during the follow-up, Lodge members were employed more frequently and spent less time in the hospital. However, the authors pointed out that those leaving the Lodge (and the Lodge business) fared no better than controls in terms of subsequent employment.

Two-thirds of the group were not employed at all once they left the Lodge. In their examination of this study, Anthony et al. (1972) showed that recidivism rates (expressed as a percentage of those rehospitalized at any point for any length of time) were virtually the same for each group. Rappaport (1977) summarized the results and implications of the study: the Lodge enabled subjects to enjoy increased freedom and decreased stigma but did not "cure" mental illness. It appears that for many patients, a lodge living arrangement on a permanent basis may be the only presently viable alternative to repeated hospitalizations. Fairweather et al. (1969) also found that the Lodges were a less expensive way of maintaining patients than were hospitals. It would therefore seem to be a treatment of choice, provided it can be implemented. As Fairweather has written:

> Institutions within the American society tend to perpetuate themselves at all costs. It is probably their primary function . . . An implicit rule of organizational functioning is to strive for the survival of the organization. Unfortunately, this may have serious implications for hindering an effective social decision-making process. . . . The intent of the modern bureaucratic system is to rationalize and make predictable the task environment in which it is involved. As such, it is particularly unresponsive to change, with the uncertainty that change always brings. (Fairweather & Tornatsy, 1974, p. 6)

This problem exists to as great an extent in the mental health field as it does elsewhere:

> Implementation of new programs, including those experimentally validated, is difficult to achieve

> because one must overcome the resistance to change existing in mental health organizations. There are many barriers to change inherent in the structure of mental health services, but two are of paramount significance in preventing change. First, there is the barrier of professional groupings. Generally, groups are united either by their task, their theoretical position, or their professional organization. Often, for persons in the mental health field, there is a specific task orientation, such as chemotherapy, psychotherapy, occupational therapy, and so on. Task similarity serves as one factor that unites groups of mental health workers. Common experiences serve to create groups whose power positions are jealously guarded. . . . Theory is another basis for the formation of tightly knit mental health groupings. It has existed since the early days of psychoanalysis and it continues to be seen today in such new groups as the behavior therapists as well as others. (Fairweather et al., 1974, p. 2-3)

Thus, from a systems analysis perspective (e.g., Winkler & Winett, 1982), the Fairweather Lodge system would be seen as not having been (yet) implemented on a wider scale because the intervention, adequate to treat the target behaviors, was inadequately conceptualized in terms of its impact on the systems external to the intervention. For example, it did not include a component aimed at reducing the resistance to change, of which Fairweather et al. (1974) spoke in mental health organizations. Too, those developing such programs must consider the likelihood of community opposition to Lodge-type living arrangements. Consequently, until more integrative paradigms are developed, treatment programs, including interventions designed to assist

patients in securing employment, are likely to continue to be largely "traditional".

In general, few traditional or non-traditional programs appear to have focused on actively and effectively teaching patients how to find jobs. The available research (Granovetter, 1974; Sheppard & Belitsky, 1966) indicates that so-called formal methods of job hunting (want- and situations-wanted ads, employment agencies) are not efficient sources of jobs relative to other methods which involve contacting friends, relatives, and former work associates, and applying directly to work sites. The results of other studies (Hilaski, 1971; Reid, 1972; Rosenfeld, 1975) also tend to support the effectiveness of informal methods of seeking employment. Clearly, one component of a comprehensive job finding assistance program would involve teaching patients <u>where</u> to look for jobs.

A second general component would be teaching patients <u>how</u> to look for a job, or more precisely, how to behave during interviews. Eisler and Frederiksen (1980) write:

> Regardless of its validity as a selection device, the job interview occupies a key role in the employee-selection process. Rightly or wrongly, the recruiter's impression of the job candidate can have a very pronounced impact on the decision to hire. (p. 201)

The interview situation is one which places a premium on social skills. Several researchers have shown that subjects can be taught to improve their performance on specific,

relevant behavioral dimensions. Barbee and Keil (1973) provided subjects, job trainees from manpower agencies, with a package which involved viewing a simulated job interview and training in interview behaviors through the use of behavior modification techniques (i.e., role rehearsal, practicing and reinforcement of successive approximations to the desired behaviors). Although no data were reported on how these subjects did in actual job interviews, they were rated as significantly higher on a "probability of hire" dimension than were no-treatment controls by a group of individuals who were responsible for hiring for entry level positions in government. A 30 year old male who had participated in 60 job interviews without receiving a single offer served as the single subject in Hollandsworth, Glazeski, and Dressel's (1978) experiment. Social skills training, implemented in a multiple baseline design across behaviors, helped the subject improve his performance on target measures of focused responding, subject generated questions, and rate of speech disturbance. The subject had three job interviews during the last week of training, each resulting in a definite job offer. At 18 month follow-up, the subject was found to have maintained treatment gains and to be performing satisfactorily on the job.

Kelly, Laughlin, Claiborne, and Patterson (1979) trained six ex-mental patients in the component skills of

interviewing behavior. These subjects had previously been unsuccessful in obtaining jobs and had been out of work for at least 1 year prior to the intervention. Shortly after the conclusion of training, five of the six obtained paid employment.

A body of literature exists which demonstrates that the interview behavior of subjects with considerable deficits in this area can be improved. Considering the potential importance of the interview in the chain of behaviors leading to being hired, it is apparent that job search training programs must include interview training to those with such skills deficits if they are to be considered adequate.

Job Search Training Programs

In addition to one-shot therapeutic interventions, ongoing multi-component programs aimed at different populations have begun to proliferate in the last few years. However, the usefulness of these programs is still uncertain: "Most program operators make impressive claims for JST (Job Search Training) outcomes and their costs. To date, research and controlled experimentation has been extremely meager" (Johnson, 1982, pp. 12-13).

Johnson (1982), in a reported funded by the Department of Labor, described four separate types of job search training programs. The different types seem distinguished more

by their origins and funding sources than by any radical differences in content.

Employment service model. These programs first emerged in the 1960's under the Manhattan Development and Training Act (MDTA). Contrary to the philosophy of the national public employment service, which viewed its mandate as one-to-one job placement, these programs came into being sporadically, and until recently no research or demonstration funding was made available for them. A single empirical investigation was located of what might be considered a representative model of a program run under the auspices of a public employment service; however, findings were difficult to intepret because the author failed to specify precisely the type of treatment the control groups were receiving.

In this report, Roberts (1982) described the Job Track Program, a 2 day non-stipended package designed by the Olympus Research Centers and run in San Francisco by the California Employment Development Corporation and the Mayor's Office of Employment and Training. He reported that the program helped unemployed youth find jobs faster than would have been expected (as compared to a figure obtained using statistical regression methods), and that at the 5 week follow-up, 44% of the experimental subjects had found jobs, as compared with only 21% of the comparison group.

Despite Johnson's (1982) use of the term "model", there did not appear to be any strict uniformity regarding the content or conduct of the programs surveyed, except that almost none use rewards to attract clients, nor punishments to retain them. All programs surveyed took 15 hours or less, generally during a single week. Many programs last less than 8 hours. The surveyed programs were didactically oriented, and none involved any supervised job search or practice in interviewing or telephoning.

Self directed placement. This is a program developed in the 1970's by Charles Hoffman, an entrepreneur. Since he is in business for himself, he has been understandably reluctant to make his methods public by submitting them to the scrutiny of research studies. He has provided contract services to CETA and his placement rate has reportedly varied from below 50% to 92%. It has been described as involving an energetic delivery style, exclusive use of the telephone to uncover job leads, and the use of "typical" sales techniques when contacting an employer. The course is undertaken on a full-time basis for 4 weeks. Participants are involved in classroom training for 1 week, then devote the remainder of their time to supervised search (Johnson, 1982).

Job factory. The Job Factory originated in Cambridge, Massachusetts, under the auspices of CETA (Comprehensive

Employment and Training Act). Participants were taught to view the program as a job. They punched in and out on a time clock, and spent 8 hours a day on the job search for which they were paid through CETA stipends (Johnson, 1982).

An evaluation of the Job Factory program was undertaken by Shapiro (Note 1). Subjects were CETA eligible Cambridge residents, unemployed for 6 months or more, who had no "obvious employment impediments" (such as serious mental problems), and whose vocational skills could be categorized as not greater than semi-skilled. The purpose of the program was to provide tools, equipment, training, support, and supervision to enhance clients' job finding skills. The program took place over 4 weeks. Most of the time was spent in active job search, but the program provided 30 hours of group instruction and training in job search techniques, interview skills (using videotape equipment), self-analysis of vocabulary skills, and role playing. Subjects also learned to write resumes, to follow up on interviews, to fill out employment applications, and to acquire references. Participants were given telephones and provided with typing and duplication services, a message center, newspapers, and industrial directories. They were paid $92 a week (tax free), and could be dismissed from the program for excessive tardiness or absenteeism. The program was explicitly flexible: Participants were told that

the program could be altered to fit individual needs and preferences. A timetable was provided for the skills training component of the program, and participants received a manual which included sections on such items as developing lists of contacts, how to organize one's employment history, and so forth. The results showed that 69% of the experimental group found jobs while only 33% of the no-treatment control group found jobs. There was a significant positive correlation between the number of interviews a subject attended and job-finding success. Overall, self-esteem was higher for those who found jobs than for those who did not. There was no significant difference in salary between those finfing jobs in either group.

A modified version of the Job Factory was conducted for unemployed youth on the Cambridge Job Factory site. A total of 203 experimental group subjects and 165 no-treatment control group subjects took part. Experimental subjects were run in five 4-week cycles (the first four of which were stipended through CETA). At the first 10 week follow-up, the experimental group exhibited a significantly greater ($p < 0.05$) job finding rate, but these differences disappeared by the final (45 week) follow-up. Median rates for the first post-enrollment jobs did not differ significantly between the two groups, nor did differences in median weekly hours worked, percent full-time jobs, nor percent

unsubsidized jobs. (This is apparently the case. These differences were not reported in terms of statistical significance.) Cost per job found in the Job Factory was $1,442 (Hahn & Friedman, 1981).

Job club. The "Job Club" method of teaching individuals how to effectively search for and obtain employment has been described by Nathan Azrin as "based on a behavioral analysis of job-seeking as a social interaction in which obtaining job lead information is the initial response of a chain of behaviors" (Azrin, Philip, Thienes-Hontos, & Besalel, 1980). It has been used successfully to help a variety of individuals to find work, including the general job-seeker (Azrin, Flores, & Kaplan, 1975), welfare clients (Azrin et al., 1980; Azrin, Philip, Thienes-Hontos, & Besalel, 1981), and those described as "job handicapped" (having a physical, emotional, social, or intellectual handicap, or being chronically handicapped) (Azrin & Philip, 1979). At its core, the Job Club consists of two components: (1) the training of job seeking and interviewing skills, as well as informational exchange on job leads, and (2) a group format. (A more complete description of the Job Club procedures may be found in the methods section.) The Job Club was first used as part of a treatment package in which a community-operant reinforcement approach was compared with existing didactic methods at an inpatient

facility for the treatment of alcoholics (Hunt & Azrin, 1973). At 6 month follow-up, the community-operant reinforcement approach was found to have resulted in considerable gains, relative to the traditional treatment approach. Members of the community-operant reinforcement group spent significantly less time drinking (14% vs. 79%), spent less time unemployed (5% vs. 62%), were away from home less (16% vs. 36%), and spent less time in the hospital (2% vs. 27%), relative to the members of the didactic methods group. All differences were significant at the .005 level. Azrin et al. (1975) used the Job Club method to assist subjects whose primary identified problem was joblessness.

> Job counseling was considered as a learning experience which should be taught in a structured and continuing manner until the job was obtained. In addition, the present program was a systems approach oriented to the perspective of the job seeker; the program assisted the job seeker in every area that was believed to be influential in obtaining a job. Assistance was provided for such diverse problems as discouragement in job-seeking, need for family understanding, transportation, peer assistance, professional advice, job leads, preparation of a resume, interview skills, techniques for approaching friends, practice in obtaining interviews, scheduling of one's time, and expanding one's vocational choices. (Azrin et al., 1975, p. 18)

Subjects were matched on criteria of "probable employability" as well as those of age, sex, race, education, and marital status, and randomly assigned to the Job Club or to a no-treatment control group. Subjects in the Job Club group met in groups and were each paired with a "buddy" for

social support. Meetings were held every day and clients attended until they found a job. The results were impressive. The median time to starting work for the Job Club group was 4 days vs. 53 days for controls ($p < .001$). After 2 months, 90% of the Job Club group had found jobs, as opposed to only 55% of the controls. Mean starting salary was $2.73 an hour for Job Club subjects versus $2.01 per hour for controls ($p < .05$). Attendance correlated -0.80 with unemployment in the Job Club group. The authors pointed out that these figures had been obtained in a rural setting with "above average" unemployment.

Azrin and Philip (1979) recruited 154 subjects who had had difficulty finding a job. Many of these clients were obtained from a state hospital for the mentally ill and retarded, a community mental health center, drug and alcohol treatment centers, and an early release house for prisoners. Subjects were randomly assigned to either the Job Club group or to the control group. Controls received a procedure slightly modified from a job placement program used in rehabilitation agencies. This program consisted of lectures on how to obtain a job, discussion, audiotapes, and rehearsal of interview behaviors. Clients in this group were told of the procedures used by the Job Club group but were not required to perform them under supervision as were the Job Club members. At 6 month follow-up, 95% of the Job

Club subjects had gotten jobs, compared to 28% of the control group. Each Job Club group was 90%-100% successful in finding jobs versus a mean figure of under 35% for control subgroups. For all subgroups, differences in mean number of subjects obtaining employment were significant ($p < .05$) as was the overall difference ($p < .001$).

An unusually large scale study involving about 1,000 welfare clients in five cities was reported in two articles by Azrin et al. (1980, 1981). The studies were initiated successively in different cities between October, 1976, and October, 1977, when nationwide unemployment was between 6.6% and 7.4%. In the cities sampled, unemployment was 15% in Harlem, 9.6% in New Brunswick, 9.0% in Tacoma, 6.9% in Milwaukee, and 4.6% in Wichita. Subjects were blindly selected from welfare roles (Many were threatened with sanctions such as loss of benefits if they refused to participate) and randomly assigned to either the Job Club program or to the existing counseling program at each site (control group). Job finding success was defined by WIN (Work Incentive) criteria as a job held for at least 30 days, on either a part or full-time basis. For the overall sample, 33% of the controls obtained jobs, while 62% of the Job Club clients found work. The Job Club and control groups were equivalent in terms of the percentage of jobs that were full-time (89%). Starting salaries for the two groups were also equivalent

($137 a week). Of the control jobs, 21% were temporary versus 10% for the Job Club members ($p < .05$), and 25% of control jobs were subsidized versus 16% for the Job Club members. At the 12 month follow-up 87% of the Job Club members had obtained jobs versus 59% of the controls. Cost per placement for Job Club clients was $54 and was $167 for controls. A further 6 month follow-up (Azrin et al., 1981) examined welfare payments made to subjects. It was found the Job Club clients were receiving significantly smaller amounts of welfare payments than were members of the control groups ($p < .0001$), and that they had reduced the amount that they were receiving by 48% versus 15% for the controls. Subjects in the two groups had not differed in the amount of welfare benefits they were receiving prior to the beginning of the study.

Most recently, Azrin and his colleagues (1982) evaluated the behavioral supervision aspect of the program. They gave subjects either the regular Job Club program, in which subjects carry out their tasks under the supervision of the group leader, or the Job Club program minus this component. The latter program provided the same didactic information in two 3-hour sessions, with no further supervision. These subjects met for only 2 days, while those in the Behavioral Supervision group were urged to attend until they found work. The Information Only group had a

mean attendance record of 1.6 sessions versus 3.0 sessions for the Behavioral Supervision group subjects. At the 6 month follow-up 88% of the supervised clients had obtained jobs versus 71% of those not supervised ($p < .0002$). Supervised clients obtained jobs more quickly ($p < .05$) than those not supervised, and worked more days (75% vs. 61.0%, $p < .05$) than non-supervised clients. The authors concluded that the key variable was the supervision, but no mention was made of the possible role of the information network that might have existed in the Behavioral Supervision group that could have led to more job openings.

