

Vocational Specialist (VS) Manual

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Vocational Specialist (VS) Manual

February 2, 1995

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Prepared for:

**Training and Employment Program (TEP)
NIDA Grant No. R01-DA-07964-01
RTI Project No. 5453**

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Preface

This manual is one of a series of technical documents that were developed by the staff of the Research Triangle Institute (RTI) to serve as a guide for implementing and monitoring the Training and Employment Program (TEP) randomized field experiment. It builds on an earlier technical document developed for the TEP pilot study and incorporates many of the original training materials, procedures, and memoranda regarding the assessment, treatment planning, vocational and ancillary services, interactions with other community services agencies, and some of the preliminary findings to date.

The original manual was developed during 1989 to 1991 by RTI in collaboration with the directors, staff, and clients of four treatment programs:

- Sisters of Charity Hospital in Buffalo, New York;
- PBA, Inc., The Second Step, in Pittsburgh, Pennsylvania;
- Milwaukee County Mental Health Complex in Milwaukee, Wisconsin; and
- Santa Clara County Bureau of Drug Abuse Services in San Jose, California.

The pilot study and original manual were supported under Grant No. 5-R18-DA06383-02 from the National Institute on Drug Abuse (NIDA) to the Research Triangle Institute. This Congressionally mandated grant was issued in response to the Anti-Drug Abuse Act of 1988 (H.R. 5582, pp. 71-74) and represented a renewed commitment to vocational rehabilitation for recovering addicts.

This manual has been supported under a subsequent NIDA grant (No. 1-R01-DA-07964-01) to the Research Triangle Institute. This revised manual is at the heart of a randomized field experiment that is currently being conducted to evaluate the effectiveness of providing additional vocational and ancillary services to meet the needs of drug treatment clients. It should be noted that while this manual was primarily developed in methadone treatment programs, there are few components that are specific only to methadone. The manual has therefore been written so that it can easily be generalized to other settings and populations. The vocational protocol described in this manual can be implemented in full, using a vocational specialist; or it can be implemented in part using existing staff, to meet the individual needs or constraints of each program.

As a living document, this manual represents a written summary of the vocational protocol and tools developed to date under TEP. As such, it draws heavily on ideas, conversations, and the actual experience of the participating vocational specialists

(Bernie Arnesen, Karen Garrett, Donald Goodman, Calvin Jones, Helen Norman, and Marcelle Watson), program and clinic directors (Ken Bossert, Marlene Burks, Helen Greer, John Guyett, Paul Ingram, Lou Mattia, Jim Nowak, and Dick Wiesen), consulting vocational and methodological experts (Leslie Dennis, Becky Hayward, Robinson Hollister, Rick Lennox, and Joan Randell), our project officers (Peter Delany and Bennett Fletcher), and other RTI staff members (Juesta Caddell, Barbara Forsyth, Bob Hubbard, Michael Hubbard, and Gail McDougal).

We would also like to thank the following vocational experts and agencies for contributing their support and selected materials included in this vocational protocol:

- New York State Division of Substance Abuse Services for the information on vocational assessments included in Chapter 7;
- Milt Wright and Associates for the job market research and initial contact information included in Appendix A, the guide to employment in Appendix D, and the information on the Americans with Disabilities Act (ADA) in Appendix E;
- Wisconsin Department of Health and Social Services, Bureau of Community Programs, Office of Alcohol and Other Drug Abuse, for the information discussing DVRs in Appendix B;
- Dr. Winfred Coachman for the personal growth and development workshop outlined in Chapter 9; Dr. TJ Owens for the motivational and job readiness workshop outlined in Chapter 9;
- Mr. Leslie Dennis for the curriculum design used for the vocational protocol training in Chapter 5; and
- Jewish Family Services in Buffalo, New York, for the job search workshop outlined in Chapter 9.

We would also like to acknowledge that some information in this document was adapted from unpublished materials prepared by Betty Cavanaugh, Robert Hubbard, Gail McDougal, and Kathy Rourke. Finally, the authors and other TEP staff would like to thank Richard S. Straw and Elizabeth MacDonald for editing the manual and Teresa F. Gurley and Linda B. Barker for typing it.

Inquiries about this manual and the TEP experiments in general should be directed to the study's principal investigator:

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We also welcome suggestions or comments about how to make this and future TEP manuals better or easier to use.

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TEP Abbreviations

AA	Alcoholics Anonymous
ABLE	Adult Basic Learning Examination
AFA	AIDS Follow-up Assessment
AIA	AIDS Initial Assessment
AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychological Association
ASCII	American Standard Code of Information Interchange
ASI	Addiction Severity Index
ASPD	Anti-Social Personality Disorder
BC	Behavioral Counseling (Manual)
BCPI	Behavioral Counseling Proficiency Index
BPD	Borderline Personality Disorder
CAMPUS	Campus Treatment Projects Handled by CSAT
CAP	Client Assessment Profile
CAPI	Computer-Assisted Personal Interview
CAPS	Career Ability Placement Survey
CDC	Centers for Disease Control
CDS	Client Data System
CEC	Client Encounter Checklist
CFR	Code of Federal Regulations
CID	Case Identification (number)
CII	Client Interest Inventory
CMS	Civilian Mississippi Scale (of PTSD)
COPS	Career Occupational Preference System
CRAF	Client Record Abstraction Form
CSAT	Center for Substance Abuse Treatment
CSC	Community Services Coordinator (Manual)
CTS	Conflict Tactic Scale
DAST	Drug Abuse Screening Test
DAT	Differential Aptitude Test
DATOS	Drug Abuse Treatment Outcome Study
DCI	DC Initiative
DDE	Distributive Data Entry
DHHS	Department of Health and Human Services
DSM-IIIr	Diagnostic and Statistical Manual Version-III (revised)
DVR	Division of Vocational Rehabilitation
FICS	Fully Integrated Control System (Manual)
FTE	Full-Time Equivalent (employee)
FY	Fiscal Year
GAF	Global Assessment of Functioning (DSM-AXIS)
GAIN	Global Appraisal of Individual Need

TEP Abbreviations (continued)

GATB	General Aptitude Test Battery
GCPI	Group Counseling Proficiency Index
GED	Graduate Equivalency Diploma
HIV	Human Immunodeficiency Virus
HSCH	Hopkins Symptom Checklist
IAP	Individual Assessment Profile
IBR	Institutes for Behavior Resources
IDU	Injecting Drug User
IEI	Intreatment Experience Interview
IVDU	Intravenous Drug User
JCAHO	Joint Commission of the Accreditation of Health Care Organization
JTPA	Job Training and Partnership Act
MAEP	Metropolitan Adult Education Program
MAPS	Mature Adult Placement Services
MAST	Michigan Alcoholism Screening Test
MBTI	Myers-Briggs Type Indicator
MCMI	Millon Clinical Multiaxial Inventory
MET	Methadone Enhanced Treatment (Trials)
MMPI	Minnesota Multiphasic Personality Inventory
MTP	Methadone Treatment Programs
MTQAS	Methadone Treatment Quality Assurance System
NA	Narcotics Anonymous
NADR	National AIDS Demonstration Research Project
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NCADI	National Clearinghouse on Alcohol and Drug Abuse Information
NHSDA	National Household Survey on Drug Abuse
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NTIES	National Treatment Improvement Evaluation Study
OMB	Office of Management and Budget
OTI	Office for Treatment Improvement (now CSAT)
PAYES	Program for Assessing Youth Employment Skills
PBA	Pittsburgh Black Action
PDQ	Personality Diagnostic Questionnaire
PDS	Program Director's Survey
PERI	Psychiatric Epidemiological Research Interview
PHS	Public Health Service

TEP Abbreviations (continued)

PIC	Private Industry Council
PR	Program Researcher
PSW	Problem Solving Workbook (Manual)
PTSD	Post Traumatic Stress Disorder
RP	Relapse Prevention
RTI	Research Triangle Institute
RTIFSS	RTI Forms Systems Software
SEL	Service Encounter Log
SII	Service Interest Inventory
SECTOR	Strategies to Enhance Cocaine Treatment and Outpatient Recovery
SPOC	Single Point of Contact
TABE	Test of Adult Basic Education
TAT	Thematic Approach Test
TEP	Training and Employment Program (study)
TNT	Transitionally Needy Training Program
TOPS	Treatment Outcome Prospective Study
TRM	Training and Resource Material (Manual)
TSR	Treatment Services Review
VPI	Vocational Preference Inventory
VRA	Vocational Research Assistant
VRC	Vocational Rehabilitation Center
VRS	Vocational Readiness Screener
VS	Vocational Specialist (Manual)
VSC	Vocational Services Coordinator
WAIS-R	Wechsler Adult Intelligence Scale--Revised
WCCL	Ways of Coping Checklist
WEI	Work Experience Inventory
WRIOT	Wide Range Interest-Opinion Test

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1.0 Introduction and Overview

1.1 Purpose

The vocational protocol described in this manual is based on research from several areas and attempts to make substance abuse counseling more effective in terms of identifying and addressing individual vocational and ancillary service needs. These individualized services, in turn, are expected to reduce drug use, violence, and illegal activity, as well as to increase education, employment, and retention and treatment compliance. Although initially developed and tested in methadone programs, the vocational protocol can be generalized and applied in other treatment settings. The protocol is simply a plan that can be used as a guide to providing vocational services.

This manual provides an overview of the vocational protocol used during the Training and Employment Program (TEP) Study, and outlines the training procedures and a step-by-step approach for implementing the protocol. The manual was originally designed for the TEP study; however, we have attempted to make it a stand-alone document by identifying alternative procedures or people that may be relevant in other contexts. In the TEP study, the term Vocational Services Coordinator (VSC) is used for the person who provides vocational services. In this manual we use the term "vocational specialist" (VS) as a generic term for the person in any program who is responsible for vocational services.

1.2 Organization

This manual is divided into 10 chapters and six appendices. The rest of this chapter provides background on RTI, TEP, and project staff. Chapter 2 contains a brief review of vocational and ancillary services research in methadone, including recent findings from an earlier Methadone Enhancement Treatment (MET) Study conducted by RTI. The next three chapters focus on initial implementation and address

- becoming a vocational specialist (Chapter 3);
- identifying and accessing community resources (Chapter 4); and
- training the primary counselors to address vocational issues in their primary treatment plans (Chapter 5).

1.0 Introduction and Overview

Chapter 6 provides an overview of the step-by-step vocational protocol, which is further detailed in the subsequent chapters. These steps include

- identifying and defining client needs (Chapter 7);
- identifying and evaluating services and options to address the client's needs (Chapter 8);
- working with the client and other staff to select and implement one or more of the options (Chapter 9); and
- monitoring and administrative procedures used during the TEP study (Chapter 10).

There are also several appendices that provide additional information that a vocational specialist can use when providing services. They address

- job market research (Appendix A),
- vocational rehabilitation services (Appendix B),
- Vocational Readiness Screener (VRS) (Appendix C),
- getting and keeping a job (Appendix D), and
- Americans with Disabilities Act (ADA) (Appendix E).

Note that the Vocational Readiness Screener (VRS) was developed specifically for TEP and is currently being validated. The VRS and other assessment instruments are discussed further in Chapter 7.

1.3 Background on the Research Triangle Institute

The Research Triangle Institute is a private, not-for-profit research organization, located in Research Triangle Park, North Carolina. RTI was established by joint action of the North Carolina State University in Raleigh, the University of North Carolina in Chapel Hill, and Duke University in Durham. Its main purpose is to conduct applied research and to serve as a cornerstone of North Carolina's Research Triangle Park.

RTI's main laboratories and offices are on a 180-acre site in the center of the Research Triangle Park. Incorporated at the end of 1958, RTI now has a full-time staff of more than 1,500 working in 17 buildings on the main campus and a half-dozen offsite locations. Grossing more than \$140 million in 1990, it is one of the five largest nonprofit research firms in the United States and routinely conducts multisite experiments,

1.0 Introduction and Overview

national probability samples, and worldwide probability samples. Under contract and grant arrangements with government and industrial clients, RTI conducts applied and fundamental research in many scientific disciplines, including social research, policy analysis, statistics, chemistry, engineering, and computer sciences.