There has been little independent empirical investigation of the Job Club, but Johnson (1982) reported that an independent evaluator compared the Job Club to regular WIN placement services.

> Though the margin of difference between the two types of intervention was considerably smaller than was found by Dr. Azrin's earlier evaluations, the Texas study concluded that Job Clubs hold a greater promise for moving AFDC welfare clients into employment at less cost. However, the Texas study also surfaced a number of institutional problems surrounding the JST program and recommended some changes in the model. (p. 17)

Other programs. References to three other job search training programs in addition to those discussed by Johnson (1982) were located. The first of these, the Wilkes-Barre program, was run by the Youth Employment Service, a community-based organization in Wilkes-Barre, Pennsylvania,

and was evaluated by Hahn and Friedman (1981). It was a new program and was beset by administrative problems, so it is quite possible that the findings did not reflect the program's true potential. Subjects, unemployed youth, were assigned to one of three groups. In Group 1, subjects received individualized job-career counseling and job placement assistance. In Group 2, the subjects received both treatment and job search skills training. Group 3 subjects received everything but job placement assistance. The first two components were provided on an as-needed basis, while the Job Search Skills Workshop was a one-time 60-90 minute session, with an apparently optional second session attended by several subjects in Groups 2 and 3. No significant differences were found in job-finding rate or any other job-related measure, except that subjects in Group 2 found more full-time jobs than subjects in Group 3. Among the problems cited by the authors was the difficulty in recruiting subjects due, in part, to the fact that no stipends were paid for participation.

Kneipp, Vandergoot, and Lawrence (1980) evaluated the comparative efficacy of two commercially available programs, the Singer Education Division's Job Survival Skills program and the Materials Development Center's Job Quest Series. The first of these is described as a sound/filmstrip program lasting 2 days and covering the areas of interpersonal

and job-search skills. The Job Quest Series takes 1 hour and is presented via sound and slides. It is designed to be supplemented by group activities if the group leader chooses to do so. Ten separate subgroups comprised each of the two treatment groups. There were no control groups. No significant differences were found in any job-finding measures between the two groups. Further, the mean number of job placements (0.19 for those receiving the Job Survival Skills Series and 0.23 for those who were given the Job Quest Series) suggest the marginal absolute value of these packages.

To the extent that job search training programs are successful in assisting clients, it may be argued that their sense of personal efficacy is increased. Beales and Lambert (1934; 1973) described a process of optimism followed by pessimism and then fatalism which was observed to occur among those who had lost their jobs. It is proposed that this process is conceptually similar to the cycle of reactance and learned helplessness postulated to occur under conditions of loss of control of reinforcement when the reinforcer is highly valued (Wortman & Brehm, 1975). The end state, learned helplessness, may also be seen in terms of Bandura's (1977) self-efficacy theory, such that low expectations of personal efficacy would result in a lowered tendency to initiate coping behavior. According to Bandura

(1977), expectations of personal efficacy may be derived from different sources, including performance accomplishments, vicarious experience, verbal persuasion, and physiological states. The Job Club procedures may be seen to facilitate the operation of the first three of these through the use of a program employing positive reinforcement and a group format in which successful attempts at job finding can be modeled by other members. Further, procedures are used which make successful instrumental responding much easier for clients by the use of structure and the breaking of the relevant responses into small manageable behaviors, while clearly delineating the clients' responsibilities concerning the performance of these behaviors. In the Job Club, a client can much more readily perceive himself as having been responsible for a successful outcome than he can when a vocational counselor finds employment for him.

The Present Study

In a comparatively small number of studies, the Job Club has been shown to achieve results of both statistical and practical significance for a variety of disadvantaged job seekers in areas with higher than average rates of unemployment. However, the method of employing a great number of components which are not varied systematically across groups leaves open the question of which components are ineffective or even counterproductive in the job search.

Azrin et al. (1982) took a first step in this direction by assessing the effectiveness of the supervision component of the Job Club package. Many possible variables could be assessed. Hahn and Friedman (1981) pointed out the difficulty that the unstipended Wilkes-Barre program had in attracting clients. Johnson (1982) states that while the Azrin and WIN programs view leader selection as a low priority item, that other programs view leader qualities as being of extreme importance.

Further, it is worthwhile to ask whether the results achieved by a program are always done so in strict accordance with the specified procedures. Regarding the results of their corporation's observations, Johnson (1982, p. 54) states:

> Both ORC field staff and the Texas evaluators found that observed WIN Job Clubs have departed markedly from the techniques demanded by the Azrin model. For example, ORC staff saw no evidence of a "buddy system" operating anywhere, letters to the homes of participants have been largely dropped, the rules for group leaders in regards to lecture time and the rotational method have been bent, and letters to employers are not assiduously pursued. Each of these techniques is required by the Azrin manual. Inevitably, the process of insitutionalizing a concept alters it, and the mandated gives way to the possible.

Similarly, perhaps those formulating programs are not always convinced of the merits of the various components. For example, Azrin and Besalel have written of the Job Club:

> The program provides a group setting that is structured to enable job seekers to assist each other. Participants are directed to look for leads for other members of the group, and job leads from previous members are made available to current members. The program is designed to foster mutual encouragement and support. Motivation is stimulated as fellow participants, who seemed to be unemployable, find jobs. . . . The motivation and progress of the individual job seeker can be increased in several ways by utilizing the positive social influences of the group. (Azrin & Besalel, 1980, pp. 2, 9)

However, it appears that Azrin is not entirely certain of the worth of the group:

> Dr. Nathan Azrin, in a speech in Indianapolis, September 4, 1980, which was recorded, does state that the group format in Job Clubs is used only because it is cheaper. He does not regard it as a key positive factor and considers the group less effective than one-to-one counseling. (Johnson, 1982, p. 39)

Nevertheless, two of the fundamental components of the Job Club, as specified by Azrin and Besalel (1980) are group counseling and provision of information concerning, with accompanying emphasis on, job hunting through informal sources. In the group setting, an informal informational network is set up in which members can trade leads. It is not clear from the studies published to date whether the vital function of the group is to provide models, peer support, access to the job leads provided by other members of the group, or some combination of these.

The studies of Granovetter (1974) and Sheppard and Belitsky (1966) indicate that the social network in which

individuals move provides a potentially far reaching conduit through which he may receive information about jobs that are not publicized. In the Job Club group, members can become part of each other's communication systems, and in doing so can increase the number of job leads considerably. For example, one member might be unsuccessful in finding any job leads, while another member may turn up a lead that ultimately results in employment for himself and several other members of the group.

On the other hand, the value of the group structure may be inherent entirely in its function as a peer support system, or in the opportunity provided for learning through modeling, peer feedback, and reinforcement as participants practice the job interview skills.

Practical considerations are involved as well. Group procedures may be more cost effective in terms of trainer salary, cost of meeting space, and so forth. In larger institutions, outpatient facilities, or welfare agencies, ample numbers of individuals may be available at any given time to form a Job Club group. However, in a place such as a small inpatient facility, where there are fewer members of job-ready individuals at any given time, groups may be impractical. In such a case, providing training to individuals may be an alternative, provided the group component is not absolutely necessary. An individual may receive

multiple offers of employment, find a job where other placements are available, or receive a job offer or information concerning a job which is not suited to his capabilities or interests. These job leads could be placed with the institutions and could constitute a job "bank". In this way, the informal social network could be incorporated into the institution's ongoing program.

The present study varied the group component of the program in order to test the hypothesis that this variable is necessary in order to achieve the results found in Azrin et al.'s studies to date. Three groups of subjects were used in this experiment. One group received Job Club counseling in a group format according to Azrin and Besalel (1980). The second group received a modified Job Club program. Members of this group received one-to-one sessions with a counselor. The third group of subjects received the standard job counseling procedures available to them at the inpatient facility where most of them were inpatients at the time of the study.

The context in which this study took place was also taken into consideration. Of primary importance were the states of the national and local economies. When the study was begun in March 1982, the national unemployment rate was 9.5%, while the rates for the cities of Roanoke and Salem, the two localities most accessible to subjects, were 8.9%

and 7.5%, respectively. As can be seen from Table 1, these rates fluctuated only mildly through July of 1982, the termination point of the study (Note 1). These figures reflect high and sustained rates of unemployment, both locally and nationally. While the effects of this state of affairs on the outcome measures cannot be precisely calculated, it is obvious that the increased competition for available positions made job-finding generally more difficult.

Other context factors inhered in the facility in which the study took place. The hospital was part of the Veterans Administration system which was established to provide medical and psychiatric care for honorably discharged veterans. They receive treatment for problems whether or not they are related to the individual's military service. A 1977 report by the National Academy of Science concluded that the VA system was too large, that it contained too many beds, and this appeared to result in unnecessary hospitalization. In particular, the report suggested that more than half of the inpatients diagnosed as having psychiatric difficulties did not appear to require hospitalization (National Academy of Science, cited in Holden, 1977). Since all of the subjects in the present study had had psychiatric hospitalizations, one possible effect of the availability of hospitalization (which is free of charge)

may have been to reduce the motivation of these subjects to seek employment by offering them, among other things, room and board.

Hypotheses

Pre- and posttreatment measures. Scores on three self-report measures were obtained from subjects at three times during the course of the experiment: prior to the beginning of treatment, 2 weeks after the beginning of treatment, and at the end of the 90 day follow-up period. These instruments were: the Multiple Affect Adjective Check List (Zuckerman & Lubin, 1965), which contains three subscales measuring anxiety, hostility, and depression; the Assertiveness Job Hunting Survey (Becker, 1980) designed to assess subjects' reactions to different situations that might be encountered in the job search; and the Self-Efficacy Scale designed by the present author to measure subjects' feelings of self-efficacy concerning employment finding.

Hypothesis 1: It was hypothesized that scores on these measures would improve significantly from the first to the second and from the first to the third administrations for both experimental groups. It was also predicted that scores on the second and third administrations would improve significantly more for subjects in the group than in the

individual condition. Such changes, it was thought, would reflect the differential job finding rates in these groups.

Subjects participated in two interviews, one before the start of treatment and one 2 weeks after the treatment began. These interviews were recorded (for the most part on videotape, in some cases on audio tape only) and rated by two advanced graduate students in clinical psychology at Virginia Polytechnic Institute and State University. The interview script was derived from two lists of questions used by Kelly (Kelly, Urey, & Patterson, 1981; Kelly, Note 2), and were rated on a modified form of the Candidate Evaluation Scale, which included the entire CES (Hollandsworth et al., 1979) with the addition of four more response categories adapted from Kelly, Wildman, and Berler (1980). The CES assesses non-verbal (i.e., eye contact) and verbal process (i.e., speech fluency) behaviors, while the four additional categories assess the appropriateness of the content of subjects' verbalizations (i.e., positive information about oneself).

Hypothesis 2: It was hypothesized that modified CES scores would improve significantly from the first to the second interview for both experimental groups and that scores would improve significantly more for the group condition than for the individualized treatment condition.

Outcome measures—Hypothesis 3: It was hypothesized that subjects in the experimental groups would spend less time in the hospital, would be rehospitalized less frequently, and will spend more time employed, that more of them will find jobs, that more of them would find full-time jobs, and start at higher salaries, in a lower percentage of subsidized jobs than will control subjects. It was further hypothesized that subjects in the group condition would perform significantly better on all these measures than would subjects in the individualized condition.

Cost-benefit analysis. Records were kept of the expenditures for the various programs.

Hypothesis 4: It was hypothesized that the experimental groups would prove to be more cost-effective, in terms of number of employed subjects (or alternatively, number of jobs found per group), than would the standard treatment procedure, and that the group method would be more cost-effective than the individualized approach.

Experimental group attendance and job finding. Azrin and Besalel (1980) required that lists of attendance, number of phone calls or interviews, people contacted, and number of resumes and/or applications sent out be kept.

Hypothesis 5: It was hypothesized that attendance at group or individualized experimental sessions would correlate significantly with job-finding.

Method

Design

The design for this study consisted of three groups. The first group of subjects received Job Club training in a group according to the guidelines of the Job Club Counselor's Manual (Azrin & Besalel, 1980). In this condition subjects were run as closely as possible in accordance with the precepts of the manual. However, some modifications were necessary. For example, the manual specified that several phones with extensions be available in the classroom, but financial considerations allowed only for one phone with one extension to be installed.

The second group of subjects received Job Club training on an individualized basis in daily sessions of 30 minutes. These subjects received substantially the same treatment as the subjects in the first group modified to the constraints of a one-to-one situation.

Subjects in both experimental groups also had access to the standard job-finding assistance offered at the hospital where the experiment took place.

Subjects in the standard treatment (only) group had available to them several services, including counseling, job-placement assistance, and vocational aptitude testing. Transportation was also provided in some cases to job sites or to the Virginia Employment Commission Office, where

subjects could obtain state assistance and/or seek certification for the CETA program. The senior counselor also assisted subjects in obtaining CETA employment at the hospital. The nature and extent of the services provided was determined on an individual basis.

Subjects

Subjects were 32 military service veterans (30 male, 2 female). All were psychiatric inpatients at the time they began the study or else had been inpatients within the previous 6 months. Each inpatient was certified as "job ready" by one or more members of his/her ward treatment team. "Job ready" patients were those considered by ward staff to be medically and psychologically capable of working. Efforts were made to recruit individuals who were interested in working in the Salem-Roanoke area. Potential subjects were also advised to check with staff concerning possible loss of benefits for accepting employment as some of them were receiving service connected disability benefits.

Setting

The study was conducted in the Salem, Virginia, Veterans Administration Medical Center which contains approximately 950 beds for the treatment of medical, psychiatric, and surgical patients. It is located in the Salem-Roanoke area which has a population of about 225,000. Unemployment

figures for these cities during the period of time in which this study took place may be obtained by reference to Table 1.

Measures

Background information. Measures of age, sex, race, education, amount of veterans' benefits received, and psychiatric diagnosis were obtained for each patient.

Pre- and posttreatment measures. These measures were obtained prior to the start of treatment, 2 weeks after treatment began, and 90 days from the beginning of treatment.

a. Self-Efficacy Scale (SES)

Subjects perceived self-efficacy, as it relates to job-finding, should be affected by the experience of obtaining, or failing to obtain, employment. Items were included in this scale which were thought a priori to distinguish between efficacy and outcome expectations.

b. Multiple Affect Adjective Check List (Zuckerman & Lubin, 1965)

The learned helplessness model of depression (Abramson, Seligman, & Teasdale, 1978; Seligman, 1975) views depression as resulting from a belief on the individual's part in his inability to control reinforcement, particularly when others are viewed as capable of such control. Given Job Club training, which places responsibility on the client to per-

Table 1

Unemployment Rates

Date	Roanoke	Salem	National
Jan. 1982	8.8	7.5	9.4
Feb. 1982	9.5	8.3	9.6
Mar. 1982	8.9	7.4	9.5
Apr. 1982	9.1	7.1	9.2
May 1982	8.2	7.1	9.1
June 1982	8.6	7.0	9.8
July 1982	9.3	8.5	9.8

perform the instrumental responses leading to the goal of employment, clients were expected to perceive increased ability to control reinforcement resulting in lower scores on the depression subscale of the MAACL. There are also anxiety and hostility subscales on the MAACL.

c. The Assertiveness Job Hunting Survey (AJHS) (Becker, 1980)

This self-report measure assesses subjects' perceptions of their probable performance on various behavioral components of the job hunting interview.

Videotaped interviews. Subjects were videotaped in interviews before the start of treatment and 2 weeks after treatment began with the present author serving as interviewer. On both occasions, subjects were informed that they would be asked to role-play the part of an individual seeking the job of assistant manager of a small supermarket. They were also told that previous experience in this area did not matter, but that they were to be honest with the interviewer and to try to make a good impression.

The interview script was derived from two lists of questions used by Kelly et al. (1981) and Kelly (Note 2). Following Kelly's guidelines (Note 2), the interviewer summarized the subject's responses to five of the questions (1, 3, 5, 7, and 8). After a short pause to make sure that the subject had finished his response, the interviewer

proceeded to the next question. The interviews were rated on the modified CES.

Outcome measures. These measures were assessed at the 3 month follow-up and included:

a. Employment:
    1. Job obtained (Yes or No)
    2. Time to Employment
    3. Full-time (35 hours a week or more) or part-time
    4. Subsidized (e.g., CETA) or unsubsidized
    5. First job starting salary
    6. Number of days worked (including days worked while awaiting discharge)

b. Hospitalization:
    1. Subjects rehospitalized (Yes or No)
    2. Total time hospitalized

Cost benefit analysis. Records were kept of the start-up and operating costs for each group. Total costs were divided by the number of employed persons and the number of jobs found for each group to determine the most cost-effective method.

Attendance and job finding. As part of the Job Club program, Azrin and Besalel (1980) required clients to chart their own progress in terms of such behaviors as number of sessions attended. They specified that counselors were to

suggest to clients that their chances of obtaining employment would increase with the number of sessions attended and the number of interviews obtained. (Interviews were not used as correlational measures as subjects proved to be extremely inconsistent concerning what they termed as "interviews".) Azrin et al. (1980) reported that subjects in several separate groups of welfare recipients had better job-finding success with increased session attendance. (The degree and significance/non-significance of the correlation were not reported.) Session attendance for subjects in both experimental groups was correlated with whether or not the subjects found work to assess the relationship between attendance and job-finding for subjects in the present study.

Procedure

Pilot study. A pilot study involving six subjects was run for 2 weeks. This was done so that the experimenter, who served as trainer in the two experimental groups, could familiarize himself with the procedures and so that possible problems could be identified and resolved prior to the start of the full-scale study.

Full-scale study. It was originally planned that subjects would be matched according to job relevant variables (age, diagnosis, etc.) and then randomly assigned to treatment groups. However, the flow of subjects was slower than

anticipated, and matching was not feasible. Therefore, subjects were assigned to a treatment condition according to a block random procedure. The first subjects to volunteer were randomly assigned either to the individualized or to the standard treatment control group. The next two groups of volunteers were all assigned to the group treatment condition. This arrangement was made before it was known who would be in these groups. Volunteers in the next three groups were again randomly assigned to either the individualized or standard treatment control groups. The last two subjects recruited were randomly assigned one to the standard treatment control group and the other to the group treatment condition. Thus, all subjects, with one exception[1] were assigned to treatment on a chance basis.

Subsequent analysis showed that this process resulted in more alcoholic subjects being assigned to the control group (5 of 11 subjects) than to the individualized treatment group (1 of 10 subjects). These differences were marginally significant ($p = 0.0851$) as shown by the Fisher exact probability test. Other than this, no bias was found to have occurred with regard to subject characteristics in the various conditions.

Job Club group condition. The Job Club Group condition met for 2 hours a day, 5 days a week in a group format. Azrin and Besalel (1980) have specified the procedures

to be followed each day. Activities for the first day included an explanation of the program and the signing of a written contract specifying the obligations of counselor and client. This was followed by introductions of the members, transportation planning, and clarification of job interests. Next, clients started "People I Know" forms which served as lists of potential job contacts and as prompts. The session also included the imparting of information concerning job leads, having clients find leads, role playing and making actual job contacts, filling out time management schedules, homework assignments, and interview rehearsals. The second day was equally highly structured, but succeeding days' sessions were less so to allow for the increased sophistication of clients and to permit more time for the actual job search.

Job bank individualized Job Club condition. Subjects in the individualized condition met five times per week for one-to-one sessions 30 minutes in length. Such a duration was a practical necessity and was thought to more nearly approximate the amount of time an individual would receive for counseling *in vivo*. As previously mentioned, subjects in this group received the same counseling procedures as those in the group format subject to those constraints intrinsic to an individualized format.

Standard treatment group. Members of this group were advised to continue utilizing the vocational services available to them through the counseling psychology department to whatever extent they found this necessary. Thus, except for pre- and posttreatment assessment, they had no formal contact with the experimenter.

All subjects had access to the standard treatment services. Aside from this being the ethical procedure, it is in accordance with the Job Club philosophy of pursuing all leads.

In both experimental groups the trainer continued to meet with subjects until they found jobs or left the program, with one exception being an individual who attended the meetings for several sessions after the present author left and the program was taken over by the hospital and run by a staff member. New subjects were added as they became available and as openings appeared in the various groups. The standard procedure for adding new subjects into an existing group was to hold the first week's meetings separately and then melding the two groups. This was done in the present study the first time new subjects were added to the ongoing group. The second time, only one new subject was added, and it was impractical to meet with this individual for 10 hours. He was therefore added to the existing

group and assisted with the first week's material during the group meetings.

Experimenter

The present author, an advanced student in clinical psychology at Virginia Polytechnic Institute and State University who had previously worked at the hospital, served as the trainer in the experimental groups. Subjects in the standard treatment control group were seen by the three counselors in the counseling psychology department. They also saw subjects in the experimental groups when they sought standard vocational counseling services.

Materials

Each subject in the experimental groups was furnished with a package of materials photocopied from the Job Club manual (Azrin & Besalel, 1980). These materials included interview scripts, answers to interview questions, lists of potential job contacts, and so forth. They were also supplied with stationary, stamps, pencils and pens, and bus tickets to and from interviews in the Salem-Roanoke area. They met in a room outfitted with a table, desks, and chairs, and two telephones, one of which was a private line with an extension so that the trainer or other group member could monitor other members' phone calls and provide feedback on his/her phone performance. Another advantage of the private line was that it bypassed the hospital switchboard

so that subjects could use the phone without fear that their patient status would be compromised by the operator's standard "VA Hospital" salutation when prospective employers returned calls.

Each of the hospital counselors had his/her own office and phone. A limited number of bus tickets was also available for subjects' use in job hunting.

Analysis

Separate internal consistency analyses were performed on the pretreatment measures to assess their reliabilities. Internal consistency ratings were obtained on the three subscales of the MAACL using the Kuder-Richardson 20 formula. The KR-20 formula is used when tests are scored in binary (i.e., yes-no, true-false, etc.) fashion. The reliabilities of the SES, the AJHS, and the CES were assessed using Cronbach's alpha. This statistic is used to assess the internal consistency of tests or rating forms in which a Likert-type answer format is used. In order to assess changes in scores on these measures between the first and second administrations and between the first and third administrations, separate one-way analyses of variance with one between groups factor (type of treatment received) were performed.

For the outcome measures, the one-way analysis of variance technique was used to assess between group

differences where normality of the outcome data distribution could be assumed. Where this assumption was not met, the Kruskal-Wallis one-way analysis of variance was used. The Fisher exact probability test was used to analyze nominal outcome data.

The point bi-serial correlation method was used in testing the hypothesis that attendance at Job Club or Job Bank sessions would be positively related. The Pearson product-moment correlation method was used in determining the interrater reliability of the modified CES.

Collection of Follow-up Data

Inpatient hospital data were available to the examiner from patient records. Employment data were obtained through the mail and by phone and in-person report. The final set of self-report forms was sent through the mail except in cases where the subject was still in the hospital.

Results

Homogeneity of Groups

Preliminary analyses were performed to assess the pre-treatment homogeneity of groups in terms of several employment relevant variables. These were: Age, Race, Diagnosis, and Level of Education.

A one-way analysis of variance (ANOVA) with Group as the independent variable and Age as the dependent variable was used in assessing homogeneity with respect to Age. It was found that the group differences in Age (JC:$\bar{M}$ = 37.55 years; JB:$\bar{M}$ = 33.2 years; ST:$\bar{M}$ = 36.73 years) were not significant ($F[2,29] = 1.30$, $p > 0.10$).

A Kruskal-Wallis one-way ANOVA by ranks was used to assess the effect of the Level of Education variable. The test showed that between groups differences in Level of Education (JC:$\bar{M}$ = 13.63; JB:$\bar{M}$ = 12.50; ST:$\bar{M}$ = 13.09) were not significant ($X^2 = 1.51$, df = 2, $p > 0.10$).

Fisher exact probability tests were used in assessing the homogeneity of groups on the Race and Diagnosis dimensions. Concerning Race, only one series of comparisons was necessary because only subjects characterizing themselves as white (n=22) or black (n=10) were used in the study. Pairwise comparisons (JC vs. JB, JB vs. ST, and JC vs. ST) all yielded probabilities greater than 0.10.

For the Diagnosis variable, a series of pairwise comparisons was made for each of the four diagnostic subcategories. For the schizophrenia subcategory, comparisons all yielded probabilities greater than 0.10. This was also true for the series of comparisons for both the depression and the "other" subcategories. The latter included all those individuals whose diagnoses were not subsumed by the alcoholism, depression, and schizophrenia categories. The JC vs. ST and JC vs. JB group comparisons for the alcoholism subcategory also yielded probabilities greater than 0.10. However, the JB vs. ST group comparison yielded a marginally significant probability of 0.0851. In order to determine whether the assignment of alcoholics to these two groups influenced the results, correlations were performed between diagnosis (alcoholism vs. all others) in the JB and ST groups and the outcome measures. Diagnosis was not significantly correlated with whether or not a job was found ($r_{\phi} = 0.00$), whether or not the subject was rehospitalized ($r_{\phi} = -0.030$), number of days hospitalized ($r_{pb} = 0.290$), number of days until the first job was obtained ($r_{pb} = 0.054$), number of days worked ($r_{pb} = 0.212$), first job starting salary ($r_{pb} = 0.02$), or the likelihood of obtaining either a subsidized ($r_{\phi} = -0.04$) or an unsubsidized ($r_{\phi} = 0.23$) job.

Point-biserial correlations were also calculated between the diagnosis ratings in the JB and ST groups and change scores on the MAACL, AJHS, SES, and the separate CES interview measures. Of these, most failed to reach significance at the 0.05 level. However, the correlation between Diagnosis (alcoholism vs. all others) in the JB and ST groups and second AJHS change score (the score obtained by subtracting each subject's score on the third administration of the measure from the score achieved on the first administration) (r_{pb} = 0.97) was significant beyond the 0.001 level. This unusually high correlation appears to be artifactual. Examination of the raw data suggests that it is due to a few outlying scores which could have exerted considerable influence due to the low number of subjects used in the analysis (n=11). In addition, correlations of Diagnosis (alcoholism vs. all others) in the JB and ST groups with the change scores for three of the interview variables on the CES were significant at the 0.05 level. These variables were "Positive information about job-related past experience and training" (r_{pb} = 0.57), "Positive information about oneself" (r_{pb} = 0.73), and "Verbal expressions of interest and enthusiasm in the position being applied for" (r_{pb} = -0.54). In light of these significant correlations, results regarding these variables must be considered in terms of possible confounding due to the

differential and assignment of alcoholics to the JB and ST groups.

Self-Report Measures

Self-report measures and interview variables were analyzed using change scores as the dependent variables in one-way ANOVA. This was considered appropriate as it directly addressed the question of the usefulness of a particular treatment in effecting improvement on a particular outcome measure relative to other interventions. This analysis allows for initial differences in the dependent variable.[2]

It was hypothesized that subjects in the JC group would improve significantly more than either of the other two groups on the SES, AJHS, and the three subscales of the MAACL. It was also hypothesized that the JB group would improve significantly more than subjects in the ST group. Improvements were hypothesized to occur from both the first to the second administration and from the first to the third administration.

The internal consistency, or homogeneity, of the Self-Efficacy Scale was addressed via the Cronbach's alpha method at 0.51. Cronbach's, or coefficient, alpha is used as the measure of item homogeneity when the items are multiple-scores, as on the SES which utilized a Likert-type format. Change scores were assessed in separate between groups

ANOVAs from the first to the second administration and from the first to the third administration. Neither initial mean change score differences (JC:n=11, $\bar{M}$ = 4.64; JB:n=7, $\bar{M}$ = 6.00; ST:n=9, $\bar{M}$=0.66), (F[2, 24] = 1.40, p 0.05), nor those from the first to the third administration (JC:n=9, $\bar{M}$ = 7.22; JB:n=5, $\bar{M}$ = 5.60; ST:n=6, $\bar{M}$ = -1.66), (F[2, 17] = 2.07, $p > 0.05$) were significant.

Because the AJHS utilized a Likert-type format, the Cronbach's alpha method was used to assess the scale's internal consistency. This was found to be 0.73. No significant differences were found between the initial mean change scores for the three groups (JC:n=11, $\bar{M}$ = 0.455; JB:n=8, $\bar{M}$ = 0.857; ST:n=9, $\bar{M}$ = 4.00), (F[2, 24] = 0.25, $p > 0.05$). Mean differences between the second set of change scores (JC:n=8, $\bar{M}$ = 9.125; JB:n=5, $\bar{M}$ = -4.400; ST:n=6, $\bar{M}$ = 3.333) were also nonsignificant (F[2, 16] = 1.89, $p > 0.05$).

The Kuder-Richardson 20 method was used to assess the internal consistency of the Anxiety, Hostility, and Depression subscales of the MAACL as this technique is appropriate to tests utilizing a "yes-no" format. The internal consistency of the Anxiety sub-scale was assessed at 0.89. A one-way ANOVA was performed on the difference between the initial mean change scores of the JC, JB, and ST groups (JC: n=11, $\bar{M}$ = -0.545; JB:n=7, $\bar{M}$ = -0.714; ST:n=9, $\bar{M}$ = 1.778). These mean scores did not differ significantly (F[2, 24] =

0.89, $p > 0.05$). Differences in mean change scores for the groups (JC:n=8, $\bar{M} = -0.625$; JB:n=5, $\bar{M} = -0.80$, ST: n=8, $\bar{M} = 2.667$) from the first to the third administration were similarly nonsignificant ($F[2, 16] = 0.83$, $p > 0.05$).

The internal consistency of the MAACL Hostility subscale was 0.89. For the Hostility subscale, neither the differences in initial mean change scores (JC:n=11, $\bar{M} = -1.273$; JB:n=7, $\bar{M} = 0.71$; ST:n=9, $\bar{M} = -0.556$, ($F[2, 24] = 0.18$, $p > 0.05$), nor those from the first to the third administration (JC:n=8, $\bar{M} = 1.500$; JB:n=5, $\bar{M} = 0.400$; ST:n=6, $\bar{M} = 2.833$), ($F[2, 16] = 0.30$, $p > 0.05$) were significant.

Internal consistency of the Depression subscale, assessed by the KR-20 method, was 0.93. Initial mean change score differences (JC:n=11, $\bar{M} = -3.273$; JB:n=7, $\bar{M} = 0.857$; ST:n=9, $\bar{M} = 0.667$) were nonsignificant ($F[2, 24] = 1.37$, $p > 0.05$). Differences in mean change scores from the first to the third administration (JC:n=8, $\bar{M} = 4.75$; JB:n=5, $\bar{M} = 1.000$; ST:n=6, $\bar{M} = 4.333$) were also nonsignificant ($F[2,16] = 0.38$, $p > 0.05$).

For none of the five self-report measures was any significant change as a function of treatment noted. The fact that treatment did not result in differential outcomes in job or recidivism related measures would

make it less likely that subjects would change in their beliefs about their personal efficacy or their job hunting assertiveness, or in their feelings of anxiety, depression or hostility, at least as assessed from the first to the third administration (a period of 90 days). Initial change scores might have been thought to reflect changes in the perceptions of subjects who were assigned to one of the experimental conditions, treatments which held the promise of an increased likelihood of finding a job. The fact that several subjects in these groups left treatment after only a few sessions without finding a job suggests that some of these early dropouts, and perhaps others as well, were quite ambivalent about the programs and about finding employment as well.

Interview Variables (Modified Candidate Evaluation Scale)

The modified CES consisted of 12 items, each of which was analyzed separately in terms of score changes from the first to the second administration. In order to determine the extent to which the pretreatment items intercorrelated, an internal consistency analysis was performed on 11 of the items, each of which constituted separate behavioral dimensions upon which subjects were rated. The 12th item was deleted from the analysis as it was a composite or global

item ("Would you hire this candidate?"), the inclusion of which might spuriously inflate the correlation coefficient. The internal consistency of the modified CES, assessed by the KR-20 (as it uses a Likert-type answer format) was 0.90.