RTI researchers have conducted drug and alcohol abuse research for almost 2 decades. Scores of drug and alcohol abuse studies focusing on questions concerning epidemiology, prevention, and treatment evaluation have been completed by the researchers conducting this study or by their colleagues at RTI. RTI staff have completed more than 100 such studies successfully and have set the industry standards by routinely achieving response rates of 80 percent or more.

In the past 5 years alone, RTI researchers have conducted over two dozen drug treatment studies in over 100 clinics across the country. The two most relevant to this project are the Methadone Enhanced Treatment (MET) study and the Training and Employment Program (TEP) study discussed below. A brief bibliography of recent RTI work from these studies is included in Appendix F. A more detailed bibliography of our community-based research in alcohol, drugs, mental illness, homelessness, crime, and methodology can also be obtained by contacting:

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1.4 Background on the Training and Employment Program (TEP) Study

The effectiveness of methadone treatment in reducing heroin use and improving productive behavior was demonstrated during the 1960s and 1970s (Cooper, Altman, Brown, & Czechowicz, 1983; French & Zarkin, 1992; French, Zarkin, Hubbard, & Rachal, 1991; Gearing, 1971; Hubbard, Marsden, Cavanaugh, Rachal, & Ginzburg, 1988; Sells, 1979; Simpson, Joe, Lehman, & Sells, 1986). Its effectiveness in the 1980s, however, has been called into question (Ball & Corty, 1988; General Accounting Office [GAO], 1990) and coincides with declines in the availability of vocational and other ancillary services (Dennis, Karuntzos, McDougal, French, & Hubbard, 1993; Dennis, Rachal, & Bohlig, 1990; Frances, 1991; GAO, 1990; Hubbard & Harwood, 1981). Although many methadone clients are employed (French, Zarkin, Hubbard, & Rachal, 1992), others who want to become productive members of the labor force are often unable to do so because of deficiencies in both the community and the client (Brewington, Arella, Deren, & Randell,

1.0 Introduction and Overview

1987; French, Dennis, McDougal, Karuntzos, & Hubbard, 1992; Hall, Loeb, LeVois, & Cooper, 1981).

Two major methods of addressing these issues are to (a) make additional financial and personnel resources available to address both community- and client-level deficiencies, and (b) increase the extent to which primary counselors identify and address the vocational needs of their clients. The Training and Employment Program (TEP) preliminary studies addressed the first method while the current study is expected to address both. The three main TEP preliminary studies are summarized below (see 2.4 for more detail).

1. A client needs assessment to determine the current unmet needs and problems, and the willingness of clients to participate in a vocational program. This study included focus groups with local staff and clients, as well as in-person interviews with 232 clients in four methadone treatment programs (French et al., 1992).
2. A pilot study to refine the vocational protocol and determine the short-term outcomes. This component included an extensive review of prior vocational models and a randomized field experiment of a pilot TEP protocol with 249 clients in three methadone treatment programs (the fourth program was dropped due to delays in hiring the vocational specialist that limited its implementation) (Dennis, Fairbank, Woods, Bonito, & Rachal, 1993).
3. An economic study to determine the cost of treatment, marginal cost of adding TEP services, economic impact of TEP on clients, and the feasibility of doing a benefit-cost analysis of the long-term outcomes. This study is being conducted with 263 clients in all four of the methadone programs involved in the first study (French et al., 1994).

The last two basic components of the pilot TEP protocol included (a) vocational needs assessment; (b) development of a vocational treatment plan; (c) development of a resource document to locate existing basic educational, training, public service, and employment programs that can be adapted to the needs of methadone clients; (d) an on-site vocational specialist at each program to work with both the counselors and clients to identify and address vocational issues; (e) vocational specialist training to recognize vocational needs, and to use the initial vocational plan, and resource document, (f) job readiness/motivational workshops focusing on personal growth, development, and job-seeking skills; and (g) a budget to pay for training, provide cash and service stipends, cover treatment costs, buy equipment, pay for transportation, provide preparatory training, or in any way facilitate placing clients into jobs that offer \$8+ per hour plus benefits. The vocational specialists were required to attempt to provide services to everyone assigned to TEP and to maintain weekly contact with those clients with whom they were actively working.

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The main experiment also includes a replication of the individualized substance abuse counseling protocol originally developed in MET (Dennis, Fairbank, Woods, Bonito, & Rachal, 1993), the development of a team approach in providing treatment services, and the development of a system for incorporating information from the Global Appraisal Individual Needs (GAIN) into treatment planning and counseling. The GAIN is a comprehensive needs assessment developed for TEP. This is expected to be an iterative process with the active involvement of the counseling staff to develop a computer-generated report, treatment plan recommendations, treatment protocols for specific types of problems, and case studies for illustration. The study will also use several standardized instruments related to drug use, employment, mental illness, violence, and coping for validation to establish population norms for this population and to provide more detailed assessments.

1.5 TEP Core Staff and Sponsorship

The principal RTI staff involved in implementing and evaluating the vocational protocol for the Training and Employment Program (TEP) experiments are

- Michael L. Dennis, Ph.D., Principal Investigator
- Juesta M. Caddell, Ph.D., Clinical Analysis Leader and Co-PI
- Michael T. French, Ph.D., Economic Analysis Leader and Co-PI
- E. Joyce Roland, Ph.D., Health Analysis Leader
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The TEP study is currently being conducted in collaboration with two methadone treatment programs. In each case the director of the program is also serving as a local co-principal investigator and is actively involved in planning and implementing the study. The directors of the programs, each program's vocational services coordinator, and the programs' addresses and phone numbers are as follows:

- Ken Bossert

1.0 Introduction and Overview

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- Richard Wiessen, M.D., & Donald Goodman of the
Milwaukee Mental Health Complex
in Milwaukee, WI.

The initial TEP pilot study and MET study were sponsored by grants from the National Institute on Drug Abuse (NIDA Grant No. 1-R18-DA-06383-02 and 1-R18-DA-07262-01). The current study is funded under a third grant (NIDA Grant No. 1-R01-DA-07964-01). The current Federal Project officer's name and address is:

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2.0 Background on Developing TEP

The classical approach to methadone treatment focuses on rehabilitation and involves using methadone to physiologically stabilize the client; counseling to address psychosocial needs; and support services to overcome barriers to treatment and lead to a productive life-style. Vocational services have traditionally been included in the latter component as a major factor in enabling clients to become functioning members of society. This chapter reviews prior research on vocational services for methadone clients and presents preliminary findings from a randomized field experiment with the pilot TEP protocol that involved 249 clients in three programs. The results suggest that vocational services can significantly increase access to training and vocational assistance programs, increase school enrollment, and decrease unemployment.

2.1 Background and Significance

2.1.1 Historic Role of Training and Employment

Although most drug treatment modalities focus on helping clients become drug free, methadone treatment has traditionally focused on rehabilitating clients so they can become functioning members of society (Dole & Nyswander, 1980). The classical model of methadone treatment is based on a three-pronged effort to rehabilitate clients:

- methadone to reduce the side effects of withdrawal and stabilize the client,
- counseling to address the underlying psychosocial problem(s) of addiction, and
- supportive services to address logistical problems such as employment, transportation, childcare, and medical care.

Federal regulations reflect this classical approach and require vocational and educational services to be provided by methadone programs; however, the number of programs offering them has continued to decline. Of 24 methadone programs recently surveyed by the GAO, only six offered educational programs on-site and only four programs provided vocational services on-site (GAO, 1990). Even when services were offered, clients were not required to use the services. Furthermore, only three programs maintained records on referrals and service utilization. Little, if any, communication or follow-up occurred between programs and referral agencies.

2.0 Background on Developing TEP

The deterioration of existing vocational and training services in methadone treatment programs should not be taken as a lack of need. Heroin users who enter methadone treatment have historically had high unemployment and low earnings compared to the general population and other treatment modalities, which means that many individuals seeking treatment have been unable to pay for treatment or afford private health insurance. In the 20 methadone programs studied in the Treatment Outcome Prospective Study (TOPS) (Hubbard, Marsden, Rachal, Harwood, Cavanaugh, & Ginzburg, 1989), only 18% of the clients paid for treatment with private insurance. Though another 22% received some public assistance, the majority of clients had to pay for their own treatment.

In a more recent analysis of service logs from treatment counseling staff across four methadone programs, Dennis and colleagues (1990) found that employment and/or educational issues were raised during 25% of the counseling sessions in the first 6 months of treatment. Unfortunately, this finding coincided with virtually no reported referrals to agencies that might address vocational issues, such as to a State Division of Vocational Rehabilitation (DVR) or a Job Training and Partnership Act (JTPA) program.

2.1.2 National and Local Interest

Curbing drug abuse by this nation's citizens is one of the top priorities of the Federal, State, and local governments, each of which is devoting increasingly more resources to drug abuse prevention and treatment programs (Office of National Drug Control Policy [ONDCP], 1991; Anti-Drug Abuse Act of 1988). The Anti-Drug Abuse Act of 1988 (H.R. 5582) called upon the Secretary of Health and Human Services (HHS), among other things, to

determine the feasibility and long-term efficacy of programs providing drug abuse treatment and vocational training in exchange for public service....[giving preference to] projects that demonstrate a comprehensive approach to the problems associated with drug abuse and provide evidence of broad community involvement and support, including the support of private businesses....[and requiring] a systematic evaluation of the projects funded under this section on a long-term basis to record the impact of such projects on treated individuals, and on the community as a whole. (pp. 71-74)

Increasing the nation's treatment capacity and its effectiveness has also been repeatedly recognized as an essential step in stopping the spread of infectious diseases, such as hepatitis, tuberculosis (TB), AIDS, and other sexually transmitted diseases (STDs) (Haverkos & Lange, 1989; ONDCP, 1991, 1990, 1989; Schlenger, Dennis, & Magruder-Habib, 1990; Watkins et al., 1988) that put both injection drug users (IDUs),

their sexual partners, unborn children, and the general public at significantly higher risks.

Treatment providers view a client's need for employment as a barrier to entering treatment, as contributing to premature discharge, and as a stimulus for relapse (e.g., a client with nothing else to do is likely to start thinking about drugs, then to crave them). Despite the haphazard efforts to meet the vocational needs of clients in the early 1980s (Hubbard & Harwood, 1981), vocational services still had a statistically significant effect on employment and retention (French et al., 1992; Hubbard et al., 1989). Unfortunately, on-site vocational services had largely disappeared by the end of the decade. As previously indicated, the GAO (1990) found that few methadone programs offered on-site educational or vocational services.

Researchers have begun to explore several potential strategies for providing vocational services, but their approaches vary considerably in cost and the extent to which they complement local service systems. Attention has therefore shifted to identifying the barriers to employment that drug treatment clients encounter, developing protocols to address these barriers, rigorously evaluating the protocols, and estimating the cost-effectiveness of protocols that seem feasible (e.g., Brewington et al., 1987; Dennis, Fairbank et al., 1993; French et al., 1992; Robinson et al., 1992).

2.2 Defining the Problem

2.2.1 Overview of Barriers

Several reviews have identified a wide range of community- and client-level barriers that drug treatment clients and ex-addicts meet when they attempt to access existing training and employment services and the job market in general (e.g., Arella, Deren, Randell, & Brewington, 1990; Brewington et al., 1987; French et al., 1992). Based on these reviews, Dennis, Karuntzos, and colleagues (1993) summarized the major barriers:

- discrimination against recovering addicts for both real and perceived reasons;
- lack of program-level commitment to vocational rehabilitation;
- potential loss of welfare benefits, particularly medical benefits;
- lack of childcare and transportation;
- lack of training and/or marketable skills;
- significant gaps in or lack of employment histories;

- lack of client motivation/self-esteem; and
- lack of staff training in the delivery and use of vocational services.

2.2.2 Client Problems

Many treatment clients may also be hindered because of comorbid problems. Some of the comorbid client needs and problems that were consistently identified across methadone programs include the following:

- From 80% to 85% had comorbid mental health problems, particularly depressive and antisocial personality disorders (Khantzian & Treece, 1985; Rounsaville, Weissman, Kleber, & Wilber, 1982; Woody, McLellan, Luborsky, & O'Brien, 1990).
- From 33% to 63% have a criminal record (Hubbard et al., 1989; Robinson et al., 1992).
- More than 26% had pneumonia, hepatitis, gonorrhea, syphilis, or some other infectious disease (Bonito, Fairbank, & Rachal, 1991).
- From 2.3% to 10.1% already tested positive for HIV using an ELISA screen and Western Blot confirmation (Dennis, Fairbank, Bohlig, Bonito, & Rachal, 1991a).
- Approximately 68% to 88% were also injecting cocaine, including 16% to 49% doing so on a daily basis (Wechsberg, Dennis, Cavanaugh, & Rachal, in press).