The interrater reliability of this measure was also assessed. This analysis provided a correlational measure of the extent to which the two raters agreed in their assessment of subjects' performance on the CES. Eleven of the 12 items were used with the global item again being deleted. The pretreatment scores of all those subjects who agreed to participate (N=31) were included with the exception of those of three individuals for whom only partial scores could be obtained due to equipment failure. Interrater reliability analysis yielded a Pearson product moment correlation of 0.82.

It was hypothesized that subjects in the JC group would show the greatest improvement in terms of score changes from the first to the second administration on each of interview variable. ST group subjects were hypothesized to show the least improvement, while JB group members were hypothesized to show an intermediate level of improvement with all group mean change score differences being significant. However, no significant differences were found on 9 of the 12 items including the global "Would you hire?" item. (See Tables 2-13.) None of the items from the orginal CES

Table 2

Interview Variable 1—

Eye Contact

Group	(n)	Post	Pre	Change	SD	F	p
JC	9	3.22	3.22	0.00	0.66		
JB	4	3.25	3.13	0.13	0.26	1.32	>0.05
ST	3	3.17	3.67	-0.50	0.00		

Table 3

Interview Variable 2—

Loudness of Voice

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	3.45	3.10	0.35	0.82		
JB	8	3.06	2.75	0.31	0.71	0.53	>0.05
ST	8	1.38	1.38	0.00	0.76		

Table 4

Interview Variable 3—

Body Posture

Group	(n)	Post	Pre	Change	SD	F	p
JC	9	2.40	2.89	-0.44	0.63		
JB	4	3.13	3.00	0.13	0.53	1.23	>0.05
ST	3	2.83	3.33	-0.50	0.87		

Table 5

Interview Variable 4—

Fluency of Speech

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	3.10	2.85	0.25	0.59		
JB	8	3.06	2.56	0.50	0.46	1.66	>0.05
ST	8	3.31	3.25	0.06	0.31		

Table 6

Interview Variable 5—

Appropriateness of Content

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	2.75	2.30	0.45	0.76		
JB	8	3.06	2.50	0.56	0.86	1.23	>0.05
ST	8	3.00	3.00	0.00	0.65		

Table 7

Interview Variable 6—

Personal Appearance

Change	(n)	Post	Pre	Change	SD	F	p
JC	9	2.83	2.67	0.16	0.67		
JB	4	3.13	2.75	0.38	0.62	2.79	>0.05
ST	3	2.83	3.50	-0.67	1.19		

Table 8

Interview Variable 7—

Composure

Change	(n)	Post	Pre	Change	SD	F	p
JC	9	2.78	2.89	-0.11	0.60		
JB	4	3.00	2.88	0.13	0.48	0.22	> 0.05
ST	3	3.00	3.00	0.00	0.87		

Table 9

Interview Variable 8—

Positive Information about Job-Related

Past Experience and Training

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	3.00	2.45	0.55	0.86		
JB	8	3.06	2.38	0.69	0.27	5.24	<0.05
ST	8	3.06	3.31	-0.25	0.53		

Table 10

Interview Variable 9—

Positive Information about Oneself

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	3.25	2.75	0.50	0.71		
JB	8	3.25	2.69	0.56	0.41	5.02	<0.05
ST	8	3.06	3.31	-0.25	0.53		

Table 11

Interview Variable 10—

Questions Directed to Interviewer

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	1.85	1.80	0.05	1.23		
JB	8	2.13	2.06	0.06	1.47	3.02	>0.05
ST	8	1.81	3.13	-1.31	1.22		

Table 12

Interview Variable 11—

Verbal Expressions of Interest and Enthusiasm

in the Position Being Applied For

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	2.80	2.20	0.60	0.74		
JB	8	2.94	2.25	0.69	0.92	4.05	<0.05
ST	8	2.81	3.13	-0.31	0.71		

Table 13

Interview Variable 12—

"Would You Hire this Candidate?"

Group	(n)	Post	Pre	Change	SD	F	p
JC	10	2.30	1.75	0.55	1.01		
JB	8	2.50	1.81	0.69	0.93	2.23	>0.05
ST	8	2.38	2.56	-0.19	0.80		

items 1-7, 12) yielded significant differences. On the other hand, three of the four variables adapted from the rating format used by Kelly, Wildman, and Berler (1980) (modified CES items 8-11) did yield significant differences. It should be noted that these measures are those for which significant correlations with Diagnosis (alcoholism vs. all others) in the JB and ST groups were found. Consequently, differences between the JB and ST groups must be interpreted in light of the possible effects of the differential assignment of alcoholics to these two groups.

On interview variable 8 ("Positive information about job-related past experience and training."), a one-way ANOVA revealed a significant difference between the change scores of the JC, JB, and ST groups ($F[2, 23] = 5.24$, $p < 0.05$). Post hoc analysis, using the Duncan multiple range test, revealed that the mean change scores for both the JC and JB groups were significantly greater ($p < 0.05$) than that of the ST group. The difference between mean change scores for the JC and JB groups was not significant. A t-test was performed between the mean change scores of the JC and ST groups (between which there was no differential assignment of alcoholics). The analysis again revealed a significant difference in favor of the JC group ($t = 2.29$, 16 df, $p < 0.05$).

ANOVA of the mean change scores for the three groups on interview variable 9 ("Positive information about oneself.") also yielded significant results ($F[2, 23] = 5.02$, $p<0.05$). Post hoc analysis using the Duncan multiple range test showed that the change scores for both the JC and JB groups reflected significantly more improvement in terms of positive self-disclosure than the ST group ($p < 0.05$). The difference between the means for the JC and JB groups was not significant. A t-test performed between the mean change scores of the JC and ST groups yielded significant differences ($t = 2.48$, 16 df, $p < 0.05$).

Mean change scores did not differ significantly on interview variable 10 ("Questions directed to the interviewer.") ($F[2,23] = 3.02$, $p<0.05$).

On interview variable 11 ("Verbal expressions of interest and enthusiasm in the position being applied for."), ANOVA of the mean change scores for the JC, JB, and ST groups yielded a significant difference ($F [2, 23] = 4.05$, $p<0.05$). Post hoc analysis using the Duncan multiple range test revealed that the differences between both the JC and JB group means and that of the ST group were significant at the 0.05 level, which meant that the first two groups showed more improvement on this variable. The JC and JB group means did not differ significantly. A t-test performed between the mean change scores of the JC and ST groups

again revealed a significant difference ($t = 2.48$, 16 df, $p < 0.05$).

The results of the analysis indicated that group (JC) training significantly improved subjects' performance on 3 of the 11 interview behaviors. All of these were items which reflected changes in the content (as opposed to the process) of subjects' verbalizations. However, these improvements did not affect the dimension of greatest importance, the "Would you hire?" item, in which no significant between groups differences were found ($F[2, 23] = 2.23$, $p > 0.05$).

It is worth noting that there were trends in the direction of positive change for both the JC and JB groups on most of the interview variables for which significance was not found. With a greater number of subjects providing enhanced statistical power, it is quite possible that many of these other interview variables would have reflected significant treatment gains for either or both of the experimental groups.

Outcome Variables

These dependent variables were considered the measures of greatest interest, as they were direct measures of the practical effectiveness of the different programs. All related to some aspect of hospitalization or job-finding. Unfortunately, the different experimental treatments

consistently failed to show significant gains in terms of any of these variables relative to the standard treatment.

The first variable was the number of days subjects spent hospitalized out of a possible 90. It was hypothesized that the JC group subjects would spend the fewest days in the hospital, that the JB group would be hospitalized for an intermediate period, and that the ST subjects would spend the greatest amount of time in the hospital, and that all group differences would be significant. Subjects in the JC group spent a mean 49.00 days in the hospital compared to 42.70 days for the JB subjects and 21.18 days for the ST subjects. A Kruskal-Wallis one-way ANOVA by ranks revealed that the differences were nonsignificant ($X^2 = 1.77$, $df = 2$, $p > 0.05$). The fact that the results were opposite the predicted direction may well have been due to subjects who received the more structured, intensive treatments being kept in the hospital so that they could obtain the full benefit of the program.

It was hypothesized that the number of rehospitalizations would be fewest for the JC group and greatest for the ST group with JB subjects being rehospitalized an intermediate number of times. Four subjects were rehospitalized during the course of the study—each of them once. Three were subjects in the JB group and one was an ST group member. A Kruskal-Wallis one-way ANOVA by ranks revealed that

these differences were not significant ($X^2 = 4.30$, df = 2, $p > 0.05$).

The hypothesis that JC subjects would find their first jobs more quickly than either of the other groups and that JB subjects in turn would find work in a significantly shorter period of time than the ST subjects also was not supported. Subjects in the JC group spent a mean 58.00 days looking for their first jobs, while JB subjects spent a mean 82.10 days prior to finding their first jobs. ST subjects spent a mean 58.82 days before they found work. A Kruskal-Wallis one-way ANOVA by ranks indicated that treatment failed to produce results significant at the 0.05 level ($X^2 = 0.95$, df = 2, $p > 0.05$).

A series of pair-wise comparisons using the Fisher exact probability test was employed to assess the differences between the number of subjects in each group who found jobs. Six of 11 subjects in the JC group obtained either part-time or full-time employment, 3 of 10 subjects in the JB group found work, and 4 of 11 subjects in the ST group were employed at some point during the study. Probabilities obtained by comparing the groups indicated that none of the groups differed significantly from any of the others in terms of the number of employed subjects (JC vs. JB: $p = 0.189$; JB vs. ST: $p = 0.341$; JC vs. ST: $p = 0.236$).[3] It was also found that there were no significant differences

in the number of subjects in the different groups obtaining full-time jobs (JC vs. JB: $p = 0.341$; JB vs. ST: $p = 0.341$; JC vs. ST: $p = 0.341$).

Analysis of the number of days worked by subjects in the different groups failed to support the hypothesis that JC subjects would work the most days (full- or part-time) followed by JB subjects and then ST subjects with all group differences significant. A Kruskal-Wallis one-way ANOVA by ranks indicated that the between group differences were not significant (JC: $\overline{M} = 15.54$; JB: $\overline{M} = 41.0$; ST: $\overline{M} = 10.18$) ($X^2 = 1.13$, df = 2, $p > 0.05$).

It was also found that there were no significant differences between groups in terms of the percentage of unsubsidized jobs found. Pair-wise comparisons were performed by dichotomizing the jobs variable into subsidized and unsubsidized categories and subjecting the resulting 2 X 2 matrices to Fisher exact probability tests. None of the probabilities reached the 0.05 level of significance (JC vs. JB: $p = 0.3001$; JB vs. ST: $p = 0.430$; JC vs. ST: $p = 0.420$). It had been predicted that JC subjects would hold the greatest percentage of unsubsidized jobs, that JB group members would hold an intermediate percentage of unsubsidized jobs, and that the ST group subjects would hold the lowest percentage of unsubsidized jobs with all group differences significant.

A one-way ANOVA was used to assess the differences in mean starting salary for the first job for those in each group who found employment. It was hypothesized that the mean starting salary would be highest for employed members of the JC group, followed by that for employed members of the JB group, and that ST group members would start at the lowest mean salaries, with all group differences significant. The hypothesis was not supported. The results of the analysis revealed that the differences (JC: M = $3.10 per hour; JB: M = $3.34 per hour; ST: M = $3.36) were not significant ($F[2, 9] = 0.130$, $p > 0.05$).

Cost-Benefit Analysis

An effort was made to monitor, as far as possible, the costs incurred in starting and running the three groups in order to estimate the effectiveness of the different programs on both cost-per-job and cost-per-employed person bases. Table 14 presents an itemized list of the costs involved in starting and running each group. The table shows that the ST treatment was the most cost-effective. As can be seen, start-up costs for the ST group were unavailable. It was also apparent that the amount of time spent by various staff members and the experimenter in working with subjects in the various groups could not be reported in a totally reliable fashion. However, even subtacting experimenter and staff costs and start-up costs from the various

Table 14

Cost-Benefit Analysis

	Job Club	Job Bank	Standard Treatment
Costs of VA Counselor	$ 87.15[1]	$ 24.75[1]	$79.25[1]
Experimenter's Salary	1087.75[2]	462.25[2]	00.00
Bus Tickets	64.80[3]	39.20[3]	14.40[3]
Newspapers	21.75[4]	15.00[4]	00.00
Copies of Want Ads	4.02[5]	00.00	00.00
Secretarial Time	(inc. under miscellaneous daily costs)	(inc. under miscellaneous daily costs)	2.88[6]
Miscellaneous Start-up Costs	153.84[7]	153.84[7]	Unknown
Miscellaneous Daily Costs Not Included Elsewhere	337.44[8]	221.57[8]	00.00
Total	$1754.75	$916.61	$96.53
Cost per Employed Person	(6) 292.46	(3) 305.37	(4) 24.13
Costs per Job Found	(7) 250.68	(3) 305.37	(5) 19.31

[1]VA counselors submitted reports of contacts (Appendix E) each time they met with a subject. Therefore, the cost of the counselor's time could be estimated by adding the total amount of time spent by each counselor with subjects in each group and multiplying this figure by a factor which represents the employee's salary on a cost-per-hour basis, using figures supplied by Dr. James J.

Table 14 (Cont'd.)

Lanter, Chief of Psychology at the Salem VAMC: Counselor	Yearly Salary	Cost of Time per Hour (2000 hour year)
1	$21,000	$10.50
2	30,000	15.00
3	39,000	19.50

The final figures were obtained (Table 14) by adding the total costs for the amount of time spent with subjects in each group by any counselor.

[2]Although the present experimenter received no financial remuneration for conducting sessions, it was possible to estimate the worth of his services by determining the salary he would have received had he been hired to run these groups given his academic qualifications (master's degree plus additional credits). Dr. James J. Lanter estimated this figure as $21,494 per year, which represents an hourly figure of $10.75.

[3]Bus tickets cost an average of $0.80 (the cost went from $0.75 to $0.85 during the study). For the JC and JB groups, totals include costs of tickets given by VA counselors.

[4]The following figures are for the local (Roanoke) newspaper only. Out-of-town papers were occasionally purchased for both groups. The costs for these papers were included under "Miscellaneous Daily Costs".

	Job Club	Job Bank
Sunday papers	$ 8.25 (11 editions x $0.75)	$6.75 (9 editions x $0.75)
Saturday papers	.75 (3 editions x $0.25)	.75 (3 editions x $0.25)
Weekday papers	12.75 (51 editions x $0.25)	7.50 (29 editions x $0.25)
Total	$21.75	$15.00

[5]Every JC group subject received a copy (photocopying costs for all materials were figured at $0.02 per copy) of the daily want-ads at each session he/she attended. Photocopying costs were not figured for JB subjects as a single original copy was sufficient when dealing with only one client.

[6]Secretaries were paid $11,490 per year or $5.75 per hour for a 2000 hour year.

Table 14 (Cont'd.)

[7]This figure included the original outlay for such items as pens, paper, and stamps. The most expensive single item was the cost of installing a private phone which was $105.00. Azrin and Besalel (1980) specified that phones with extensions should be available for subjects' use such that they could make and receive calls and monitor each other's phone performance.

[8]This figure represents the costs incurred during the course of the sessions including long distance phone calls, replenishing supplies, and monthly rental on the private phone.

budgets did not materially affect the relative cost-benefit ratio of the different programs (see Table 15).

Correlations of Job Club and Job Bank Attendance Data with Job-Finding

Azrin et al. (1980) and Azrin and Philip (1979) reported that the more Job Club sessions subjects attended the more likely they were to find jobs. Records were kept of each subject's attendance in both the JC and JB groups, and point-biserial correlation coefficients were calculated for each group to determine the relationship between attendance and job-finding. For the JC group, the correlation between attendance and job-finding was -0.029 ($p > 0.05$). The correlation between attendance and job-finding for the JB group was -0.034 ($p > 0.05$). Hence, the hypothesis that subjects remaining in either group would have a greater chance of obtaining employment was not supported.

It was possible to obtain anecdotal information concerning the present status of the Job Club program at the Salem VA Hospital. The staff member who was running the program at the time this was written (April 1983) reported an estimated 15-20% placement rate for approximately 140 clients seen since August 1982. About five of these were CETA placements, and the remainder were unsubsidized. It was reported that many aspects of the Job Club program used in this study have been retained including many of the

Table 15

Cost-Benefit Analysis

	Job Club	Job Bank	Standard Treatment
Bus Tickets	$ 64.80	$ 39.20	$14.40
Newspapers	21.75	15.00	00.00
Copies of Want Ads	4.02	00.00	00.00
Miscellaneous Daily Costs Not Included Elsewhere	337.44	221.57	00.00
Total	$428.01	$275.77	$14.40
Cost per Employed Person	(6) $ 71.34	(3) $ 91.92	(4) $ 3.60
Costs per Job Found	(7) $ 61.14	(3) $ 91.92	(5) $ 2.88

handouts from the manual (Azrin & Besalel, 1980), group role-play interviews, and the private phone line. Clients only participate for 2 weeks, however, and are then sent to pursue leads on their own with some unstructured assistance from the trainer. The description was not considered sufficiently precise to allow any further conclusions to be drawn concerning the efficacy of the Job Club program in this setting.

Discussion

Recent literature has shown that programs which offer unemployed clients assistance in enchancing their job-search skills hold great promise for increasing the effectiveness of their efforts. The Job Club studies have consistently demonstrated the efficacy of that approach in helping subjects with a variety of job handicaps to obtain jobs even in areas of high unemployment. The results of the present experiment are especially disappointing in light of this body of research. Before attempting to arrive at any conclusions regarding the reasons for the present findings, it will be useful to review other variables in order to provide a context for the discussion of the program itself.

The setting in which the study took place was one in which the unemployment rate was consistently lower than the national figure through the 5 month period during which data were collected. Several of Azrin's studies (Azrin et al., 1980; Azrin & Philip, 1979) were conducted in areas where the local rate topped the national rate. In these studies, significant differences in favor of the Job Club over the control methods in terms of number of subjects finding jobs were found. Azrin and Philip (1979) found that over a 6 month period, 95% of Job Club clients described as "job handicapped" (having physical, emotional,

or social handicaps) obtained employment, as opposed to 28% of the comparison group, in a region where the unemployment rate averaged 7.5%. In a study with welfare clients in several different cities, Azrin et al. (1980) found that of those subjects who continued (were not dropouts, excused, or eliminated), 93% found work in an area with an unemployment rate of 9% (Tacoma, Washington), and 86% found work in Harlem, New York, where the unemployment rate was 15%. During this period, the national rate ranged from 6.6% to 7.4%. In the present study, 55% of the JC subjects found work while based in the Salem-Roanoke, Virginia area where the mean unemployment rates for the two cities during March-July, 1982 were 8.8% (Roanoke) and 7.4% (Salem) (from U.S. Dept. of Labor figures supplied by the Virginia Unemployment Commission, Note 1). The national unemployment rate for the same period ranged from 9.1% to 9.8%, a rate appreciably higher than the comparable figure in the Azrin et al. (1980 study (U.S. Dept. of Labor, Note 1). Hence, the region in which the present study took place was relatively better off, by virtue of the local unemployment rates being lower than the national figure, than the areas mentioned above which were used in the Azrin studies. Consequently, the local economy cannot in and of itself be held responsible for the failure of the present study to replicate previous findings. However, anecdotal

information suggests that unemployment rates for lower level jobs were probably quite high. For example, no subject found a job with any of the larger businesses in the Roanoke Valley. Most of those who found unsubsidized jobs obtained them with medium or small sized concerns that were hiring a small number of employees.

The hospital which served as the site of the study offered considerable support to subjects (including room and board for most of them). However, the hospital also was the source of potential disincentives to job finding. For example, those who were in essence being supported by the hospital may not have felt as strongly motivated to find jobs as those who had to pay for food and rent. The hospital is reimbursed by the government on the basis of the number of beds occupied. When the demand for space was less than that available, there may have been a willingness to allow subjects to remain in the hospital while they received additional treatment. This state of affairs was intuitively grasped by one frustrated subject in the JB group, who, after repeated fruitless attempts at obtaining minimum wage employment remarked, "I don't care if I never get a job. I'll just get myself recommitted." Though it is not possible to prove that the hospital's accommodations served to demotivate subjects, it is apparent that Azrin and his colleagues (1980) considered subsidies potentially powerful

disincentives. For example, in an analogous situation, welfare recipients were threatened with the loss of their subsidies if they refused to participate in the study.

One problem with the hospital in relation to possible job sites was that of transportation. Very few of the subjects in any of the groups had their own cars. Most were forced to rely on bus lines. Due to the financial limitations of the study, subjects were generally able to receive only two free bus tickets per day. A few subjects appeared to find this constraining; however, others in the experimental groups were observed to take the bus to a single job site and then return in spite of the agreement in these groups that they were to spend the remainder of the day (where possible) looking for work. It appeared that subjects often failed to make maximum use of the bus tickets they were given. It was not a requirement of the Job Club procedure (Azrin & Besalel, 1980) that program sponsors underwrite all costs of transportation to and from job sites. Where possible, an attempt was made to get group members to share transportation. Thus, it is likely that contextual factors (i.e., unemployment rate, hospitalization benefits, lack of transportation) decreased the efficacy of the Job Club. This perspective suggests the desirability of analyzing the effectiveness of job training programs in the fact of external constraints. Such an

analysis has proven to be fruitful in assessing behavioral programs focused on other problems (Winkler & Winett, 1982).

Another variable external to the program that may have contributed to the present findings was that of the effectiveness of the present experimenter as a group leader. He was not formally trained as a vocational rehabilitation counselor and lacked extensive job contacts in the Salem-Roanoke area. On the other hand, he had considerable professional experience in the hospital that served as the site of the experiment and had previously worked in the counseling psychology department. He also had a background in behavioral psychology compatible with the Azrin and Besalel (1980) approach and had had the opportunity to gain familiarity with the procedures in the Job Club manual by working with pilot subjects. To the extent that the results were due to some failure on the experimenter's (group leader's) part (other than failures involving deviations from the specified procedures), the implicit premise of the program, that the techniques can be learned from a book, becomes suspect, i.e.:

> Opinions in the field differ widely as to the importance of the leader to program outcomes. The Azrin model and the WIN material state that "anyone" can be trained to lead a group. To others, however, the qualities of the leader are the crucial factor, even beyond the content. (Johnson, 1982, p. 50)

Obviously, future research should assess the potential effects of group leader on job-finding outcome variables, especially in a program like the Job Club in which counselor-client contact may run to several dozen hours.

The question of the appropriateness of subjects is also relevant. The authors of the program (Azrin & Besalel, 1980) maintained that "everyone should be considered employable" (p. xii). According to this view, putative subject limitations become irrelevant. Indeed, Azrin and his colleagues have verified the utility of the program with subjects having a variety of "job handicaps" (Azrin & Philip, 1979). What none of the studies has addressed systematically is the issue of subject motivation. Participation in the Job Club-type studies offered a very practical benefit—that of employment. However, it may not be appropriate to assume that subjects invariably desire jobs. They may be highly ambivalent about both the desirability of working and about their capacity to function on the job. Nowhere was the issue more directly, if not explicitly, addressed than in Azrin et al.'s (1980) study with welfare recipients in which subjects were paid stipends to attend and threatened with the loss of their government benefits if they discontinued. Similarly, Hahn and Friedman (1981) concluded that problems in recruitment of subjects for the YES program, set up to assist unemployed, disadvantaged

youth, were due in part to the failure to offer stipends to participants. This was also a problem in another program the authors evaluated—the so-called Job Factory (see also, Shapiro, 1978):

> The importance of stipends for job search participation was dramatically revealed by the failure of the Cambridge program to operate an unstipended cycle of the Job Factory. Recruitment improved rapidly once the decision to pay participants the minimum wage for "working" in the Job Factory was resumed. (Hahn & Friedman, 1981, p. ix)

It should be noted that both the YES program and the Job Factory employed youths as subject.

Subjects who have been hospitalized in psychiatric facilities may feel pressured by staff to participate in a job-finding program despite their uncertainty as to their capacity to handle the demands of even a part-time job. As a result they may take part but undermine their own efforts. Several acts of apparent self-sabotage were noted among Job Club subjects. One is particularly illustrative. A subject had applied to the hospital for a position, and it was possible to speak to one of the interviewers and thus obtain feedback as to the individual's performance in an actual interview situation. This subject had been rated as scoring 3 or better (on a scale of 1 to 4 with 4 being the best possible performance) on 11 of 12 posttreatment interview variables. However, it was reported that during the interview he made reference to an old injury and left the

interviewer with the distinct impression that the subject questioned his ability to handle the physical demands of the job. It is an explicit part of interview training to teach subjects to respond to questions about their health that they have no physical limitations or that they are in good health. The subject was not hired partly due to the comment he had made about his injury. Individual differences in motivation may be obscured in large scale studies, but the importance of individual factors becomes apparent and, indeed, magnified in finer-grain, but small-scale studies.

Alternatively, subjects may desire paid employment but be reluctant to pursue it due to their knowledge of past failures to cope with job-related stress and fears that such stress may precipitate another decrease in their level of functioning. (Implicit in this is the notion that the stresses involved in working are greater than those caused by idleness [i.e., financial hardship, social stigma]). While Azrin and Besalel (1980) neglected this issue, it was central to the original Job Club study (Hunt & Azrin, 1983) in which job-finding assistance was only one of several components of a program designed to reduce recidivism in alcoholics. The subjects also received marital and family counseling, social counseling (Alcoholics were viewed as likely having only a few, heavy drinking friends.), and

home visits by the counselor for the first month after discharge. It is unfortunate that the present Job Club program did not address the importance of possible posttreatment problems of individuals.

To blame subjects for failing to find work would be to engage in "blaming the victim" (Ryan, 1971). Subjects have little power to alter the rules under which the hospital admits, treats, and releases them or the economic conditions that reduce their value in the labor market. However, it is an entirely legitimate research question to ask whether or not a particular program and the population the subjects comprise are appropriately matched. The failure of the present experiment to obtain the hypothesized results can be assumed to be the result of an interaction between internal (program) and external (contextual) factors.

Regarding the findings of no differences between groups on the self-report measures, one possible cause is readily apparent. There were no differences between the groups in terms of any of the job-related measures. Hence, subjects would not be expected to differ with respect to feelings of anxiety, depression, or hostility over the long term (at 90 day follow-up). Similarly, possible feelings of self-efficacy or perceptions of increased assertiveness in job-finding situations, as reflected in the SES and the AJHS respectively, and caused in theory by initial confidence in

the JC or JB programs, might not be expected to be sustained over an extended period in the absence of the validation of these beliefs, that is, if subjects do not actually find jobs. However, no differences were noted on any of these measures over the first 2 weeks of subjects' participation either. A possible reason for this has to do with subject motivation. Three of 11 subjects in the JC group left treatment after only one session. One was being discharged, and he later found work. Two others remained in the hospital for the remainder of the 90 days and found no work. It is probable that the latter two viewed the Job Club experience negatively, and, in general, their self-report data show no positive trends. Other subjects might have remained in the program but could have been intimidated by the demands placed upon them. These subjects could easily fail to exhibit changes in the expected direction if they viewed their own efforts as less than satisfactory or remained ambivalent about the goal of the program.

More specific criticisms can be levelled at two of the measures. The AJHS (Becker, 1980) has not yet been well standardized. It was normed on a college age population and was apparently intended for use with individuals seeking white collar jobs. Internal consistency of the test was 0.73, indicating that for the subjects used in the present study, the test constituted only a marginally homogeneous

measure of assertiveness in job-hunting situations. The SES had an even lower internal consistency coefficient, 0.51. Anastasi (1976) suggests that measures of test homogeneity are relevant to the test's construct validity. The relatively low inter-item correlations of the SES indicate that the test cannot be assumed to be a measure of a unitary construct.

The only hypotheses for which support was found were those predicting that the experimental groups would show significantly greater improvements than would the control group on three of the interview variables. (Results concerning JB subjects must be regarded in light of possible confounding due to the differential assignment of alcoholics to the JB and ST groups.) These were three of the four variables adapted from Kelly, Wildman, and Berler (1980). All three of these items assessed verbal content dimensions, and it was on the content of subjects' verbalizations rather than on verbal process (i.e., speech fluency) or non-verbal behavior (i.e., eye contact) that Azrin and Besalel (1980) placed the most emphasis. However, these differences failed to have any effect on the global "Would you hire this candidate?" item.

The failure of the interview training to impact more generally on the separate interview variables in the JC group can be considered as due to several causes. For one,

there were two early drop-outs who received little or no interview training, but whose data were included in the analysis. Further, although the interview is acknowledged as an important part of job search training (Johnson, 1982), there is no explicit mention in the Job Club manual as to the amount of time that should be devoted to interview training. It specifies that the script should be completed by all clients and that the performance of every subject on each question should ultimately be flawless. It was possible to get through all of the questions, but it would have been necessary to neglect other components of the program in order even to approach the ideal of perfect performance for all subjects within 2 weeks. For example, it was also specified that subjects were to begin making phone calls to prospective employers onthe first day. There was no mention of any priority to be attached to any of the components with the exception of one or two items which were listed as optional. The levels of initial interview skills and the rates with which further skills were acquired varied widely in the JC group. Some subjects were hindered in these respects by specific handicaps. One had a stutter and another had suffered a stroke that left his short-term memory impaired. It is perhaps indicative of the general state of affairs that most subjects had difficulty learning the "positive approach" to providing feedback to other group

members about the quality of their interview role-playing. Many were prone to point out deficiencies even after instructions to mention only positive aspects of someone else's performance. Once subjects had learned to provide positive feedback, it took some time to teach them to specify positive aspects of a performance. Prompts were often necessary since general comments like, "I thought it was good," were frequent.

In summary, the problems observed with interview role-playing appeared attributable to a combination of subject heterogeneity in terms of pretreatment level of interview skills and to a lack of sufficient emphasis on this component of the program. The result was a situation in which there was an emphasis on getting through the script within the first several days with little opportunity to attend to specific problems of individual subjects. However, it should be reiterated here that an appropriately greater number of subjects and the consequent increased statistical power might have resulted in significant differences in favor of either or both of the experimental programs.

It should also be noted that the psychological literature does not provide consistent support for the efficacy of behavioral interview training. In a study by Keil and Barbee (1973), subjects in an experimental group received videotape feedback on pretreatment interviews and a session

with a trainer during which subjects identified and modified deficient behaviors. Subjects in this group were found at posttreatment to have improved significantly more ($p < 0.05$) on 3 of 19 behavioral measures than did controls who received no training. However, there were no significant differences between the two groups on a "Would you hire this candidate?" item.

Austin and Grant (1981) studied the effects of several interventions on interview behavior. All subjects participated in pre- and posttreatment interviews. All treatment groups received information concerning appropriate interview behavior. In addition, one group of subjects took part in a mock interview, and a second group viewed and critiqued an employment interview conducted by a professional. Subjects in a third group viewed their pretreatment interviews but received no feedback, while a fourth group viewed their interviews and obtained feedback concerning their performances from other subjects and the trainer. A fifth group received only information and a group of control subjects received no treatment. It was found that on a single interview variable all treatment groups had improved significantly more ($p < 0.01$) than the control group but that there were no differences among the treatment groups on this variable. None of the other

interventions had an incremental utility over that of simply providing subjects with information.

In the present study, the manipulations failed to effect changes in the employment related variables. While none of the differences was significant, there was a non-significant trend for Job Club ($\bar{M}$ = 49.00 days) and Job Bank ($\bar{M}$ = 42.70 days) subjects to remain hospitalized longer than Standard Treatment ($\bar{M}$ = 21.18 days) subjects; a trend opposite the predicted direction. The most likely explanation is that subjects in the JC and JB groups were allowed to remain in the hospital longer because they were being given intensive treatment. The experimenter had explicitly requested that subjects not be kept in the hospital solely because they were participants in the present study. However, after the study had commenced, one staff member confided to the experimenter that a subject in the JB group had been told by ward staff that he would not be discharged until he found a job. Despite the request, another staff member asked the experimenter if he wanted subjects held in the hospital for an extra period of time while they were participating. It seems likely that some ward staff felt that subjects were receiving necessary treatment and should continue to stay in the hospital. This anecdotal information certainly does not constitute proof of the hypothesis, nor is it intended to. It is simply the only

available evidence in support of the most plausible explanation for these findings.