Note that the last problem would severely limit the public health benefits if left unaddressed. In addition to making clients more difficult to serve, multiple problems may also cause service providers to be concerned about lowering their program's success rate and jeopardizing their funding. Similarly, employers may be concerned about the client's reliability and productivity. Whether these problems are real or just perceived for a given client, addressing them is essential to training and job placement.

Based on interviews with 232 clients in four methadone treatment programs, French and colleagues (1992) found that:

- Illegal earnings at intake often exceeded legal earnings by 2 to 1.
- More than 66% were not employed in the week before treatment admission, with 32% lacking a high school diploma and 33% reporting at least one disability that would interfere with their ability to work.

- Virtually all clients reported problems with paying for transportation, despite the fact that 94% had access to some form of public transportation and 65% had a reliable vehicle.

2.2.3 Service System Barriers

The problems of ex-addicts in obtaining access to employment programs are further exacerbated by the competition among many different populations for employment services (Hollister, Kemper, & Maynard, 1984). Groups such as displaced workers, unemployed youths or chronically unemployed nonoffenders are often viewed as more "deserving" of social services than are former drug users. The complexity of the employment-related problems of the various disadvantaged populations, including ex-addicts, has led to the development of a variety of Federal, State, and local programs designed to assist such individuals in obtaining and maintaining employment. The two most relevant programs for our discussion are those provided by the JTPA and the State DVRs.

A major problem for methadone treatment clients is that the cost-per-client standards generally used in the \$3.8 billion JTPA program, the principal funding agent for general employment services programs, stack the odds against the ex-addict's obtaining employment services. The JTPA-sponsored programs primarily focus on preparing economically disadvantaged people or displaced workers to enter the labor market through training, job development, and job placement. During preparation and after placement, JTPA clients must rely on their own skills and resources to either succeed or fail. Services such as adjustment counseling, social service referrals, and crisis intervention assistance are minimal or nonexistent in JTPA programs. Such programs are poorly suited for addressing the support needs of ex-addicts and other disabled populations, and they result in high rates of attrition for these subgroups (Hollister et al., 1984).

The more intensive needs of ex-addicts should and can be met through State DVR programs, just as they are for many other disabled people (e.g., persons with visual, hearing, or cognitive impairments). In a national probability sample of State DVR client records, Hayward (1989) found that 9.8% of the clients reported substance abuse as their primary disability. Unfortunately, these records do not distinguish clients by the substances they abuse (e.g., alcohol, heroin, cocaine) or the type of treatment they are receiving (e.g., 12-step, residential, methadone, outpatient drug free). In subsequent sections of this chapter, we suggest that several barriers still remain for clients who want to enter these services and that these barriers will continue to reduce the extent to which methadone clients use these programs.

2.3 Earlier Vocational Protocols

For this study, one of our early goals was to identify vocational protocols that have already been implemented in methadone programs and subjected to rigorous evaluations. We conducted electronic searches of Medline and PsychINFO for references on methadone and either training or employment. We also reviewed our extensive in-house collection of technical reports, a bibliography developed by RTI on recent methadone treatment research (Dennis, Kristiansen, Theisen, & Rachal, 1991), NIDA's research and treatment monograph series, and a bibliography generated by the National Clearinghouse on Alcohol and Drug Abuse Information (NCADI). Finally, we requested works from several authors who conduct research in this area. Of the references identified, virtually all of them dealt with client needs, client characteristics, or barriers to training and employment. The results are presented in detail elsewhere (Dennis, Karuntzos, & Rachal, 1992) and summarized below.

A total of 35 studies involved evaluations of vocational and training programs; however, only 6 were identified that focused on treatment clients and involved either a randomized experiment or a strong quasi-experiment (Arella et al., 1990; Friedman, 1978; Hall, Loeb, & Norton, 1977; Hall et al., 1981; Hollister et al., 1984; NIDA, 1982). These six studies addressed clients' motivational and job skill deficiencies, the need for a supported work environment, and the provision of an on-site vocational specialist. Although no single approach was able to meet the needs of all the clients or was effective in all cases, several showed promise in at least some situations. Prior to our effort, no studies appear to have combined all three approaches or attempted to integrate the additional resources with primary methadone counseling. In the following paragraphs, we present highlights of what has been learned about each of the three major approaches to date.

Job readiness/motivational workshops. Hall and colleagues (1977) pilot tested their Job Seekers Workshop approach by randomly assigning 49 volunteer methadone clients to either a vocational rehabilitation workshop (focused on interviewing skills and immediate job placement) or a control condition. The experimental group did significantly better in simulated interviews and in terms of 3-month placement rates (50% vs. 14%). During the full-scale experiment, Hall and colleagues (1981) randomly assigned 60 volunteer unemployed methadone clients to either the job-seeking workshop or a control condition. The experimental group again had significantly higher 3-month placement rates (52% vs. 30%) than did the control group. The authors noted, however, that their volunteer sample was atypical of the methadone programs from which they were drawn.

Supported work environment. Friedman's (1978) Wildcat program randomly assigned 600 clients to a standard group or one with small supportive crews, in-house

2.0 Background on Developing TEP

training programs, and vocational counselors. The experimental group was significantly more likely to have worked, worked more hours, and had higher earnings. The short-term net return was more than \$1.26 for each dollar invested. In the National Supported Work Demonstration, Hollister and colleagues (1984) randomly assigned 974 ex-addicts to either a standard group or a subsidized (slightly higher than the prevailing minimum wage) employment opportunity for ex-addicts. Supported work significantly reduced arrests and incarcerations and increased employment and earnings.

On-site vocational specialist. NIDA (1982) conducted a quasi-experiment across 39 clinics in three treatment modalities in Chicago, Detroit, and a location in New Jersey. Clinics were given either no vocational services, a part-time employment specialist (who served as an advisor and resource person), or a full-time employment specialist (who worked directly with clients). Although the statistical analysis of this study is severely flawed, it appears that the programs with a full-time employment specialist resulted in increased vocational activity and that programs with a part-time specialist decreased vocational activity. The latter was attributed to the primary counselors incorrectly assuming that the part-time person would address all of the vocational needs of the clients. Arella and colleagues (1990) compared four nonequivalent programs that received no services, a Medicaid subsidy for people who started working, an on-site vocational integrator (to work with counselors), or both a subsidy and an integrator. The pattern of pretest/posttest changes was statistically inconclusive.

A seventh study by Robinson and colleagues (1992) is currently under way to evaluate a comprehensive vocational enhancement program by comparing its clients to those in another methadone program without a vocational program. However, outcome data have yet to be released.

2.4 Preliminary TEP Studies

2.4.1 Needs Assessment Study

Initial client participation rates in the pilot study exceeded 80%. Note that these are the rates of people willing to enter the experiment and do not affect the study's internal validity because they occurred prior to random assignment. During the first 4 months of data collection (Phase I), 232 initial interviews and 163 clinical assessments were completed. Using data from these baseline interviews, French and colleagues (1991) conducted an assessment of client needs and desires. The highlights of this assessment are discussed in the following paragraphs.

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Barriers. The overwhelming majority of clients faced major financial disincentives and/or barriers to seeking employment, though several clients had adequate education, skills, and resources to find a reasonable job. A total of 65% of the clients had public health insurance they might lose if they accepted a job. Approximately 32% lacked a high school diploma or graduate equivalency diploma (GED). Virtually all clients reported problems with paying for transportation despite the fact that 94% of the clients had access to public transportation, 58% held a valid driver's license, and 65% had access to a reliable vehicle.

Vocational Aspirations. A total of 34% desired a career in a professional or technical occupation and 22% in a craft or skilled labor position. Given the educational and employment records of methadone clients in general, these occupational choices may indicate that important differences exist between employment expectations and actual job skills. A total of 75% of the clients were willing and able to participate in a program that would lead to a job paying \$8 to \$10 per hour and could commit just over 25 hours per week to such a program, on average. Those not wanting to participate in a training or employment program did not give lack of childcare or transportation as the primary reason (as might be expected); instead, they cited a collection of other reasons not listed as choices on the questionnaire.

Employment. Although 97% of the clients had at least one legitimate (non-drug-related) job during their lifetimes, only 34% were employed during the week prior to admission and another 7% were actively looking for work. Clients worked an average of 12 hours during the week prior to admission and only 19 weeks at a legitimate job during the year prior to admission. A total of 29% of the clients were currently employed at an average wage rate of \$9.38 per hour. Approximately 84% were able to work 35 hours per week if a good job were available, but 33% reported at least one disability that might interfere with their work.

Prior Income. The average total income from all sources in the year prior to admissions was \$24,600. Of this total, \$11,567 was from illegal earnings, \$5,903 was from legal earnings, \$2,389 was from public assistance, and the rest came from other sources. Interestingly, clients who worked prior to admission earned an average hourly wage of \$8.42. Much of the average reported annual income went toward the purchase of illegal drugs (\$12,921). Consequently, it is not surprising that 72% of the sample experienced financial problems because of drug use during the year prior to admission. This finding is also important as a financial justification for them to forgo illegal activities and pursue lower paying (but safer) legal activities. Clients reported that a training and employment program would be an important step toward helping them eliminate their financial problems and reduce their illegal activities. In monetary terms, clients expected an hourly wage increase of \$3.22, on average, if they completed a training and employment program.

2.4.2 Pilot Protocol Study

To determine the feasibility of the pilot vocational protocol, Dennis and colleagues (1993) conducted a small randomized field experiment. Their results (summarized below) were promising and led to the large study that is currently being conducted.

Clients and Participation. To get a range of clients in terms of readiness and motivation, clients for the pilot study were recruited in two primary ways: (a) each counselor was asked to recommend two clients who would benefit the most from the TEP protocol; and (b) a random sample of all remaining clients were approached about participating in the study. In San Jose, a sample of all people entering the program between December 1990 and June 1991 were also approached within a month of their intake into the program. The total client participation rate exceeded 80%, varying considerably by the three client samples: 90% of the counselor-recommended sample, 83% of the intake sample, and 74% of the random sample of existing clients. Although the probability of being included and the participation rates affect the representativeness of the sample relative to the program, the participation rates are relatively high for randomized field experiments and do not affect the study's internal validity because preinclusion attrition occurs prior to randomization (Dennis, 1993). We hope to address this issue further in the main experiment, but in our preliminary analysis here we will focus only on the main effect of TEP on employment and how it varies by site.

Within each client sample/site block, clients were randomly assigned to receive either standard (STD) methadone treatment or standard treatment plus TEP. Participation in the actual TEP services was voluntary, even if a client had agreed to participate in the interviews. All data were collected under a Federal Certificate of Confidentiality and under the supervision of RTI's Committee for the Protection of Human Subjects. Respondents were paid approximately \$10 per hour for participating in the interviews. Exhibit 2-1, at the end of the chapter, shows the demographic characteristics of the standard and TEP clients in each of the three sites and overall. Statistically significant differences were found in 2 of 24 within-site comparisons and none of the 8 across-site comparisons. It is also noteworthy that there were no significant within- or across-site differences in the employment status of standard and TEP clients (discussed further below).

Pilot TEP Protocol. The basic components of the pilot TEP protocol included (a) vocational needs assessment; (b) development of a vocational treatment plan; (c) development of a resource document to locate existing basic educational, training, public service, and employment programs that can be adapted to the needs of methadone clients; (d) an on-site vocational specialist at each program to work with

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both the counselors and clients to identify and address vocational issues; (e) vocational specialist training to recognize vocational needs, and to use the initial vocational plan, and resource document, to address client needs; (f) job readiness/motivational workshops focusing on personal growth, development, and job-seeking skills; and (g) a budget to pay for training, provide cash and service stipends, cover treatment costs, buy equipment, pay for transportation, provide preparatory training, or in any way facilitate placing clients into jobs that offer \$8+ per hour plus benefits. The vocational specialists were required to attempt to provide services to everyone assigned to TEP and to maintain weekly contact with those clients they were actively working with.

All three of the vocational specialists had either completed or were working on their master's degree and had training specifically related to addiction treatment. Each had 5 to 10 years of experience coordinating client services with other community agencies, and the specialists in Pittsburgh and San Jose had specifically been working in vocational programs for either families of abused children or similar programs for the chronically unemployed, respectively.

Prior to the pilot study, RTI staff worked with each vocational specialist to develop a directory of resources in their communities and a preliminary vocational protocol to be used across sites. The four vocational specialists then attended a 3-day workshop at RTI to review special issues related to methadone clients, drugs in the workplace (presented by Michael Nerney of Narcotic and Drug Research, Inc.), the preliminary vocational protocol, and the administrative requirements of the research study. A major purpose of this workshop was to foster a team approach and collaboration that would lead to the final version of this vocational protocol to be tested in the main experiment from 1993 to 1995.

To monitor the implementation of the pilot study, the vocational specialists were required to keep prospective service logs of both their general and client-specific field activities. RTI staff reviewed these activities with each specialist by phone on a weekly basis, and the logs were submitted on a monthly basis. The vocational specialists were also required to seek authorization from the RTI coordinator prior to making commitments of more than \$100 from the service funds. Weekly teleconferences were held between RTI staff and the vocational specialists to review activities, discuss problems that had arisen, and attempt to formulate potential responses as a group. Finally, quarterly site visits were made to review all activities and records in person and to meet with local program staff.

Instrumentation. The TEP pilot study involved a combination of interviews, service logs, and record abstraction. To determine the employment history, current employment status, and interest in vocational services, clients were interviewed prior to randomization, and data from their program intake interview were abstracted from

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their records. The initial interview was a pilot version of the instrument being used in NIDA's Drug Abuse Treatment Outcome Study (DATOS) (Hubbard & Jordan, 1989). This questionnaire and the subsequent 3-month follow-up interview drew extensively from the Treatment Outcome Prospective Study (TOPS) (Hubbard et al., 1989) and the Addiction Severity Index (ASI) (McLellan et al., 1985) and was the basis for both the Individual Assessment Profile (IAP) used in the DC Initiative (Flynn, 1991) and the Methadone Treatment Quality Assurance Study (MTQAS) (Phillips, Fountain, Hubbard, Forsyth, & Dunteman, 1992). Of the 113 core items shared between the three instruments, 71% have test-retest reliability coefficients of 0.70 or higher, 13% are between 0.60 and 0.69, 11% are between 0.50 and 0.59, and only 5% are below 0.50 (Flynn, Hubbard, Forsyth, Fountain, Smith, & Hoffman, 1992; Phillips et al., 1992).

As previously noted, we tracked both general and client-specific service logs that were reviewed on a weekly basis by the national coordinator. To validate the service data and assess short-term client outcomes, we interviewed the clients after 3 months with the previously mentioned DATOS in-treatment questionnaire. Follow-up was attempted regardless of TEP assignment or methadone treatment status. The overall response rate was 85.1%, varying from 77.3% in San Jose (where we had the intake sample) to 88.0% in Buffalo and 90.7% in Pittsburgh. The overall completion rate for standard and TEP clients was not significantly different (85.6% vs. 84.7%) and varied by only 1.3% to 2.1% within sites.

We plan to conduct a long-term follow-up of the pilot test group in 1993 and 1994. To help plan the main study, however, we also assessed intermediate outcomes by asking each client's counselor to determine the client's status at the end of the pilot study (approximately 6 to 12 months after randomization). Again, follow-up was attempted regardless of TEP assignment or methadone treatment status. The overall response rate was 73.0%, varying from 69.3% in San Jose and Buffalo to 80.0% in Pittsburgh. The overall completion rate for standard and TEP clients was not significantly different (69.6% vs. 76.6%).

What Services Were Provided as Part of the Preliminary Vocational Protocol? Exhibit 2-2 shows the client-specific services that were provided by the vocational specialists in each site between November 1990 and November 1991. A copy of the service log codes summarized under each category are provided in Chapter 7. Although the overall number of services, contacts, and hours of contact time are similar across sites, there are some marked differences in the specific services that were provided as the protocol evolved during the pilot study. The vocational specialist in Buffalo focused on vocational counseling and networking with local trainers and employers. The specialist in Pittsburgh focused on job development, educational/training program placements, job placements, and helping clients to schedule interviews and services. The specialist in San Jose focused on educational/training

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program placements and obtaining support services. The latter were particularly important for clients from the intake sample and included paying for such things as transportation, childcare, moving expenses, a welding license, safety equipment, glasses, or an automobile starter.

The vocational specialists also arranged for 32% of the TEP clients to be reviewed by a State vocational rehabilitation agency and/or JTPA office and were able to reduce the application time for most benefit programs by 50% to 80%. The specialists helped the clients move quickly through the applications process by having copies of all of the forms in advance, ensuring that the clients had all of the necessary information, helping to collect many of the required signatures and reports, walking the clients through the system, and following up on the clients as they proceeded through the application process.

Note that during this developmental phase, the TEP protocol was conceptually similar across sites, but the components of the protocol varied. It is, therefore, more appropriate to view the pilot protocol as four similar experiments rather than a single experiment with four sites.

To What Extent Did TEP Clients Get More Services Than Standard Clients? In a randomized field experiment, it is not enough to simply measure what the experimental group received. We must also measure the extent to which the standard group was receiving services appropriately from other sources or inappropriately from a vocational specialist. To address the first part of this question, we asked both groups of clients about the services that they received between randomization and the 3-month follow-up interview.

Exhibit 2-3 compares the extent to which standard and TEP clients were able to access vocational services during the first 3 months after randomization. Across sites, TEP clients were able to access more services than standard clients could. For instance, TEP clients were one and a half times as likely to have been referred to some kind of class/training and over 20 times more likely to have participated in one more classes. They were over 5 times more likely to have been referred to job skills services, 50 times more likely to have actually received job skills services, and 4 times more likely to have completed a formal vocational assessment. TEP clients were two times more likely than standard clients to have been referred to a job program, two to three times more likely to have received help or support services in their job hunt, and eight times more likely to have received financial help. Overall, they were twice as likely to have received any vocational services (32.1% vs. 72.0%). Furthermore, they had an average of three times as many vocational outcomes in the 3-month period (0.46 vs. 1.73).

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The potential for contamination and/or compensatory rivalry is always a real threat in a community-based experiment. We were able to identify two standard clients in San Jose who started receiving TEP services--one through an incorrect referral by an interview and one on the client's own initiative. We were able to identify them in the first week (through the regular review of the service logs) and prevent them from going beyond the initial assessment. During the quarterly site visits, we addressed many staff and community concerns, but never found evidence of anyone systematically trying to compete with the experimental group by helping the standard group.

What Is the Impact of TEP on Vocational Status? The key question, of course, is not simply whether we can access additional community services, but whether we can improve a client's vocational status. Recall that our intent is to go beyond simply helping clients to become abstinent. Rather, we hope to help them become productive members of society. To address the question of TEP's impact on vocational status, we classified clients at intake, at 3 months, and at the end of the pilot study (6 to 12 months) on an ordinal scale of (1) fully or partially employed, (2) in school or training, (3) other (i.e., not potentially in the workforce), or (4) unemployed and looking for work. We then conducted Wilcoxon rank-order tests to determine whether the observed differences were significantly different than chance.

Exhibit 2-4 shows the vocational status of clients at intake, at 3 months, and at the end of the pilot study. By the end of the pilot study, the TEP protocol significantly reduced unemployment in Pittsburgh (69.4% vs. 36.1%) and had a positive trend across sites. This effect was divided between about 10% of the TEP clients becoming employed and approximately 6% going to school. The differences are statistically significant in relations to pre-TEP vocational status. Although the percentage of standard clients who were employed dropped slightly, the percentage of TEP clients who were employed rose by over 20%. It is hoped that we can explore this effect further with the more extensive and long-term follow-up in the main experiment.

2.4.3 Economic Studies

Economic evaluation of enhanced vocational services in methadone treatment is an important component of the TEP project. Our economic evaluation strategy involves a cost analysis of both standard and TEP-enhanced methadone treatment at the participating clinics, and a cost-effectiveness analysis with a variety of outcomes. Starting with the TEP pilot study (Dennis et al., 1993), we have completed a cost analysis of standard treatment and the pilot protocol at the four clinics that participated in the pilot study. We have also completed a vocational profile and needs assessment of the clients that participated in the TEP pilot study. Findings

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from the vocational profile and needs assessment helped to shape the protocols we developed for the currently active TEP field study.

Cost of Standard and TEP-Enhanced Methadone Treatment. Few studies have rigorously examined the cost of drug abuse treatment (see, for example, Bradley, French, & Rachal, in press). The shortage of treatment cost studies is particularly unfortunate because cost estimates are necessary to conduct more sophisticated economic evaluations such as cost-effectiveness analysis and benefit-cost analysis. During the TEP pilot study we completed a comprehensive analysis of the cost of standard methadone treatment and the incremental cost of TEP services. A complete description of our methodology and results are reported in French et al. (1994), but we present highlights of the main findings below.

We collected cost and financing information during site visits and face-to-face meetings with staff from each of the four participating clinics. We compiled all the financial information in a detailed accounting and economic worksheet, which is now called the Drug Abuse Treatment Cost Analysis Program (DATCAP). We then merged TEP service data from the vocational counselors with resource use estimates for standard treatment to estimate total, average, and marginal costs.

Our primary research findings for the four treatment programs that participated in the TEP pilot study are reported elsewhere (French et al., 1994) and can be summarized as follows:

- The total annual cost of TEP services ranged from \$59,318 to \$73,217, the average annual cost per assigned TEP client ranged from \$1,483 to \$2,215, and the average annual cost per serviced TEP client ranged from \$1,648 to \$2,215 (See Exhibit 2-5).
- The total annual cost of standard methadone treatment ranged from \$819,902 to \$2,031,698, and the average annual cost per client ranged from \$3,546 to \$5,104 (see Exhibit 2-6).
- The marginal cost of providing TEP-enhanced treatment to a select number of clients was between 3.5 percent and 7.2 percent of the total annual cost of standard treatment and between 42.2 percent and 49.6 percent of the average cost per treatment client.

Referring to the standard methadone treatment cost estimates in Exhibit 2-6, note that the total annual cost varied considerably depending on the level of treatment services offered and the number of clients served. For example, Milwaukee, the most costly (on a per-patient basis) of the four programs, had a more stringent regimen of urine monitoring (2 times per week versus 8 to 12 times per year in most programs) and offered clients a much fuller range of ancillary services. In general, ancillary

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services varied considerably by site and included such services as adult day care, child care, referral services, aftercare, AIDS education seminars, frequent medical check-ups, and psychological testing. Similarly, Santa Clara County had the highest total annual cost estimate, but this program also provided treatment to significantly more individuals than the other programs. When we converted the total cost estimates to a common unit (i.e., the cost to treat one client for one year), we found that the average cost estimates were more consistent.

Exhibit 2-6 shows that across-program differences in TEP costs were not as pronounced as the cost differentials for standard treatment. The marginal cost of providing TEP services ranged from a low of approximately 4% of total treatment costs at the freestanding sites to a high of approximately 7% of total treatment costs at the hospital-based program. Furthermore, as Exhibit 2-5 shows, Santa Clara County, the TEP program with the largest number of serviced clients (43), had one of the lowest per-client cost (\$1,676), and Milwaukee, the TEP program with the smallest number of serviced clients (28), had the highest per-client cost (\$2,215). These differences in cost per TEP client can be attributed to differences in caseloads, areas of expertise of the vocational specialist, and the type of intensity of client services.

Analysis of standard and TEP-enhanced treatment costs is continuing for the main field experiment. We have completed site visits and cost data collection at each of the participating clinics during year 1 of the main trial. We will collect annual cost data during each of the subsequent years while the trial is proceeding. In addition, we are compiling TEP resource use and cost data during each of the subsequent years while the trial is proceeding. In addition, we are compiling TEP resource use and costs data from the Service Encounter Logs to estimate the total and average costs of TEP services at each clinic. We expect to have findings from the first phase of the cost analysis available by September, 1994.

2.5 Next Steps

Let us briefly recapitulate what we have found in reviewing the literature and conducting the pilot study.