Mean number of days unemployed prior to first job was almost exactly the same for the JC ($\bar{M}$ = 58.00 days) and ST ($\bar{M}$ = 58.82 days) groups. The much longer mean period for the JB group ($\bar{M}$ = 82.10 days) may be in part a methodological artifact. Subjects were assumed to be unemployed for every day they failed to report that they were working. Hence, if a subject was lost to follow-up, he was assumed to be unemployed from the day that contact was lost. Four of the 10 subjects in the JB group left treatment without having found jobs (One of these reported having found work, but this could not be confirmed.) and at some point became lost to further follow-up.

It is quite likely that the same explanation was also partly responsible for the lower mean number of days worked for the JB group ($\bar{M}$ = 4.10 days), relative to the figures for the JC and ST groups ($\bar{M}$ = 15.54 and $\bar{M}$ = 10.18 days), respectively.

No marked trends were noted for the variables of number of jobs found, starting salary for first job, or job-type (number finding full-time employment, subsidized vs. unsubsidized). There are several possible reasons for the failure of the JC and JB programs to achieve the hypothesized results. Many of these, the economy, the setting, the

experimenter, and subject variables, have already been mentioned, and the Job Club program may be at fault as well. The present study represents only the second attempt to assess the effectiveness of individual components of the Job Club program. This experiment failed to yield evidence for the superiority of a group format over an individualized approach. In the other available study to date, Azrin et al. (1982) concluded that behavioral supervision of subjects led to greater rates of employment than simply imparting the informational content. Consequently, it is appropriate to consider the role of supervision in the outcome of the present study. Attempts were made to adhere, as closely as possible, to the guidelines set forth in the Job Club Counselor's Manual (Azrin & Besalel, 1980). However, as in the Job Club programs observed by the Olympus Research Corporation (Johnson, 1982) (see quote, p. 29 of this study), there were some violations of these procedures. The most frequent difficulty was in adhering to the "Brief Talk" and "Automatic Rotation" rules. The former specified that the counselor was to spend no more than 2 to 3 minutes explaining a new procedure, task, or concept, while the latter stated that the counselor should rotate in an orderly fashion among subjects about every 90 seconds One problem resulted from a frequent failure to make clear in the alloted time the particular idea being introduced.

Much of the material was quite new to subjects, and frequent clarification and reiteration were necessary. Also, it was sometimes necessary to spend more than the specified period of time with a subject when h/she had a particularly pressing problem. Under ideal circumstances, peers would have assisted in the resolution of many of these difficulties. However, it was commonly observed that the "buddy system" generally failed to operate, as was the case in the WIN Job Clubs observed by the Olympus Research Corporation (Johnson, 1982).

In some cases, problems were created by attempts to adhere to the program. One rather vivid example of this involved the use of the telephone scripts provided to subjects which they used first to role-play making calls to prospective employers and then to aid them in making actual telephone contacts. As Johnson pointed out:

> Making cold calls on the telephone is very alien to most people. They need practice just to become familiar with a more "pushy" role than the one they are normally accustomed to. (Johnson, 1982, p. 43)

In fact, many individuals were extremely uncomfortable with this script. While subjects were able to reach the role-play criterion of performing the script correctly, it was obvious that much more time could profitably have been spent in practicing this task prior to making actual calls. Consequently, it was noted that subjects neglected to use

the scripts and had to be reminded to do so. Subjects had a great deal of material to learn and several tasks to begin the first day.

Many such behaviors were undoubtedly quite different than those they had previously used in such situations (for instance, making a polite request to a manager or owner for a job interview, instead of simply asking a secretary if the company were hiring at the moment). Thus, negative transfer may have been operating in some instances such that the new, more appropriate behaviors would require a lengthy period of time to become established. In other words, it appears that many behaviors were not learned due to insufficient practice.

While the approach to teaching interviewing that Azrin and Besalel (1980) used may be criticized, the need for many subjects to improve their interview skills is undeniable. On the other hand, some tasks included in the manual may reasonably be considered to be of questionable value since the book makes no distinctions concerning subject differences. For example, virtually all subjects in the JC and JB groups might have been considered for practical purposes unqualified due to education, training, and/or experiential deficits for professional or "white collar" positions. In fact, very few desired or attempted to obtain such jobs.

Despite this, all JC and JB subjects were required to formulate resumes at a cost of considerable time and energy.

> Personnel in the field differ on whether the resume is a useful labor market tool, especially for lower-skilled workers and youth. Since ORC observers were unable to identify any research on this subject that applied to lower skilled occupations, it remains in the area of conjecture. (Johnson, 1982, p. 100)

The presentation of a resume to a prospective employer by an individual seeking white-collar employment is almost a given. However, it is at least arguable that a resume may harm the applicant for a non-rpofessional position by making him appear overqualified and suggesting that he will become dissatisfied with the position and seek to move on at the earliest opportunity.

Other components of the program may also be questioned as to their practical utility. For example, the reliance on the "buddy system" which, according to Johnson (1982) never materialized in the WIN Job Club programs observed by the Olympus Research Corporation, and appeared to operate only sporadically in the present study might lead to further problems to the extent that other components of the program depend on the operation of this informal peer support group. However, the resume seemed least cost-efficient in the present study. Testing the resume's usefulness would certainly be a desriable aspect of future component analyses.

The next hypothesis stated that the most cost-effective method of job-search training would prove to be the Job Club group method, that the individualized (JB) approach would be of intermediate utility, and that the standard treatment method would be least cost-effective. In fact, the ST approach was by far the most economical method. Two possible reasons for this were apparent. One is the fact that the experimenter spent much more time with JC and JB subjects than ST counselors did with their subjects, and due to the high degrees of time expenditure the major costs of running the JC and JB groups lay in the salaries paid to the counselor (see Table 14).

Related to this is a second possibility which had to do with the continuation of the Comprehensive Employment and Training Act (CETA) program which subsidized a number of temporary positions at the hospital. This enabled some subjects in all groups to obtain employment at the hospital by applying through the counseling psychology department. Without the CETA program (which was supposed to be eliminated at almost any time during the study due to federal budget cutbacks) ST counselors might have been required to expend more time relative to the number of positions their subjects found.

However, this is not intended as an argument for the superiority of either experimental program. Several of the

jobs in these groups were CETA funded as well. The point to be made here is simply that without the ready availability of CETA, a more appropriate test of the effectiveness of the different approaches would have been possible.

Under the circumstances, the standard treatment approach was the most cost-effective. One factor could not be considered in this analysis that might have altered the results in favor of the JC group since more subjects in this group found jobs than in either of the other two. That factor was the possible long-term reduction in the cost of rehospitalization of subjects whose functioning was improved by employment. Unfortunately, a theoretical basis for this hypothesis is lacking. Previous studies of recidivism have generally used employment as an outcome or dependent measure. No study was located that utilized employment as an independent variable in a research design such that it was possible to assess its effectiveness in reducing rehospitalization rates. Studies have demonstrated a relationship between unemployment and first admissions to mental hospitals (Barling & Handal, 1980; Brenner, 1973), but it has not yet been demonstrated conclusively that having a job prevents recidivism. However, Fairweather's work (Fairweather et al., 1969) demonstrated the efficacy of employment plus a supportive living arrangement in reducing rehospitalization rates. It is possible

that two populations of mental patients exist relative to the issue of employment. One group might be those whose pathology is reactive to the potentially extreme stress of job loss. Perhaps these individuals would only require jobs to produce remission of psychiatric symptomatology. A second group could be those for whom the issue of employment, both as cause and cure of their difficulties, is largely irrelevant. (The second group might include individuals whose pathology is endogenous, for example.) If so, the issue of subject selection assumes considerable importance in program design.

The last set of hypotheses addressed the issue of the relationship between session attendance and job-finding in the JC and JB group. It was predicted that attendance would correlate positively and significantly with job-finding in both groups. The hypotheses were not supported. Two of the subjects in the JC group obtained employment after attending only briefly. Two others attended for several weeks without finding anything. With a small number of subjects (n=11), just a few subjects performing contrary to expectations may result in nonsignificant findings. In the JB group, 4 of 10 subjects were lost to follow-up. Of the remaining 6, 3 found work and a fourth claimed a job that could not be confirmed. Had follow-up been possible with all 10 subjects, the results for the JB

group might have been as predicted. However, given the existing data, the obvious and parsimonious conclusion is that attendance at either JC or JB sessions bore no relationship to whether or not subjects found work. Given the lack of significant between group differences, it can only be assumed that the mechanism through which subjects found jobs consisted of a factor or factors independent of treatment received. Examples of such factors include fortuitous circumstance and individual initiative.

The present JC and JB programs must be considered failures in a practical sense. This is perhaps not surprising given that they were both adapted more or less directly from the manual (Azrin & Besalel, 1980) without regard to the particular needs of the patients at the hospital. However, with appropriate modifications based on a thorough needs assessment, considerable benefit might well be derived from the Job Club program at this treatment facility.

In summary, the Job Club and Job Bank programs failed to prove significantly more useful as means of finding jobs or reducing length of hospitalization than the standard treatment. This was probably due to an interaction of factors both internal and external to the program including those related to the local economy, experimenter, subjects, hospital, and separate components of the programs

themselves. While future research should continue to be concerned with analyzing the effectiveness of individual program components, researchers must ultimately concern themselves with the development of a methodology which will permit the definition of appropriate assessment procedures. These would in turn specify a treatment package containing those components best suited to the particular situation.

In addition, the failure of some subjects to hold jobs they had obtained indicates the importance of utilizing other treatments to help insure the subjects' posttreatment stability. The Job Club was originally part of a total treatment package (Hunt & Azrin, 1973). Future experimenters using psychiatric patients as subjects should consider the types of support that these individuals will require and incorporate appropriate interventions into their programs.

Reference Notes

1. U.S. Department of Labor figures supplied by the Virginia Employment Commission, 1982.

2. Kelly, J. A. Unpublished interview script. Jackson, Mississippi, University of Mississippi Medical Center, 1981.

References

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. Learned helplessness in humans: Critique and reformulation. Journal of Abnormal Psychology, 1978, 87, 49-74.

Anastasi, A. Psychological testing (4th ed.). New York: Macmillan, 1976.

Anthony, W. A., Buell, G. J., Sharratt, S., & Althoff, M. E. Efficacy of psychiatric rehabilitation. Psychological Bulletin, 1972, 78, 447-456.

Anthony, W. A., Cohen, M. R., & Vitalo, R. The measurement of rehabilitation outcome. Schizophrenia Bulletin, 1978, 4, 356-383.

Azrin, N. H. Improvements in the community approach to alcoholism. Behaviour, Research & Therapy, 1976, 14, 339-348.

Azrin, N. H., & Besalel, V. A. Job Club counselor's manual: A behavioral approach to vocational counseling. Baltimore: University Park, 1980.

Azrin, N. H., Besalel, V. A., Wisotzek, S., McMorrow, M., & Bechtel, R. Behavioral supervision versus informational counseling of job seeking in the Job Club. Rehabilitation Counseling Bulletin, 1979, 23, 144-155.

Azrin, N. H., Flores, T., & Kaplan, S. J. Job-finding club: A group assisted program for obtaining employment. Behaviour, Research & Therapy, 1975, 13, 17-27.

Azrin, N. H., & Philip, R. A. The job-club method for the job handicapped: A comparative outcome study. Rehabilitation Counseling Bulletin, 23, 144-155

Azrin, N. H., Philip, R. A., Thienes-Hontos, P., & Besalel, V. A. Comparative evaluation of the Job Club program with welfare patients. Journal of Vocational Behavior, 1980, 16, 133-145.

Azrin, N. H., Philip, R. A., Thienes-Hontos, P., & Besalel, V. A. Follow-up on welfare benefits received by the job club clients. Journal of Vocational Behavior, 1981, 18, 253-254.

Bandura, A. Self-efficacy: Toward a unifying theory of behavior change. Psychological Review, 1977, 84, 191-215.

Barbee, J. R., & Keil, E. C. Experimental techniques of job interview training for the disadvantaged: Videotape feedback, behavior modification, and microcounseling. Journal of Applied Psychology, 1973, 58, 209-213.

Barling, P. W., & Handal, P. J. Incidence of utilization of public mental health facilities as a function of short-term economic decline. American Journal of Community Psychiatry, 1980, 8, 31-39.

Beales, H. L., & Lambert, R. S. Memoirs of the unemployed. England: E. P. Publishing Limited, 1934, 1973.

Becker, H. A. The assertive job-hunting survey. Measurement and Evaluation in Guidance, 1980, 13, 43-48.

Becker, P., & Bayer, C. Preparing chronic patients for community placement: A four-stage treatment program. Hospital and Community Psychiatry, 1975, 26, 448-450.

Brenner, M. H. Mental illness and the economy. Cambridge: Harvard University Press, 1973.

Brook, B. D. An alternative to psychiatric hospitalization for emergency patients. Hospital and Community Psychiatry, 1973, 24, 621-624.

Buss, A. H. Psychopathology. New York: John Wiley and Sons, Inc., 1966.

Catalano, R., & Dooley, C. D. Economic predictors of depressed mood and stressful life events in a metropolitan community. Journal of Health and Social Behavior, 1977, 18, 292-307.

_____. Diagnostic and statistical manual (3rd ed.). Washington, D.C.: American Psychiatric Association, 1980.

Durkheim, E. Suicide: A study in sociology. Glencoe, Ill.: Free Press, 1951.

Eisenburg, P., & Lazarsfeld, P. F. The psychological effects of unemployment. Psychological Bulletin, 1938, 35, 358-390.

Eisler, R. M., & Frederiksen, L. W. Perfecting social skills: A guide to interpersonal behavior development. New York: Plenum Press, 1980.

Fairweather, G. W. The development of group process in treatment with mental patients. In G. W. Fairweather (Ed.), The Fairweather lodge: A twenty-five year retrospective. San Francisco, Calif.: Jossey-Bass, Inc., 1980.

Fairweather, G. W., Sanders, D. H., Maynard, H., & Cressler, D. L. Community life for the mentally ill. Chicago: Aldine Publishing Co., Inc., 1969.

Fairweather, G. W., Sanders, D. H., & Tornatsky, L. G. Creating change in mental health organizations. New York: Pergamon Press, Inc., 1974.

Fairweather, G. W., & Tornatsky, L. G. Experimental methods for social policy research. Great Britain: Pergamon Press, Inc., 1977.

Flomenhaft, K., Kaplan, D. M., & Langsley, D. G. Avoiding psychiatric rehospitalization. Social Work, 1969, 16, 38-45.

Granovetter, M. S. Getting a job: A study of contacts and careers. Cambridge, Mass.: Harvard University Press, 1974.

Gurney, R. M. The effects of unemployment on the psychosocial development of school leavers. Journal of Occupational Psychology, 1980, 53, 205-213.

Hahn, A., & Friedman, B. The effectiveness of two job search assistance programs for disadvantaged youth. Center for Employment and Income Studies, Heller Graduate School, Brandeis University, 1982.

Hartley, J. F. The impact of unemployment upon the self-esteem of managers. Journal of Occupational Psychology, 1980, 53, 147-155.

Haven, G. A., & Wood, B. S. The effectiveness of eclectic group psychotherapy in reducing recidivism in hospitalized patients. Psychotherapy: Theory, Research, and Practice, 1970, 7, 153-154.

Herz, M. I., Endicott, J., Spitzer, R. L., & Misinkoff, A. Day versus inpatient controlled hospitalization: A controlled study. American Journal of Psychology, 1971, 127, 107-117.

Hilaski, H. How poverty area residents look for work. Monthly Labor Review, 1971, 94, 411-413.

Holden, C. V.A. hospital system under scrutiny. Science, Oct. 10, 1977, 198, 36-37.

Hollandsworth, J. G., Jr., Glazeski, R. C., & Dressel, M. E. Use of social skills training in the treatment of extreme anxiety and deficient verbal skills in the job interview setting. Journal of Applied Behavior Analysis, 1978, 11, 259-269.

Hunt, G. M., & Azrin, N. H. A community reinforcement approach to alcoholism. Behaviour, Research, and Therapy, 1973, 11, 91-104.

Jacobs, M. K., & Trick, O. L. Successful psychiatric rehabilitation using an inpatient teaching laboratory—a one year follow-up study. American Journal of Psychiatry, 1974, 131, 145-148.

Jahoda, M., Lazarsfeld, P. F., & Zeisel, H. Marienthal: The sociography of an unemployed community. Chicago: Aldine-Atherton, Inc., 1933, 1971.

Johnson, M. The state of the art in job search training. U.S. Dept. of Labor, Office of Research and Development, Employment and Training Administration, 1982.

Jones, R. J., & Azrin, N. H. An experimental application of a social reinforcement approach to the problem of job-finding. Journal of Applied Behavior Analysis, 1973, 6, 345-353.

Kasl, S., Gore, S., & Cobb, S. The experience of losing a job: Reported change in health symptoms and illness behavior. Psychosomatic Medicine, 1975, 37, 106-122.

Kelly, J. A., Laughlin, C., Claiborne, M., & Patterson, J. A group procedure for teaching job interviewing skills to formerly hospitalized psychiatric patients. Behavior Therapy, 1979, 10, 299-310.

Kelly, J. A., Wilsman, B. G., & Berler, E. S. Small group behavioral training to improve the job interview skills repertoire of mildly retarded adolescents. Journal of Applied Behavioral Analysis, 1980, 13, 461-471.

Kelly, J. A. Urey, J. R., & Patterson, J. Small group interview skills training in the mental health center setting. Behavioral Counseling Quarterly, 1981, 1, 202-212.

Kiesler, C. A. Mental hospitals and alternative care: Noninstitutionalization as potential public policy for mental patients. American Psychologist, 1982, 37, 349-360.

Kneipp, S. A., Vandergoot, D., & Laurence, R. E. An evaluation of two job-search skills training programs in a vocational rehabilitation agency. Rehabilitation Counseling Bulletin, 1980, 23, 202-208.

Lamb, H. R., & Gortzel, V. Discharged mental patients: Are they really in the community? Archives of General Psychiatry, 1971, 24, 29-34.

Little, C. B. Technical-professional unemployment: Middle class adaptibility to personal crisis. The Sociological Quarterly, 1976, 17, 262-274.

Marshall, J. R., & Funch, D. P. Mental illness and the economy: A critizue and partial replication. Journal of Health and Social Behavior, 1979, 20, 282-289.

_____. New York Times, December 5, 1982.

Oliver, A. M., & Pomicter, C. Depression in automotive assembly-line workers as a function of unemployment variables. American Journal of Community Psychiatry, 1981, 9, 507-512.

Purvis, S. A., & Miskimins, R. W. Effects of community follow-up on post-hospital adjustment of psychiatric patients. Community Mental Health Journal, 1970, 6, 374-382.

Rappaport, J. Community psychology: Values, research, and action. New York: Holt, Rinehart, and Winston, 1977.

Reid, G. L. Job search and effectiveness of job finding methods. Industrial and Labor Relations Review, 1972, 21, 13-19.

Roberts, D. C. Evaluation of job track: A youth job search demonstration. U.S. Dept. of Labor, Employment and Training Administration, 1982.

Rosenfeld, C. Jobseeking methods used by American Workers. Monthly Labor Review, 1975, 98, 39-42.

Roy, A. Vulnerability factors and depression in women. British Journal of Psychiatry, 1978, 133, 106-110.

Ryan, W. Blaming the victim. New York: Random House, 1971.

Seligman, M. E. P. Helplessness: On depression, development, and death. San Francisco, Calif.: Jossey-Bass, 1975.

Shapiro, B. Employment and self-esteem: An evaluation of the Cambridge Job Factory, a Manpower program under the Comprehensive Employment and Training Act (CETA). Unpublished Ph.D. dissertation, Medford, Mass.: Tufts University, 1978.

Sheppard, D. M., & Barraclough, B. M. Work and suicide: An empirical investigation. British Journal of Psychiatry, 1980, 136, 469-478.

Sheppard, H. L., & Belitsky, A. H. The job hunt: Jobseeking behavior of unemployed workers in a local economy. Baltimore, Md.: The Johns Hopkins Press, 1966.

Stein, L. I., Test, M. A., & Marx, A. J. Alternatives to the hospital: A controlled study. American Journal of Psychiatry, 1975, 132, 517-521.

Vigderhous, G., & Fishman, G. The impact of unemployment and familial integration on changing suicide rates in the U.S.A., 1920-1969+. Social Psychiatry, 1978, 13, 239-248.

Williams, R. A., & Walker, R. G. Schizophrenics at time of discharge. Archives of General Psychiatry, 1961, 4, 87-90.

Winkler, R. C., & Winett, R. A. Behavioral interventions in resource conservation: A systems approach based on behavioral economics. American Psychologist, 1982, 37, 421-435.

Wortman, C. B., & Brehm, J. W. Responses to uncontrollable outcomes. An integration of reactance theory and the learned helplessness model. In L. Berkowitz (Ed.), Advances in experimental social psychology (vol. 8). New York: Academic Press, 1975.

Zuckerman, M., & Lubin, B. The multiple affect adjective checklist. California: Educational and Industrial Testing Service, 1965.

Footnotes

[1]The exception was an individual who agreed to participate and then informed the experimenter that he would be taking part in an extended series of vocational aptitude tests. In a sense, he had assigned himself to the standard treatment control group. Due to the difficulty in obtaining subjects, it was decided to leave him in the study as a member of the standard treatment control group.

[2]The author is grateful to Dr. D. A. Bownas for his advice on this and other issues concerning the data analysis.

[3]One subject in the ST group directly approached the experimenter after his assignment to the group, but prior to the first day of his participation, for assistance in job-finding. The experimenter provided him with information as this subject claimed his situation was urgent. This subject subsequently obtained employment at least partly as a result of the experimenter's intervention. This subject's data were included in the analysis. However, deleting his data did not lead to significant differences in number of jobs found. (JC v. JB: $p = 0.189$; JB vs. ST: $p = 0.372$; JC vs. ST $p = 0.189$).

APPENDICES

APPENDIX A

INFORMATION AND PERMISSION FORM

Information

Purpose of the Study: The purpose of this study is to test some different ways of helping people find jobs. Therefore, one possible benefit to those taking part in the study will be a better chance of finding a job.

Description of the Study: Anyone who takes part in the study will be put in one of three groups. Each of these groups will receive a different kind of help in finding jobs. Those taking part will be asked to fill out some questionnaires and to be interviewed at two separate times over a period of two weeks. During those two weeks, those taking part in the study will be asked to attend several sessions at which a VA counselor will assist them in finding jobs. The number of times these sessions meet will depend on which group a person is in, and how soon he gets a job. Those taking part will be asked to attend these sessions until they find a job, even if this takes longer than two weeks.

As was mentioned before, one possible benefit of being in this study is a better chance of finding a job. However, since no guarantee of a job is made, all subjects taking part in the study through the second week, which includes the second interview and filling out questionnaires the second time, will be paid $2.00.

The study takes place over a total period of 90 days. Part of this study involves keeping in contact with people after they leave the hospital to find out, by having them answer some more questions, whether or not the help they have been given leads to finding a job, staying out of the hospital, making more money, and so forth. Therefore, those taking part in the study will be asked to fill out records of their work attendance about every two weeks for 90 days. At the end of 90 days, those remaining in the study will be asked to fill out some questionnaires again, and after completing these, will be paid another $2.00.

If you take part in this study, your identity as a patient at the VA hospital will be kept confidential, with some exceptions. First, your videotaped interviews will be seen by two graduate students in clinical psychology at Virginia Tech, who will be able to see your face, but will not know your full name. No one else outside the VA will see the films. Also, as part of this study, it may be necessary that you be known to other patients taking part in the study, as well as various VA staff.

If you get a job, you will be asked to provide the name and business phone number of someone where you work who will agree to be contacted and who will confirm that you are working there. The VA employee who contacts this person will say only that he is running a research project on "work" from Virginia Tech and that you are taking part. You will not have to tell anyone at work that you were in the VA hospital. Also, depending upon the group you are in, a letter may be sent to your family (or whoever you live with) which describes the type of job-finding help you are getting. The purpose of this letter would be to gain your family's support for your efforts to find a job. No reference will be made concerning you as a VA patient to anyone where you live.
You may choose to take part in the study, and then you may quit at any time, if you change your mind. There is no penalty for this. However, before deciding whether or not to take part, please bear in mind the fact that much time and effort will be put forth by those sponsoring and running the study, so it is asked that you <u>not</u> agree to take part in this project unless you are really interested in finding a job. You may ask questions at any time.

Your taking part in this study will have <u>no</u> effect on any disability compensation or benefits you are now receiving or may get in the future, although it is possible that actually getting a job may result in the loss of some or all of your benefits. You should consider and look into this possibility before deciding whether or not to take part in this project. Taking part in this study will not affect your hospitalization or the treatment you receive. You may leave the hospital and still take part in the study as an outpatient.

Consent Form

I, _____, volunteer to take part in a study on job-finding. I have had the purpose of this study explained to me and I understand that I will be asked to answer questions about my feelings, thoughts, and work record, and will also be asked to take part in two test interviews, which will be videotaped, and shown to graduate students in clinical psychology at Virginia Tech, who will rate my performance. These students will not be given my full name. As was mentioned in the accompanying information sheet, I know that I will be asked to contact someone at work, assuming I get a job, who will confirm that I am actually working where I say I am, but that this will not involve telling anyone at work that I was a patient at the VA hospital. I also agree to be contacted at home by mail, phone or in person, if necessary, so that additional questions may be answered. I also understand that, depending on the group I am in, a letter may be sent to my family (or whoever I am living with) to gain their support for my efforts to find a job. None of this will involve telling anyone where I live that I was a VA patient. I understand that, due to the nature of this study, confidentiality regarding my identity cannot be maintained with regard to other patients taking part. I know that, as a VA employee, the person running this study has access to my hospital records, and I agree to allow data regarding the nature and extent of my hospitalization to be taken from my records for use solely in this study. With the exceptions mentioned above, my identity, responses to questions, and the fact that I am taking part in this study will be kept confidential.

I understand that, as a result of taking part in this study I <u>may</u> be successful in finding a job, but that simply taking part in the study will have no effect on any disability compensation or benefits I am getting now or might get in the future. I also understand that nothing I do in the course of taking part

in this study will affect my hospitalization or the treatment I receive. I do understand, however, that actually getting a job may affect benefits or compensation I am getting now or may get in the future.

I know that I may ask questions at any time, and that I may refuse to participate further without penalty. Finally, I know that this study will last for about 90 days from the time I start taking part, and I agree to be contacted at various times during this period, whether or not I am still in the hospital so that additional questions may be answered.

Signature	Witness	Date

Feel free to contact the sponsor of this study (Dr. Richard Winett, Psychology Dept., Virginia Tech, telephone 961-6275) regarding any questions you have about this study.

APPENDIX B

SUBJECT BACKGROUND DATA FORM

Name_____

Questionnaire

1. How old are you? _____

2. What was the highest grade in school that you completed? (Circle one)

   7th grade or less 8th-11th grade 12th grade (graduated high school) or G.E.D.

   Received schooling beyond high school (college, technical school, etc.)

3. This is a question about your present hospitalization. Counting backwards from today, how long has your present hospitalization been? (Circle one)

   2 months or less More than 2 months

4. What is the total amount of time in the last five years that you have been employed? (Circle One)

   Less than 2 years from 2 years to 4 years

   more than 4 years

5. Do you have any family in the Salem-Roanoke area (living within the cities of Salem or Roanoke or within 1 mile of the city limits of either city)? (Circle one)

   Yes No If yes, please state relation to you (father, wife, etc.):

   _____

6. What was the highest <u>salary</u> (not total amount of money) you made in the last year? (Circle one)

   Less than $7,000 a year $7,000-$9,999 a year

   $10,000-$14,000 a year $15,000 a year or more

7. What is your race? (Circle one) White Black Asian

   Hispanic American Indian

APPENDIX C

NOTIFICATION OF ASSIGNMENT FORMS

To:_____

You have been chosen to take part in the Job Club Group. The Job Club program has been tested in many cities, with many hundreds of job seekers, many of whom have been out of work for months or years. Now, this program is being used here at Salem.

The purpose of the program is to help find jobs for all persons seeking full-time employment. The service is provided free of charge to the job seeker. In past tests, most people who have taken part in the program have found employment in 2 weeks, and over 90% of the job seekers taking part have found jobs within 3 months, Almost everyone who attended regularly found a job. The jobs have been found faster and paid at least as much as the jobs found by job seekers on their own.

The specific services provided by this program include: 1) lists of job leads supplied by other clients and by the program leader, 2) working together with a small group of fellow job seekers who help each other, 3) a program leader who will provide special techniques for obtaining a job, 4) typing services, telephones, 5) an office where you can concentrate on obtaining a job without distraction, 7) photocopying, 8) a daily copy of the want ads from the local paper, 9) assistance in preparing a job resume, 10) training in being interviewed, 11) placing a job wanted ad in a local paper, if no job has been obtained after three weeks, 12) bus tickets to interviews in the Salem-Roanoke area, if you qualify. Further explanation of the program will be given during the first meeting.

The Job Club starts on Monday_____and will meet five days a week. During the first week, it will meet from _____ to _____. Starting the second week, it will meet every morning from _____ to _____.

We look forward to seeing you on Monday_____, at _____, in Room 3, in the basement of Building 9.

Sincerely,

Bob Ax
Job Club Counselor

To:_____

You have been chosen to take part in the Job Bank Group. The Job Bank program is based on the Job Club program. The Job Club program has been tested in many cities, with many hundreds of job seekers, many of whom have been out of work for months or years. Now, the Job Bank, a new program, is being used here at Salem.

The purpose of the program is to help find jobs for all persons seeking full-time employment. The service is provided free of charge to the job seeker. In past tests of the Job Club, most people who have taken part in the program have found employment in 2 weeks, and over 90% of the job seekers taking part have found jobs within 3 months. Almost everyone who attended regularly found a job. The jobs have been found faster and paid at least as much as the jobs found by job seekers on their own.

The specific services provided by the Job Bank include: 1) lists of job leads provided by other clients and by the program leader, 2) a program leader who will provide special techniques for finding a job, 3) typing services, 4) telephones, 5) an office where you can concentrate on obtaining a job without distraction, 6) photocopying, 7) a daily copy of the want ads from the local paper, 8) assistance in preparing a job resume, 9) training in being interviewed, 10) placing a job wanted ad in a local paper, if no job has been obtained after three weeks, 11) bus tickets to interviews in the Salem-Roanoke area, if you qualify. Further explanation of the program will be given during the first meeting.

The Job Bank starts on Monday_____and will meet five days a week. You will be meeting with the Job Bank counselor from_____ to _____. If necessary, meal ticket arrangements will be made.

We look forward to seeing you on Monday_____, at _____, in Room 3, in the basement of Building 9.

Sincerely yours,

Bob Ax
Job Bank Counselor

To:_____

You have been chosen to take part in the Salem Veterans Administration Group. Members of this group meet with VAMC counselors regarding help in job finding and other needs, as necessary. Please feel free to make use of these services when you feel you need to, given the availability of your counselor.

Sincerely yours,

Bob Ax
VAMC Research Intern

APPENDIX D

INTERVIEW SCRIPT

Job Interview Script Sheet
(adapted from two different scripts used by Jeffery Kelly)

Hello, my name is Bob Ax. I don't like to read application forms so I'm going to ask you a few questions about yourself..