1. Methadone clients have high rates of unemployment, which has been previously linked to poor treatment outcomes.
2. Clients want vocational services, but have had a difficult time accessing the traditional programs in the community.
3. The pilot TEP protocol was able to successfully help clients access vocational services in the community, shorten the time to do so, and provide intermediate resources to bridge some of the gaps in the system.

4. The pilot TEP protocol appears to reduce unemployment by increasing training and employment participation.

The latter two findings are strengthened by the consistency of the patterns across four different sites, adapted versions of the TEP protocol in these sites, and different samples of clients. The long-term outcomes on drug use, criminal activity, and health are not yet available. The previously established links between these problems and employment suggest that these long-term outcomes will also be positive (French et al., 1992; Gerstein & Harwood, 1990; Hubbard et al., 1989).

2.5.1 Reflections

With the increased data in the main experiment, we hope to further explore our ability to predict and match clients to service needs, develop a vocational screener that could be used in other programs to assess employability, and examine more closely the interrelationships among vocational status, drug use, and treatment outcomes. Although it is only anecdotal, one of our most profound lessons was to realize that the best paying job is not always the best job for a client. Several clients had been nurses, managers, or restaurant employees and left their jobs because the work environment was the source of their drug use. Efforts to put them back into the best paying job may have put them at considerable risk of relapse and/or dropping out of treatment.

At the other extreme, we experienced the enormous disincentives created by the availability of public health insurance to those on welfare, but not to those in low-paying jobs. Over a third of our clients had small children, as well as multiple physical problems for which they could not afford medical care on their own. Several were willing to work without pay to avoid losing health care benefits while they reestablished their employment status. In response to 6-month waivers and tax vouchers that the States offered to them, clients seemed to have an endless list of horror stories about benefits being cut and taking years to restore. We hope that in the coming years a more rational policy will be developed that will focus on how to help the working poor become insured instead of how to make the poor who try to work remain uninsured.

2.5.2 Recommendations

Although vocational rehabilitation services are technically a mandatory component of methadone treatment, they have recently been a low priority in most programs. Where vocational services are provided, it is typically at the request of an individual client or by the one or two counselors who may have experience in addressing vocational issues. Such knowledge is idiosyncratic and no match for the

2.0 Background on Developing TEP

complex and ever-changing web of community services that are needed to address client needs. We therefore recommend that programs take the following steps, if it is practical for them to do so, in order to better serve their clients:

- **Develop and maintain a community resource directory** that identifies and facilitates access to existing community services, including job readiness training, basic education, skills training, supportive services, job development, job placement, housing assistance, transportation assistance, childcare assistance, and other local programs.
- **Include vocational needs assessments in the intake process and quarterly reviews** so that barriers to employment and treatment can be simultaneously addressed and clients referred to services as appropriate for major levels of vocational readiness, (nonvocational, pre-vocational, training-ready, job-ready, and employed).
- **Train counselors to recognize and address vocational issues**, including how to use the resource directory, conduct assessments, and make effective referrals.
- **Provide personal development/motivational workshops** to help reshape each client's life-style and self-image, ranging from personal growth and development (e.g., Coachman, 1991) for those who are pre-vocational to job seeker's workshops (e.g., Hall et al., 1981) for those who are job ready.
- **Assign someone to specifically address vocational issues** and to assist counselors in finding community resources (both vocational and nonvocational) to meet the needs of their clients.
- **Provide additional financial resources** to meet the real gaps in the system for immediate items such as automobile repairs, glasses, and license exams.

Obviously, we plan to further explore the relationship between vocational services and recovery from drug abuse. Meanwhile, we will send this vocational protocol to anyone who is interested, and NIDA is planning to release it publicly as a treatment monograph.

Both the pilot and main study TEP protocols have been designed to have an immediate vocational impact on clients in three methadone treatment programs and to help these programs understand more generally the vocational needs of their clients and the potential effectiveness of vocational services for drug treatment clients. Our preliminary review of the literature and initial discussions with national experts suggested many problems and dim prospects for success. Indeed, clients and counselors initially perceived TEP as another "do good" program that could provide no

2.0 Background on Developing TEP

real services. This perception was altered during the pilot study through the efforts of the vocational specialists, increased support from local agencies to provide services, and additional resources available to link the clients with the providers and address their ancillary needs.

By integrating the vocational program with the client's primary treatment, the counselors and vocational specialists together can address each client's vocational needs and provided services to meet these needs. The preliminary steps taken during the pilot study to integrate the vocational component into the client's primary treatment not only generated an interest in the clients to better themselves and help pay for their treatment costs, but also had a positive impact on their primary care. The increased level of activity and client interest in treatment facilitated a proactive approach from the counselors when providing primary treatment.

At the program level, TEP has had an effect on program interest in client compliance, the level and quality of staff involvement in planning and providing treatment, and increased commitment to vocational rehabilitation as an integrated part of the client's primary care. The vocational specialists were successfully able to break down several barriers to accessing community services and jobs by meeting with local providers and addressing their specific concerns (whether real or just perceived). It is in this broad sense that vocational services are needed and are the right way to move that has made the research so rewarding to date. We encourage other providers and researchers to re-examine this long dormant area of client need. The remainder of this manual will focus on developing and implementing a vocational protocol in a treatment setting.

2.0 Background on Developing TEP

Exhibit 2-1. Demographic Characteristics, by Condition and Site (%)

Demographic Characteristic	Buffalo		Pittsburgh		San Jose		Total	
	STD (n=36)	TEP (n=39)	STD (n=46)	TEP (n=40)	STD (n=43)	TEP (n=45)	STD (n=125)	TEP (n=124)
Gender								
Male	68.6	61.5	60.9	59.0	62.8	46.7	63.7	55.3
Female	31.4	38.5	39.1	41.0	37.2	53.3	36.3	44.7
Age								
18 to 29	22.9	23.7	21.7	7.7*	14.0	11.1	19.4	13.9
30 to 35	20.0	29.0	37.0	66.7	32.6	17.8	30.6	36.9
36 to 40	20.0	29.0	28.3	15.4	30.2	42.2	26.6	29.5
41 or more	37.1	18.4	13.0	10.3	23.3	28.9	23.4	19.7
Race¹								
African American	45.7	35.9	34.8	25.6	4.8	16.3*	27.6	25.6
Caucasian	45.7	48.7	65.2	74.4	47.6	60.5	53.7	61.2
Hispanic	5.7	15.4	0.0	0.0	45.2	23.3	17.1	13.2
Other	2.8	0.0	0.0	0.0	2.4	0.0	1.6	0.0
Education								
Less than high school	34.3	43.6	26.1	12.8	61.9	71.1	40.6	43.9
High school graduate/ GED	42.9	28.2	39.1	41.0	19.0	13.3	33.3	26.8
Any college	22.9	28.2	34.8	46.2	19.0	15.6	26.0	29.3
Marital Status								
Married/living as married	28.6	38.5	15.2	28.2	37.2	24.4	26.6	30.1
Separated/divorced/ widowed	37.1	25.6	47.8	38.5	34.9	51.1	40.3	39.0
Single/never married	34.3	35.9	37.0	33.3	27.9	24.4	33.1	30.9
Criminal Justice Status								
None	62.9	66.7	56.6	66.7	79.1	75.6	66.1	69.9
Prior involvement	5.7	2.6	13.0	10.3	9.3	6.7	9.7	6.5
Current involvement	31.4	30.8	30.4	23.1	11.6	17.8	24.2	23.6
Time in treatment								
None (new intakes)	--	--	--	--	44.2	45.4	15.4	16.3
7-12 months	5.6	10.3	4.6	5.0	11.6	9.1	7.3	8.1
13-24 months	19.4	25.6	36.4	37.5	2.3	13.6	19.5	25.2
1 to 24 months	25.0	35.9	41.0	42.5	13.9	22.7	26.8	33.3
25+ months	75.0	64.1	59.1	57.5	41.9	31.8	57.7	50.4
Treatment financing								
Public	8.6	2.9	84.4	70.0	7.1	0.0	36.1	24.2
Private	88.6	85.7	4.4	12.5	33.3	44.4	36.5	45.8
None	2.9	11.4	11.1	17.5	59.5	55.6	25.4	30.0

--Not applicable.

*p<.05 for Chi-square.

¹Chi-square calculated based on collapsed Hispanic and other category in Buffalo, San Jose, and overall and on African-American versus white within Pittsburgh.

Source: Dennis, Karuntzos et al. (1993).

Exhibit 2-2. Mean Number of Client-Specific Vocational Services for TEP Clients, by Time and Site

TEP Client-Specific Vocational Services ¹	After 3 Months			After 6 Months			After 12 Months			
	Buff	Pitt	Total	Buff	Pitt	Total	Buff	Pitt	Total	
	Job development	0.21	1.13	0.22	1.03	1.28	0.33	0.85*	1.33	0.44
Counseling	2.69	0.88	0.20	2.74	1.28	0.71	1.85	1.53	1.24	2.61*
Referrals	0.95	1.00	0.60	1.26	1.65	0.96	1.27	1.80	1.22	1.43
Education/training	0.28	1.58	0.29	0.33	1.90	0.58	0.93*	2.03	0.84	1.08*
Job placement	0.03	0.15	0.02	0.03	0.23	0.07	0.10*	0.05	0.11	0.14
Scheduling	0.08	0.78	0.13	0.15	1.13	0.16	0.47*	1.15	0.29	0.53*
Support service	0.05	0.33	0.44	0.23	0.58	0.98	0.61	0.33	1.38	0.87
Funding assistance	0.03	0.18	0.04	0.10	0.33	0.18	0.20	0.15	0.24	0.25
Personal development	1.15	3.60	2.84	3.49	5.58	4.51	4.53	6.25	5.22	6.04
Avg. number of services	5.47	9.63	4.78	9.36	13.96	8.48	10.82	17.27	15.52	14.43
Avg. number of contacts ²	9.20	11.50	9.76	18.23	16.92	15.58	16.85	28.92	18.68	22.45
Avg. hours contact time ²	5.45	11.99	9.63	13.97	19.03	14.28	15.72	24.92	17.48	22.87
Clients with 1+ services (n)	28	33	34	30	33	35	98	31	33	99
Clients with 1+ contacts (n) ²	31	36	38	33	37	38	108	33	37	109
Total TEP clients (n)	39	40	45	39	40	45	124	39	40	124

*p.05 for Kruskal-Wallis χ^2 by site; Buff = Buffalo, Pitt = Pittsburgh, SanJ = San Jose.

¹See appendix for specific services that are summarized under each of the categories.

²Includes administrative contacts to introduce the program, stay in weekly contact, and follow-up referrals.

Source: Dennis, Karantzios et al. (1993).

2.0 Background on Developing TEP

**Exhibit 2-3. Relative Frequency of Vocational Outcomes at 3 Months,
by Level of Vocational Services**

Vocational Services Received at 3 Months	Buffalo		Pittsburgh		San Jose		Total	
	STD (n=32)	TEP (n=34)	STD (n=41)	TEP (n=36)	STD (n=31)	TEP (n=35)	STD (n=104)	TEP (n=105)
Referred to classes/education	3.1	20.6*	14.3	11.1	9.4	14.3	9.4	15.2
Received classes/education	0.0	11.8*	0.0	36.1*	0.0	14.3*	0.0*	21.0*
Enrolled in school/college	9.4	17.6	7.1	5.6	12.5	11.4	9.4	11.4
Referred to job skills services	0.0	14.7*	7.1	19.4	0.0	14.3*	2.8	16.1*
Received vocational assessment	6.2	26.5*	2.4	13.9	3.1	11.8	3.8	17.3*
Received job skills services	0.0	64.7*	0.0	69.4*	0.0	14.3*	0.0	49.5*
Referred to job training	0.0	2.9	4.8	2.8	0.0	2.9	1.9	2.9
Received help looking for job	3.1	11.8	7.1	16.7	6.2	0.0	5.7	9.5
Received job support services	3.1	11.8	23.8	30.6	0.0	25.7*	10.3	22.9*
Received financial help	3.1	5.9	0.0	11.1*	0.0	5.7	0.9	7.6*
Mean number of outcomes (1-10) ¹	2.8	18.8*	6.7	21.7*	3.0	11.4*	4.4*	17.3*
Percentage with any outcome (%)	18.8	73.5*	45.2	97.2*	21.2	45.7*	29.9	72.4*

*p<.05 for Chi-square.

Chi-square for based on Kruskal-Wallis test on rank order for number of outcomes.

Source: Dennis, Karuntzos et al. (1993).

2.0 Background on Developing TEP

Exhibit 2-4. Impact on Vocational Status, by Condition and Site

Vocational Status	Buffalo		Pittsburgh		San Jose		Total	
	STD	TEP	STD	TEP	STD	TEP	STD	TEP
Initially	(<u>n=36</u>)	(<u>n=39</u>)	(<u>n=46</u>)	(<u>n=40</u>)	(<u>n=43</u>)	(<u>n=45</u>)	(<u>n=125</u>)	(<u>n=124</u>)
Employed	48.6	40.5	24.4	12.5	46.3	29.6	38.8	27.3
Not in workforce ¹	48.5	54.1	64.5	75.0	48.8	68.1	54.6	66.1
Unemployed ²	2.9	5.4	11.1	12.5	4.9	2.3	6.6	6.6
After 3 Months	(<u>n=32</u>)	(<u>n=34</u>)	(<u>n=41</u>)	(<u>n=36</u>)	(<u>n=31</u>)	(<u>n=35</u>)	(<u>n=104</u>)	(<u>n=105</u>)
Employed	34.4	32.4	35.7	27.8	56.2	55.9	41.5	38.5
Not in workforce ¹	62.5	58.8	54.8	55.5	31.3	35.3	50.0	50.0
Unemployed ²	3.1	8.8	9.5	16.7	12.5	8.8	8.5	11.5
After 6 to 12 Months	(<u>n=24</u>)	(<u>n=28</u>)	(<u>n=36</u>)	(<u>n=33</u>)	(<u>n=27</u>)	(<u>n=34</u>)	(<u>n=87</u>)	(<u>n=95</u>)
Employed	36.0	46.4	22.2	27.8*	55.6	61.8	36.4	44.9
Not in workforce ¹	28.0	14.3	8.3	36.1	14.8	14.7	15.9	22.4
Unemployed ²	36.0	39.3	69.4	36.1	29.6	23.5	47.7	32.6

*p<.05 for Chi-square.

¹Includes people who are in school, retired, disabled, or homemakers.

²People who are not working and are actively looking for work.

Source: Dennis, Karuntzos et al. (1993).

2.0 Background on Developing TEP

Exhibit 2-5. Annual Total and Average Costs of Adding TEP Services

	Program (December 1990 - November 1991)							
	Buffalo, NY		Pittsburgh, PA		Santa Clara, CA		Milwaukee, WI ^a	
	(\$)	(%)	(\$)	(%)	(\$)	(%)	(\$)	(%)
Labor	\$38,402	65%	\$41,681	57%	\$49,762	69%	\$50,981	82%
Client services	\$8,671	15%	\$12,926	18%	\$16,500	23%	\$6,443	10%
Program supplies	\$3,298	6%	\$1,541	2%	\$553	1%	— ^c	— ^c
Travel	\$1,211	2%	\$3,035	4%	\$2,625	4%	\$1,870	3%
Overhead & other variable	\$7,736	13%	\$14,033	19%	\$2,619	4%	\$2,728	4%
Total annual TEP cost	\$59,318	100%	\$73,217	100%	\$72,060	100%	\$62,022	100%
TEP clients assigned	40		40		45		28	
Cost per assigned client	\$1,483		\$1,830		\$1,601		\$2,215	
TEP clients serviced	36		38		43		28	
Cost per client	\$1,648		\$1,927		\$1,676		\$2,215	

^aCosts are from April 1991 - January 1992 and represent partial implementation, prorated to 12 months.

^bClient services include indirect overhead expenses and indirect operating costs for the vocational specialist in Pittsburgh, Buffalo, and Milwaukee.

^cIncluded in client services.

Source: French et al., 1994.

2.0 Background on Developing TEP

Exhibit 2-6. Annual Costs of Standard Methadone Treatment

Source of Revenue	Program			
	Buffalo, NY	Pittsburgh, PA	Santa Clara, CA	Milwaukee, WI ^a
Fixed (building/ equipment) ^a	\$105,340	\$83,107	\$374,030	\$5,262
Rent & maintenance buildings)	\$6,955	\$93,783	\$43,734	\$333,591
Labor	\$456,072	\$911,139	\$1,153,136	\$661,826
Other variable	\$215,971	\$226,546	\$301,192	\$130,665
Contracted services	\$34,864	\$238,241	\$159,606	\$399,723 ^b
Total annual cost	\$819,202	\$1,552,816	\$2,031,698	\$1,531,067
Static caseload	210	400	573	300
Total annual cost per client	\$3,901	\$3,882	\$3,546	\$5,104
Total TEP cost/ total standard cost	7.2%	4.7%	3.5%	4.1% ^c
Average TEP cost/ average standard cost	42.2%	49.6%	47.3%	43.4% ^c

^aAverage across two or more years.

^bIncludes salaries and fringe benefits for five counselors and three urine tests per week per client.

^cCosts are from April 1991 - January 1992 and represent partial implementation, prorated to 12 months.

*Standard treatment costs for these two sites are also reported in Bradley, French, and Rachal (Forthcoming).

Source: French et al., 1994.

3.0 Becoming a Vocational Specialist

A vocational specialist's role involves a multifaceted process that will lead to an individual client's vocational development. To determine what is necessary to establish a vocational plan, each vocational specialist, in collaboration with the primary counselor, must (a) establish with his or her client a vocational objective, (b) determine appropriate actions necessary to meet this objective, and (c) assist the client through the various stages of his or her vocational rehabilitation.

In this role, a vocational specialist has several parts to play, including

- *job developer*, acting on behalf of clients to assist them in becoming knowledgeable about community, education, and employment resources and striving to create employment opportunities through a network of informed employers and business leaders;
- *vocational counselor*, helping clients explore issues regarding past behaviors and experiences while developing client interest in vocational rehabilitation (the counselor helps clients develop a more constructive thought process about the world of work); and
- *case manager*, writing a course of action that will lead to the achievement of a vocational skill, supporting an individual's right to work, and making appropriate referrals.

3.1 Becoming a Job Developer

As a job developer, a primary role of the vocational specialist is to network within the local community and develop employment opportunities for drug treatment clients. Drug treatment clients are often perceived by many employers as controversial or undesirable. This existing bias stems from the stereotyping of drug treatment clients as drug addicts and criminals.

A job developer will have little, if any, impact on changing the thought processes of any employer because biases and prejudices are generally based on value systems. However, the job developer (employment agent, job agent, advocate) can highlight the potentialities of the prospective applicant to an employer. An employer's biases might be better influenced by a client's performance on the job when given the opportunity to prove his or her abilities. On-the-job training and employment tryouts can serve as good resources for the client because they create employment and training opportunities for the client and also allow the employer to evaluate the individual as a

3.0 Becoming a Vocational Specialist

potential employee. On-the-job training opportunities can be accessed through local JTPA programs or the Private Industry Council.

The vocational specialist can offer financial incentives currently available through Federal dollars to prospective employers for hiring drug treatment clients. Incentives to generate employment opportunities are best used in establishing rapport with individual employers rather than organizations.

Examples of handouts that vocational specialists can use when representing clients to prospective employers are shown in Exhibits 3-1 and 3-2 at the end of this chapter. Appendix A includes additional materials on conducting job market research and making initial contacts in the job market. Included in Appendix A are lists of potential sources and specific protocols for making contacts in person, by phone, or by mail.

Business and professional gatherings such as the one described in Exhibit 3-3 are good places to establish contacts. The potential for employment is contingent on the job developer's networking abilities and follow-up, as well as a company's ability to hire. Another technique is to make a formal presentation while attending a business and/or professional meeting. Exhibit 3-4 provides an example of a presentation agenda that might help vocational specialists develop networking capabilities.

Establishing community support groups and advisory committees of key business and community leaders can set the tone for a change in attitude about hiring a drug treatment client. Through their association with and advocacy for the client population, vocational specialists can also create an increased level of acceptance and legitimacy for drug treatment clients. They can thereby have an impact on public support for the employment of recovering addicts.

3.2 Serving as a Vocational Counselor

The vocational specialist's role as a counselor is to (a) enhance vocational development, (b) identify barriers to employment, (c) seek adequate vocational evaluation, (d) set employment goals, (e) explore training and employment options, and (f) advise clients about training and employment alternatives, timeliness, labor markets, job requirements, and wage differences.

In practice, the primary counselor and vocational specialist will have to work as a team to provide consistent guidance and reinforcement to their clients.

3.3 Acting as a Case Manager

Case management is an administrative and tracking function. The information contained in case files may

- chronicle a series of vocational events,
- summarize perceptions about participation,
- outline actions taken in cases of noncompliance, and
- list types and results of referrals.

Often, such information is compiled in a computerized management information system that can be easily retrieved to provide funding sources and auditing teams with the information they need to evaluate the effectiveness of a program. Vocational specialists maintain and manage this type of information for the purpose of recording their clients' vocational events.

3.3.1 Assessments

Vocational assessments are used by vocational counselors to identify vocational strengths, interests, and potential. This information can be used to assist clients in establishing plans and setting goals. Vocational, psychological, and medical assessments provide the vocational specialist with information concerning a client's capabilities and interests. Such assessments also help a vocational specialist to develop individualized vocational treatment plans to meet each client's needs.

Assessments serve a variety of purposes:

- vocational inventories primarily identify occupational interests;
- skills assessments determine a client's abilities to perform certain tasks or jobs;
- psychological assessments measure personality attributes, neurological impairments, or intelligence levels; and
- medical assessments provide information concerning physical disabilities that may impinge on a client's ability to perform a specific task or job.

3.3.2 Referrals

Once a client's needs, interests, and abilities have been assessed, vocational specialists explore options with their clients to identify and access existing resources and services to meet these needs. Services may include

3.0 Becoming a Vocational Specialist

- skills training programs,
- basic education programs,
- job preparation workshops, and
- personal development workshops.

Vocational specialists may also refer eligible clients to placement and funding agencies such as a State's DVR, which can provide placement and funding assistance to clients enrolling in training and employment programs. Appendix B contains more detailed information on the services provided by the typical State DVR.

Job-ready clients (see Chapters 6 and 7) may be referred directly to jobs or employment agencies, which can identify potential employment opportunities suitable for a client's needs and abilities.

3.3.3 Follow-ups

Recidivism (i.e., relapse) is a chronic problem among drug treatment clients. Follow-up contacts and support sessions are critical to ensure placement success. Clients entering new work environments or training programs face potentially stressful situations that may lead to failure. Follow-up contacts allow the vocational specialist to identify these issues and address potential pitfalls during support groups or counseling sessions.

After undergoing training and acquiring experience in their role, vocational specialists should be equipped to

- act as a job agent to represent their clients' skills to potential employers,
- act as an employment counselor to obtain vocational evaluations and appraisals to assist clients in developing achievable goals,
- serve as an advocate to encourage business and community leaders to open doors and provide employment opportunities, and
- perform as an adviser to reinforce the development that takes place throughout the vocational training and employment of their clients.

Exhibit 3-1. Handout Example 1

**Training and Employment Program
(TEP)**

The Research Triangle Institute is conducting a Training and Employment (TEP) pilot study for the National Institute on Drug Abuse (NIDA). The study is being implemented in Pittsburgh, Buffalo, Milwaukee, and San Jose to determine the feasibility of establishing a national vocational rehabilitation program for methadone treatment clients.

TEP Study Objectives

The goal of TEP is to increase employment and earnings for methadone clients.

The main objectives of the study are to:

- Identify the vocational and employment needs of methadone clients
- Identify employment opportunities through local employment networks and service providers
- Identify means to eliminate barriers to employment
- Determine the interest of clients in vocational, public service, and/or job placement programs
- Determine the costs of providing training and employment programs for methadone clients

For More Information

For further information on the Training and Employment Program and/or the Research Triangle Institute, please contact:

- Dr. Robert Hubbard, Principal Investigator
- Georgia Karuntzos, National Vocational Coordinator
at (800) 334-8571 extension 6159, or at (919) 541-6159

The TEP pilot study is funded by NIDA grant number 5-R18-DAO6383-01.