1. "Can you tell me something about your work experience?"
2. "What sort of education or training do you have?"
3. "Do you have any personal problems that might interfere with your work here?"
4. "What kinds of things do you like to do in your spare time?"
5. "Why should I hire you instead of someone else for this position?"
6. "What hours would you be available to work?"
7. "Do you have any transportation so you can get to the job?"
8. "Have you ever gotten into any trouble with the law?"
9. "Do you have any questions that you would like to ask me?"

OK. I guess that's it. Thank you and we'll be in touch with you when we've made a decision. Good-bye.

APPENDIX E

CANDIDATE EVALUATION SCALE

CONFIDENTIAL

CANDIDATE EVALUATION SCALE

Candidate's Name_____ Recruiter's Initials_____

(Please rate this candidate in terms of his/her behavior during the interview.)

(A) 1. EYE CONTACT. (Generally maintained appropriate eye contact when speaking or listening to the interviewer)

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

2. LOUDNESS OF VOICE. (Spoke with clarity and appropriately loud without whispers or shouts)

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

3. BODY POSTURE. (Sat erect, used appropriate hand gestures, facial expression appropriate to verbal message)

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( )Very descriptive

4. FLUENCY OF SPEECH. (Spoke spontaneously, used words well, was able to articulate thoughts clearly)

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

5. APPROPRIATENESS OF CONTENT (Responded concisely, cooperated fully in answering questions, stated personal opinions when relevant, and kept to the subject at hand)

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

6. PERSONAL APPEARANCE. (Neat and clean in appearance, and appropriately dressed)

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

7. COMPOSURE. (Appeared at ease during the interview, comfortable and relaxed)

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

(B) 1. Would you hire this candidate?

( ) Not a chance ( ) Probably Not ( ) Probably ( ) Definitely

CANDIDATE EVALUATION SCALE

VERBAL COMPONENTS

Subject #_____ Evaluator's Initials_____

1. Positive information about job-related past experience and training.

Definition: Declarative statements that convey favorable information about the past experience, training, expertise or qualifications. (Example: "My former boss felt I did an excellent job.")

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

2. Positive information about oneself.

Definition: A statement offering relevant, positive information about the participant's activities or hobbies. Job related information is excluded and is scored in the above category. (Example: "I like to swim")

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

3. Questions directed to the interviewer.

Definition: These are to be rated as occurring if the question is job related. (Example: "What does this position pay?")

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

4. Verbal expressions of interest and enthusiasm in the position being applied for.

Definition: Any declarative statement indicating current interest in the position, rather than a statement of past experience which was rated in the first category described above. (Example: "I will do a good job for you.")

( ) Not descriptive at all ( ) Barely descriptive ( ) Somewhat descriptive ( ) Very descriptive

APPENDIX F

SELF-EFFICACY SURVEY

Self-Efficacy Survey

Please answer each question by circling the number which is most like the way you feel about each of the statements. That is, the more you agree with a statement, the higher the number you would circle. The more you disagree with a statement, the lower the number you would circle.

1. I know how to find job openings.
   1 2 3 4 5 6 7 8 9 10
   completely disagree ... completely agree

2. I know the right things to say and do in a job interview.
   1 2 3 4 5 6 7 8 9 10
   completely disagree ... completely agree

3. With the present job situation, no matter what I do, I won't be able to find a job.
   1 2 3 4 5 6 7 8 9 10
   completely disagree ... completely agree

4. I have skills which will make employers want to hire me.
   1 2 3 4 5 6 7 8 9 10
   completely disagree ... completely agree

5. Even if lots of jobs are available, there are things about me that I can't control which would make it unlikely that I would be hired.
   1 2 3 4 5 6 7 8 9 10
   completely disagree ... completely agree

6. If I say and do the right things, I will find job leads and a job pretty soon.
   1 2 3 4 5 6 7 8 9 10
   completely disagree ... completely agree

APPENDIX G

ASSERTIVE JOB-HUNTING SURVEY

ASSERTIVE JOB-HUNTING SURVEY

This inventory is designed to provide information about the way in which you look for a job. Picture yourself in each of these job-hunting situations and indicate how likely it is you would respond in the described manner. If you have never job hunted before, answer according to how you would try to find a job.

Please respond to these statements by marking the appropriate space on the answer sheet provided. Use the following key for your responses:

1. Very unlikely
2. Somewhat unlikely
3. Slightly unlikely
4. Slightly likely
5. Somewhat likely
6. Very likely

1. When asked to indicate my experiences for a position, I would mention only my paid, work experience.
2. If I heard someone talking about an interesting job opening, I'd be reluctant to ask for more information unless I knew the person.
3. I would ask an employer who did not have an opening if he knew of other employers who might have job openings.
4. I downplay my qualifications so that an employer won't think I'm more qualified than I really am.
5. I would rather use an employment agency to find a job than apply to employers directly.
6. Before an interview, I would contact an employee of the organization to learn more about that organization.
7. I hesitate to ask questions when I'm being interviewed for a job.
8. I avoid contacting potential employers by phone or in person because I feel they are too busy to talk with me.
9. If an interviewer were very late for my interview, I would leave or arrange for another appointment.
10. I believe an experienced employment counselor would have a better idea of what jobs I should apply for than I would have.
11. If a secretary told me that a potential employer was too busy to see me, I would stop trying to contact that employer.

12. Getting the job I want is largely a matter of luck.
13. I'd directly contact the person for whom I would be working, rather than the personnel department of an organization.
14. I am reluctant to ask professors or supervisors to write letters of recommendation for me.
15. I would not apply for a job unless I had all the qualifications listed on the published job description.
16. I would ask an employer for a second interview if I felt the first one went poorly.
17. I am reluctant to contact an organization about employment unless I know there is a job opening.
18. If I didn't get a job I would call the employer and ask how I could improve my chances for a similar position.
19. I feel uncomfortable asking friends for job leads.
20. With the job market as tight as it is, I had better take whatever job I can get.
21. If the personnel office refused to refer me for an interview, I would directly contact the person I wanted to work for, if I felt qualified for the position.
22. I would rather interview with recruiters who come to the college campus than contact employers directly.
23. If an interviewer says, "I'll contact you if there are any openings", I figure there's nothing else I can do.
24. I'd check out available job openings before deciding what kind of job I'd like to have.
25. I am reluctant to contact someone I don't know for information about career fields in which I am interested.

APPENDIX H

MULTIPLE AFFECT ADJECTIVE CHECK LIST

MULTIPLE AFFECT ADJECTIVE CHECK LIST

TODAY FORM

By Marvin Zuckerman
and
Bernard Lubin

Name..... Age..... Sex.....

Date..... Highest grade completed in school.....

DIRECTIONS: On this sheet you will find words which describe different kinds of moods and feelings. Mark an ☒ in the boxes beside the words which describe how you feel now - today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly.

PUBLISHED BY EdITS
P.O. BOX 7234
SAN DIEGO, CA 92107

MAA 001

1 ☐ active
2 ☐ adventurous
3 ☐ affectionate
4 ☐ afraid
5 ☐ agitated
6 ☐ agreeable
7 ☐ aggressive
8 ☐ alive
9 ☐ alone
10 ☐ amiable
11 ☐ amused
12 ☐ angry
13 ☐ annoyed
14 ☐ awful
15 ☐ bashful
16 ☐ bitter
17 ☐ blue
18 ☐ bored
19 ☐ calm
20 ☐ cautious
21 ☐ cheerful
22 ☐ clean
23 ☐ complaining
24 ☐ contented
25 ☐ contrary
26 ☐ cool
27 ☐ cooperative
28 ☐ critical
29 ☐ cross
30 ☐ cruel
31 ☐ daring
32 ☐ desperate
33 ☐ destroyed
34 ☐ devoted
35 ☐ disagreeable
36 ☐ discontented
37 ☐ discouraged
38 ☐ disgusted
39 ☐ displeased
40 ☐ energetic
41 ☐ enraged
42 ☐ enthusiastic
43 ☐ fearful
44 ☐ fine
45 ☐ fit
46 ☐ forlorn
47 ☐ frank
48 ☐ free
49 ☐ friendly
50 ☐ frightened
51 ☐ furious
52 ☐ gay
53 ☐ gentle
54 ☐ glad
55 ☐ gloomy
56 ☐ good
57 ☐ good-natured
58 ☐ grim
59 ☐ happy
60 ☐ healthy
61 ☐ hopeless
62 ☐ hostile
63 ☐ impatient
64 ☐ incensed
65 ☐ indignant
66 ☐ inspired
67 ☐ interested
68 ☐ irritated
69 ☐ jealous
70 ☐ joyful
71 ☐ kind'y
72 ☐ lonely
73 ☐ lost
74 ☐ loving
75 ☐ low
76 ☐ lucky
77 ☐ mad
78 ☐ mean
79 ☐ meek
80 ☐ merry
81 ☐ mild
82 ☐ miserable
83 ☐ nervous
84 ☐ obliging
85 ☐ offended
86 ☐ outraged
87 ☐ panicky
88 ☐ patient
89 ☐ peaceful
90 ☐ pleased
91 ☐ pleasant
92 ☐ polite
93 ☐ powerful
94 ☐ quiet
95 ☐ reckless
96 ☐ rejected
97 ☐ rough
98 ☐ sad
99 ☐ safe
100 ☐ satisfied
101 ☐ secure
102 ☐ shaky
103 ☐ shy
104 ☐ soothed
105 ☐ steady
106 ☐ stubborn
107 ☐ stormy
108 ☐ strong
109 ☐ suffering
110 ☐ sullen
111 ☐ sunk
112 ☐ sympathetic
113 ☐ tame
114 ☐ tender
115 ☐ tense
116 ☐ terrible
117 ☐ terrified
118 ☐ thoughtful
119 ☐ timid
120 ☐ tormented
121 ☐ understanding
122 ☐ unhappy
123 ☐ unsociable
124 ☐ upset
125 ☐ vexed
126 ☐ warm
127 ☐ whole
128 ☐ wild
129 ☐ willful
130 ☐ wilted
131 ☐ worrying
132 ☐ young

APPENDIX I

LETTERS TO FAMILIES OF JOB CLUB AND JOB BANK SUBJECTS

Dear_____

_____ has recently enrolled in the intensive job search program known as the Job Club. In this program, job seekers spend a great deal of their working day obtaining job leads, writing letters, contacting employers, practicing interview procedures, going to interviews, writing job descriptions, and other similar tasks.

Job-finding success is quite likely for every member who continues to attend the sessions and who performs these job search activities.

What can be done by the family or household members to help? The family and household members of the job seeker can help in several ways.

Daily Sessions. The job seeker must be free to attend the job search sessions each day of the work week. The family can help by not allowing other activities or chores to interfere with this attendance.

Assignments at Night. The job seeker must often call or visit people and companies in the evening to obtain job leads or to be interviewed. Evening hours should be kept free for such contacts.

Telephone. The job seeker will be receiving telephone calls from friends and employers regarding interviews, job openings, and job offers. It is important that telephone use by others be kept at a minimum so the line will not be busy when an employer calls. Also, it is important that whoever answers the phone writes down the name and telephone number of all persons calling for the job seeker.

Family Car. If a family car is shared, arrangements should be made so that the car is available for the job seeker's use to get both to this office and to interviews.

Job Leads. One of the best sources of job leads is family members who learn of possible job openings from their work and friends. The family members should keep alert for possible hiring situations and even ask other people about job openings.

We will be doing everything possible to help job seekers obtain a job, and we find that the more their families understand what they are doing, the more they can help.

Sincerely,

Bob Ax
Job Club Counselor

Dear_____

_____has recently enrolled in the intensive job search program known as the Job Bank. In this program, job seekers spend a great deal of their working day obtaining job leads, writing letters, contacting employers, practicing interview procedures, going to interviews, writing job descriptions, and other similar tasks.

Job-finding success is quite likely for every member who continues to attend the sessions and who performs these job search activities.

What can be done by the family or household members to help? The family and household members of the job seeker can help in several ways.

Daily Sessions. The job seeker must be free to attend the job search sessions each day of the work week. The family can help by not allowing other activities or chores to interfere with this attendance.

Assignments at Night. The job seeker must often call or visit people and companies in the evening to obtain job leads or to be interviewed. Evening hours should be kept free for such contacts.

Telephone. The job seeker will be receiving telephone calls from friends and employers regarding interviews, job openings, and job offers. It is important that telephone use by others be kept at a minimum so the line will not be busy when an employer calls. Also, it is important that whoever answers the phone writes down the name and telephone number of all persons calling for the job seeker.

Family Car. If a family car is shared, arrangements should be made so that the car is available for the job seeker's use to get both to this office and to interviews.

Job Leads. One of the best sources of job leads is family members who learn of possible job openings from their work and friends. The family members should keep alert for possible hiring situations and even ask other people about job openings.

We will be doing everything possible to help job seekers obtain a job, and we find that the more their families understand about what they are doing, the more they can help.

Sincerely,

Bob Ax
Job Bank Counselor

APPENDIX J

SELF-MONITORING EMPLOYMENT DATA FORM

JOB FINDING ASSISTANCE STUDY QUESTIONNAIRE

Please fill out this questionnaire and return it to me in the enclosed self-addressed, stamped envelope.

Please mark an "X" through every day on the calendar above that you worked full-time during the last two weeks. Full-time is eight hours or more per day.

Mark a "P" through each day you worked part-time (less than eight hours).

If you didn't work on a particular day, leave that space on the calendar blank.

1. Have you started work on a new job on or since_____?
(Circle Yes or No. If No, skip questions 2, 3, and 4, and proceed to question 5.)
Yes No

If you answered "yes" above, where did you get a job?

_____
(Name and address of business)

What is your job?_____

2. From where did you get the lead that resulted in this job?
(Circle one.)

Friend Relative Employment Agency Newspaper Ad

Sign in store window Unemployment Agency Veterans Administration Counselor

Direct application to business Someone a friend or relative knew Other acquaintance (i.e., landlord, former teacher, etc.)

Other source_____
(Please specify.)

3. What was your starting salary?_____

4. Please provide the name and business phone number of someone at work whom I can call to verify that you are working there (I will say only that I am from Virginia Tech and that you are a subject in a study I am conducting) OR enclose in this envelope a Xerox copy of your paycheck, if it has the name of the company on it.

_____
Person's name Business phone number
(Make sure this person expects me to call.)

5. Have you left employment for any reason on or since _____?
(Circle Yes or No.) Yes No
If you answered "Yes" what was your last work day?_____

The two page vita has been removed from the scanned document. Page 1 of 2

The two page vita has been removed from the scanned document. Page 2 of 2

A COMPARISON OF THE EFFICACY OF A GROUP VERSUS AN INDIVIDUALIZED "JOB CLUB" JOB-SEARCH TRAINING FORMAT

by

Robert Kirk Ax

(ABSTRACT)

Psychologists have begun to assess the effectiveness of interventions focused on assisting unemployed subjects to find work. One of the most comprehensive of these is the Job Club (i.e., Azrin et al., 1980, 1981), a multi-component treatment package which has proven effective in helping various populations to gain employment.

The present study utilized three treatment groups to assess the efficacy of the group component of the Job Club program. Subjects (N=32), present or former psychiatric patients, were assigned to either a Job Club (group), a Job Bank (individualized Job Club), or a Standard Treatment (control) condition. It was hypothesized that Job Club condition subjects would show the greatest improvements over treatment on self-report measures of job-hunting assertiveness, self-efficacy, anxiety, depression, and hostility, on measures of interview skills, and on job-finding and rehospitalization related outcome measures. The Job Club condition was also predicted to be the most cost-effective. The Standard Treatment group was hypothesized to show the least improvement on the

self-report, interview, and outcome measures and to be least cost-effective. It was predicted that Job Bank condition results would be intermediate between those of the other two groups on these measures. Finally, it was hypothesized that attendance at Job Club or Job Bank sessions would correlate positively with job-finding.

Partial support was found for the hypothesis that Job Club subjects would show the greatest improvements in interview behavior. None of the other hypotheses was supported. Possible reasons for the present findings were discussed, including constraints external to the program itself, indicating the importance of a systems analysis approach to interventions such as this. It was concluded that future research should focus on developing an assessment methodology so that treatment programs appropriate to particular situations may be formulated.