Exhibit 3-2. Handout Example 2

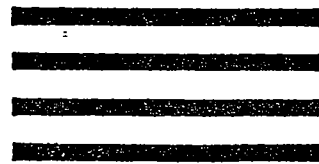


Training Employment Program

This program is aimed at putting drug-dependent persons to work, helping them find real jobs. These people are outpatients of Sisters Hospital's methadone maintenance program, which enables chemically dependent persons to live drug free. Often, clients graduate from all treatment to lead normal lives. A larger purpose of this program, a federally funded research project, is to test the notion that gainful employment will greatly enhance such progress, and raise the graduation rates substantially.

More than altruism is involved. There are tangible benefits to employers, as set forth in this publication. This program is unique in that training assistance and placement efforts are not generalized, but rather specific to each individual candidate.

Interest on the part of prospective employers is solicited. Inquires are welcome.



Sisters of Charity Hospital Training Employment Program

Advisory Committee

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Private Industry Council

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Culhrell-Szymczak, Inc.

The Training and Employment Program is conducted for the National Institute on Drug Abuse by The Research Triangle Institute of North Carolina through Sisters of Charity Hospital. For further information, contact: Robert Hubbard Ph.D., Principal Investigator or Georgia Karunizos, National Vocational Coordinator at 1-800-334-8571.

Training Employment Program



Sisters of Charity Hospital
2157 Main Street
Buffalo, New York 14214
716/862-2641

Exhibit 3-2. (continued)

TARGETED JOBS TAX CREDIT
 Eligible candidates include: economically disadvantaged individuals who are either Social Services recipients, SSI recipients, the handicapped, Vietnam veterans, youth ages 18-24, and youth 16-18 who are also enrolled in a vocational or educational program.

How to obtain the tax credit: The individual must provide the employer with a voucher slip obtained at any NYS Job Service. The employer fills out his portion of the voucher which must then be postmarked no later than five days after the start of the employee's job. (Letters postmarked after the five day period will render the voucher invalid.) A certificate will be returned to the employer which will then be submitted with that year's federal tax return.

Amount of the credit: An employer can deduct 50% of the employee's first year salary, not to exceed \$2,400, from the company's federal tax return for each employee for which he has obtained a Targeted Jobs Tax Credit Certificate.

TRY OUT EMPLOYMENT
 The sponsoring agency pays 100% of the employee's wages for the tryout period (often about 8 weeks in length). This incentive can be offered through such agencies as the Private Industry Council, or other funded programs such as the Training and Employment Program through Sisters Hospital and the Triangle Research Institute. It is generally anticipated that the employee will be hired by the company unless the employee clearly fails in the "tryout" period.

ON THE JOB TRAINING (OJT)
 The Jobs Training Partnership Act (JTPA) which created OJT is the Federal Government's primary job training program. In the Buffalo area, over one million dollars is paid out for OJT each year. The Private Industry Council will certify an individual as "JTPA eligible". Under the provisions of the program, the employment must be full time and not seasonal or temporary. The job must also pay at least \$5.50 per hour. OJT funds will reimburse the company for 50% of the employee's wage rate

during the training period (generally between 6 and 16 weeks in length). The Training and Employment Program (TEP) offered directly through Sisters Hospital in conjunction with The Research Triangle Institute is prepared to negotiate a similar arrangement with prospective employers interested in giving our clients a chance.

IN ADDITION
 The TEP program has as a major goal the removal of barriers to vocational success for our clients.

At times, some of our methods will resemble already existing programs. At other times our efforts will be designed to supplement the finances and/or efforts of established programs. Since we are a research project, we are free to consider any feasible idea potentially leading to full time gainful employment for our client population. If you or your company have an idea that you would like to discuss with us, please feel free to contact Bernice Arnesen III, M.S., C.A.C. our Buffalo Vocational Specialist at 862-2165 or 862-2641. We would be glad to discuss any ideas that might benefit your company as well as our clients.

Work helps to preserve us from three great evils - weariness, vice, and want.
 Voltaire

Exhibit 3-3. Professional Gathering Example



BUSINESSFEST

A GREATER BUFFALO CHAMBER EVENING SOCIAL

Sponsored by Brite Ideas Sales & Marketing Inc., Business First of Buffalo Inc., Cable Media Connections / Adelpia Cable, The Council of Small Business Enterprises (COSBE), Hale Northeastern Inc., Ramada Renaissance, Smartline Systems Inc., Tavco Marketing & Media Inc., and WGR 55/97 Rock

Thursday, February 28, 1991

3:00 - 7:30 p.m.

Chamber members \$15.00 / Non-members \$25.00

Exhibit Tables \$100.00

Ramada Renaissance Hotel

4243 Genesee Street



Businessfest Roundtable 3:00 - 4:00 p.m.

Topic: Health Care Cost for the Uninsured: Proposals for Fixing a Defective System
This session, designed for owners and key personnel of privately held businesses, will provide an overview of the insurance crisis facing New York State firms and highlight specific proposals designed to address these challenges.

Businessfest Management Forum 4:00 - 5:30 p.m.

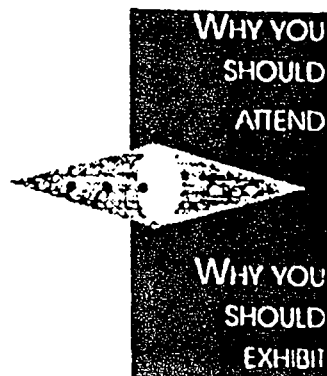
Topic: Eight Ways to Cut Your Health Care Costs
This program, featuring experts from the health and benefits industry, will discuss choices available in group health care coverages and what plans work best.

Chamber News 5:30 - 6:00 p.m.

Kevin D. Keeley, President & CEO of the Greater Buffalo Chamber of Commerce, will discuss opportunities for Chamber members to get involved and learn about member benefits.

Businessfest Mini Marketplace 6:00 - 7:30 p.m.

This event provides an excellent opportunity to meet fellow members and view exhibit tables. Hors-d'oeuvres and cocktails will be available.



Prospect for new customers and suppliers.

Interact with fellow business associates to discuss mutual challenges and concerns.

Discover available business development assistance to help buy, sell, start, or expand your business in WNY.

Recruit a base of prospects for your sales force.

Introduce a new product or service by renting an exhibit table.

Exhibit 3-4. Presentation Agenda Example

WNYN

Western New York Networking & Business Information Exchange Group

BIEG

AGENDA

Weekly Meeting - 8:00 am - February 26, 1991 - Nickel City Cafe

8:00 - 8:30

Welcome

Introduction of Current Members
Introduction of Potential Members

Reports

News/Referrals/Ideas Forum

8:30 - 9:00

Business Presentations Bob Bielecki
 Allen Menefee

9:00 - 9:30

Speaker Bernhard Arnesen
 Georgia Karuntzos
 RTI/Sister's Hospital
 "Re-entering the work force
 after substance abuse."

9:30

Adjourn

Future Speakers Mar. 5, 1991
 Lou Ebert
 Cellular One

4.0 Identifying and Accessing Community Resources

The first task that a vocational specialist should undertake in a program should be to assemble and maintain a loose-leaf directory in a three-ring binder. This directory should contain information about the local community service agencies offering social and other helping services that may be needed by the program's clients. We suggest that vocational specialists assemble such a directory in a loose-leaf notebook format so that pages may be added, changed, or taken out entirely as new information becomes available or new agencies begin to provide or make services available to drug treatment clients. We further suggest that vocational specialists visit local information and referral programs to see how an effective network system is set up and used. The vocational specialist should act as a comprehensive information and referral agent to link clients with appropriate resources. The following information on identifying and accessing community resources has been adapted from Bonito, Fairbank, & Rachal (1991).

In the process of assembling a community resource directory of available social services, vocational specialists should be making contacts with and meeting people involved in providing services from various agencies. One of the vocational specialist's responsibilities will be to exchange information and educate these people about the needs of the clients who are served by the drug abuse treatment program. Some of these needs may be quite general and require little more than the typical kinds of services that one would expect to provide to people who have little or no education, are unemployed, and have few if any job skills. Other needs may be more specific and relate to the problems of people who use drugs, particularly intravenous use of heroin and other drugs. Still other needs may relate to particular problems of clients in a specific treatment program. Wherever possible, every effort should be made to stress similarities of drug abuse clients and other types of people whom an agency already serves.

4.1 Establish the Kinds of Services Needed and Identify Available Agencies

The initial steps in organizing and planning the community resource directory will involve identifying the types of services needed by clients in the program and the agencies from which those services have commonly been obtained. The types of services should form the major sections in the directory, and the agencies providing those services will constitute the entries or pages within each of these sections. Exhibit 4-1, at the end of this chapter, lists a range of vocational services and agencies

4.0 Identifying and Accessing Community Resources

that might exist, and Exhibit 4-2 shows the actual services found in Allegheny County, Pennsylvania (Garrett, 1991).

For each agency identified in the directory as potentially or actually providing a needed service to program clients, a vocational specialist should obtain the following information:

- the name, address, and telephone number of the agency;
- the name of a contact person (or people) at an agency who has provided or assisted in providing the kinds of services that the program will be seeking for its clients;
- a brief description of the specific types of available services;
- any eligibility criteria that are used to determine whether a particular client receives services from the agency;
- any provider or registration fees that clients are expected to pay;
- any residency requirements;
- sex, racial/ethnic, or religious affiliations that might be given service preference;
- any waiting periods or screening procedures that must be performed for services to be received;
- if possible, copies of information sheets from the agencies, as well as specimen applications or history forms that a client will need to complete in order to receive services; and
- a specific description of any interviews that might be conducted and the kinds of information that would be elicited in an interview.

Remember that the purpose in having each vocational specialist create a community resource directory is to have a comprehensive resource for the program, themselves, counselors, and clients. In addition, it is intended that this resource document incorporate all of the information that might be necessary to advise a client on how he or she can obtain a needed service. In the process, it is also very important to identify any possible obstacles that clients might face in receiving a service from an agency. The community resources directory will be referred to in Chapter 9 where we discuss services to meet client needs.

4.0 Identifying and Accessing Community Resources

4.2 Contact Previously Unused Agencies

The second step in assembling the community resource directory will be to contact social service agencies that have not been, at least to this point, providing services to program clients. They may not have been involved with program clients because no one in the program provided direct referral. It is possible that in the past the referral organization or agency did not provide services to drug abuse treatment clients. At this time, however, their policies may have changed to serve high-risk clients. It is important that private, as well as public, agencies be contacted and included in the directory. General-purpose, private charitable organizations such as Catholic Charities and Jewish Family Services should be included in the directory. Often they are able to provide, on a relatively timely basis, the kinds of financial and other support assistance that public agencies are unable to provide.

The goal of the directory is to have all of the needed resources for any particular client at the fingertips of the vocational specialist, primary counselors, and clients. Sources that should appear in the directory include (but should not be limited to) the following:

- housing,
- employment,
- mental health services and psychiatric care,
- medical care,
- dental care,
- job skills training,
- vocational rehabilitation,
- educational counseling services,
- physical rehabilitation,
- food,
- family services,
- legal aid,
- medical and financial assistance programs, and
- help with co-addictions to alcohol and cocaine.

Exhibit 4-3 contains an example of the table of contents for the community resource directory indexed in Exhibit 4-2. Exhibit 4-4 contains actual entries excerpted from the same directory.

4.3 Persuade Service Providers to Help Drug Abuse Clients

It is very possible that some agencies will have had an informal policy of not providing services to drug abuse treatment clients. Their experience may have been that such clients do not make good use of the services or follow through with completion of the services. In an environment where no agency has all of the resources it needs, service providers may have decided, again informally, to limit the amount of resources they will expend on drug abuse treatment clients. It may be necessary for a vocational specialist to exchange information and educate the contact person at these agencies regarding drug treatment client's entitlement to services and the direct benefit from these services.

4.4 Meet Face to Face with Service Providers

To be effective in this role, the vocational specialist should meet face to face with agency personnel. Face-to-face meetings establish a personal rapport with the contact person of the agency. Although telephone contacts are quick and easy to establish and can be beneficial, they should be followed up with personal visits. Personal contacts allow a vocational specialist to establish a relationship with a service provider and create a more receptive environment for a client. The vocational specialist can work with the contact person to expedite intake procedures and eligibility requirements and establish a partnership with the agency to provide services for the client.

4.0 Identifying and Accessing Community Resources

Exhibit 4-1. Vocational Services and Agencies

Job Placement Services

- Job Corps
- Employment Agencies (STRIVE)
- Urban League
- Private Industry Council (PIC/JTPA)
- Equal Opportunity Center
- Chamber of Commerce
- Office of Employment Security
- Federal Program Department
- Coalition for the Employment of the Disabled
- Ascent Employment Agency

Job Preparation Services

- Division of Vocational Rehabilitation (DVR)
- Institute for Career Development
- State Division of Vocational Rehabilitation (DVR)
- Vocational Rehabilitation Center (VRC)
- Comprehensive Employment Opportunity
- Jewish Family Services
- Greater Avenues for Independence
- Clarkson
- Horizon
- Single Point of Contact (SPOC)
- Mature Adult Placement Services
- Renewal
- YWCA/YMCA - Career Development Center
- Workability 2 Program

Skills Training

- Center for Employment Training
- Institute for Career Development
- Goodwill Industry
- Private Skills Training Facilities
 - Bidwell Training Center
 - Swanson Training
 - MATC
 - Rosedale Technical Institute
- Public Skills Training Facilities
 - Training Inc., Jobs Plus, Program Research, and Development, Inc.
 - NOVA Job Training Consortium

Educational Services

- Community College
- State/Local College
- Catholic Charity (GED)
- Jewish Family Services (GED)
- Forbes Road East Area Vo-Tech School
- Transitionally Needy Training (TNT) Program
- Pittsburgh Literacy Initiative
- Metropolitan Adult Education Program (MAEP)
- Central County Occupational Center

4.0 Identifying and Accessing Community Resources

Exhibit 4-2. Vocational Services in Allegheny County, Pennsylvania

VOCATIONAL SERVICES

EDUCATIONAL

Single Point of Contact (SPOC)	4
Vocational Rehabilitation Center of Allegheny Co, Inc (VRC)	6
Vocational Rehabilitation Office (OVR)	9
Community College of Allegheny County	11
Federal Programs Department	13
Pittsburgh Partnership-Job Training Partnership Act	18
Action-Housing, Inc.	22
Pittsburgh Literacy Initiative	23
Single Parent & Homemaker Services	28
University of Pittsburgh	35
Duquesne University	36

TRAINING

Pittsburgh Job Corps Center	1
Connelley Skill Learning Center	3
Single Point of Contact (SPOC)	4
P.B.A. - The Second Step	5
Training, Inc.	7
Vocational Rehabilitation Office (OVR)	9
Federal Programs Department	13
Forbes Road East Area Vo-Tech School	14
Bidwell Training Center, Inc	15
Transitionally Needy Training Program (TNT)	16
Urban League of Pittsburgh, Inc.	17
Pittsburgh Partnership-Job Training Partnership Act	18
Operation Dig/Careers Inc	21
Pinch Hitters	25
Rosedale Technical Institute	26
Pittsburgh Beauty Academy	27
Program Research & Development, Inc.	29
KCS Companies	32
Parkway West Area Vocational-Technical School	33

Source: Garrett (1991).

4.0 Identifying and Accessing Community Resources

Exhibit 4-2 (continued)

JOB PREPARATION

Pittsburgh Employment Alliance	2
Jobs Plus	8
Private Industry Council	10
Mature Adult Placement Services (MAPS)	12
Federal Programs Department	13
Transitionally Needy Training Program (TNT)	16
Urban League of Pittsburgh, Inc.	17
Pittsburgh Partnership-Job Training Partnership Act	18
Three Rivers Employment Service	19
Renewal, Inc	20
Operation Dig/Careers Inc	21
Program Research & Development, Inc.	29
Allegheny County Commission for Workforce Excellence	31
KCS Companies	32
Pittsburgh Job Center	34

ASSESSMENT

Vocational Rehabilitation Center of Allegheny Co, Inc (VRC)	6
Vocational Rehabilitation Office (OVR)	9
Vocational Services	24
Western Instructional Support Center	30

4.0 Identifying and Accessing Community Resources

Exhibit 4-3. Community Resource Directory: Table of Contents Example

TABLE OF CONTENTS

Pittsburgh Job Corps Center.....	1
Pittsburgh Employment Alliance.....	2
Connelley Skills Learning Center.....	3
Single Point of Contact (SPOC).....	4
P.B.A. - The Second Step.....	5
Vocational Rehabilitation Center of Allegheny Co., Inc. (VRC).....	6
Training, Inc.....	7
Jobs Plus.....	8
Vocational Rehabilitation Office.....	9
Private Industry Council.....	10
Community College of Allegheny County.....	11
Mature Adult Placement Services (MAPS).....	12
Federal Programs Department.....	13
Forbes Road East Area Vo-Tech School.....	14
Bidwell Training Center, Inc.....	15
Transitionally Needy Training Program (TNT).....	16
Urban League of Pittsburgh, Inc.....	17
Pittsburgh Partnership-Job Training Partnership Act.....	18
Three Rivers Employment Service.....	19
Renewal, Inc.....	20
Operation Dig/Careers, Inc.....	21
Action-Housing, Inc.....	22
Pittsburgh Literacy Initiative.....	23
Vocational Services.....	24
Pinch Hitters.....	25
Rosedale Technical Institute.....	26
Pittsburgh Beauty Academy.....	27
Single Parent & Homemaker Services.....	28
Program Research & Development, Inc.....	29
Western Instructional Support Center.....	30
Allegheny County Commission for Workforce Excellence.....	31
KCS Companies.....	32
Parkway West Area Vocational-Technical School.....	33
Pittsburgh Job Center.....	34
University of Pittsburgh.....	35
Duquesne University.....	36

Source: Garrett (1991).

4.0 Identifying and Accessing Community Resources

Exhibit 4-4. Excerpts of Agency Descriptions

EDUCATIONAL, TRAINING AND EMPLOYMENT RESOURCES

SERVICE CLASSIFICATION: ED: BE, GED, CP
EMP/TRAIN/PRE-VOC
REF/SUP SRVCS

NAME: Connelley Skill Learning Center

ADDRESS: 1501 Bedford Avenue
Pittsburgh, PA 15219

TELEPHONE: 338-3700

INTAKE:

CONTACT PERSON: Regina Brooks

SERVICES PROVIDED: Adult literacy programs, GED and adult basic education, GED testing, English as a Second language instruction for adults, educational and vocational evening programs, and outreach programs for the homeless.

LENGTH OF COURSE AND HOURS: varies with programs

GEOGRAPHIC AREA: City of Pittsburgh and Mt. Oliver

ADMISSION ELIGIBILITY AND REQUIREMENTS: High school graduates or drop-outs, age 17.5 years or older.

INTAKE PROCEDURE: Call

FEES: Minimal tuition for most classes; some classes have no fee. there is a small charge for evening vocational programs.

REMARKS: Some federally funded programs have income guidelines.

Source: Garrett (1991).

4.0 Identifying and Accessing Community Resources

Exhibit 4-4 (continued)

EDUCATIONAL, TRAINING AND EMPLOYMENT RESOURCES

SERVICE CLASSIFICATION: ED: BE, GED, CP
EMP/TRAIN/PRE-VOC
REF/SUP SRVCS

NAME: Pittsburgh Job Corps Center

ADDRESS: Highland Drive, Pittsburgh, PA 15206

TELEPHONE: 441-8700

INTAKE:

CONTACT PERSON: John McGregor

SERVICES PROVIDED: A Residential educational and vocational training program to prepare young adults for entry into the job market. Health care, counseling, and recreation are provided.

LENGTH OF COURSE AND HOURS: varies with programs

GEOGRAPHIC AREA: PA, W. VA, MD, DE, and VA

ADMISSION ELIGIBILITY AND REQUIREMENTS: Ages 16-24; disadvantaged, family income below poverty level.

INTAKE PROCEDURE: Call the Job Corps Recruitment Project, 232-3405

FEES: Free

REMARKS:

4.0 Identifying and Accessing Community Resources

Exhibit 4-4 (continued)

EDUCATIONAL, TRAINING AND EMPLOYMENT RESOURCES

SERVICE CLASSIFICATION: ED: BE, GED, CP
EMP/TRAIN/PRE-VOC
REF/SUP SRVCS

NAME: Pittsburgh Employment Alliance

ADDRESS: Suite 300, 333 Boulevard of the Allies
Pittsburgh, PA 15222

TELEPHONE: 281-4224

INTAKE:

CONTACT PERSON: Vincent Engel

SERVICES PROVIDED: Provides job placement and job search training
for persons who are serverely disabled; minimum length of
training is six weeks.

LENGTH OF COURSE AND HOURS: varies

GEOGRAPHIC AREA: Allegheny County including City of Pittsburgh

ADMISSION ELIGIBILITY AND REQUIREMENTS: Persons who are disabled
and seeking full-time employment

INTAKE PROCEDURE: Call for an application

FEES: Free

REMARKS:

5.0 Training the Primary Counselors

To successfully provide vocational services to drug treatment clients, vocational rehabilitation must be integrated into each client's primary treatment plan. To effectively develop a vocational plan, the vocational specialist must coordinate his or her efforts with those of the primary counselors to generate client interest in vocational rehabilitation, assess each client's level of vocational readiness, assess each client's commitment and/or motivation to participate in specific vocational activities, identify the client's support mechanisms and needs, identify the client's ancillary needs, and identify the client's internal and external barriers to training or employment. In this chapter, we have outlined a 2-day/four-session training program that can be used to maximize the collaborative effort of the vocational specialist and primary counselor and to train the primary counselor to provide some basic level of vocational services. Alternative training programs can be used but should be reviewed to ensure comprehensive coverage of the relevant topic areas.

5.1 Overview of Training

Although vocational rehabilitation is an important component of overall rehabilitation, most primary counselors lack the time, training, skills, and interest to effectively address a client's vocational needs. The first step of the vocational protocol should be to train the primary counselors to identify and address vocational needs. The training curriculum presented here is comprised of four sessions covering how to

- review the client assessment information,
- conduct the initial vocational interview,
- develop a vocational treatment plan, and
- use community resources.

Each session begins with a short conversation introducing the subject matter to generate thoughts relating to the topic. The conversation section is followed by a lecture or instructional component conducted by the local vocational specialist and may include outside experts or other service providers. The lecture is followed by a work shop session in which the counselors practice the various vocational techniques. Exhibit 5-1 at the end of this chapter is an example of a training agenda.

5.2 Session 1: Reviewing the Assessment Information

During the first training session, the primary counselors are trained to review assessment information and to identify client abilities using the information that is

provided. The counselors become familiar with standardized vocational assessment tools and assessment reports. They learn how this information is generated, and they are provided with vocational evaluations to practice interpreting and identifying client interests and abilities.

A detailed description of the assessment process is provided in Chapter 7. During the initial training session, a particular focus is placed on understanding the vocational readiness of each client and its implications for providing vocational rehabilitation. Exhibit 5-2 presents the five dimensions of employability that the primary counselors are taught to recognize and assess. Exhibit 5-3 presents the vocational readiness levels of the clients assigned to the vocational component of the current TEP program. Included are the definitions used to categorize clients into one of five levels of vocational readiness. A more detailed discussion of the employability model and level of vocational readiness is presented in Chapter 7.

5.3 Session 2: Conducting the Initial Vocational Interview

During the second session, the primary counselors practice conducting an initial vocational interview. They are trained to obtain information relating to employment history, education and skills training, legal status, social history, medical history, and vocational interests. During the workshop session, the primary counselors take turns role-playing the interview and practicing the techniques for obtaining this information. Additional information on conducting the initial interview is presented in Chapter 7.

5.4 Session 3: Developing a Vocational Treatment Plan

During the third session, the primary counselors develop vocational treatment plans. Provided with information from the assessments and initial interview, the counselors are able to identify a client's stage of vocational readiness and identify the client's vocational needs. With this information, the primary counselors and the vocational specialist can coordinate their efforts to develop a vocational plan to meet the needs of the client. During the workshop section, the primary counselors practice writing vocational treatment plans and integrating this information into their primary treatment plans.

Additional information on incorporating vocational services into treatment planning is presented in Chapter 9. Exhibit 5-4 highlights some of the general types of vocational activities undertaken for each stage readiness.

5.5 Session 4: Using Community Resources

During the fourth session, the primary counselors are trained to use the community resource directory developed by the vocational specialist to identify local services and agencies to meet client needs. Existing Community Services directories may also be available in local libraries or bookstores that can be helped in identifying local resources. The primary counselors can use the treatment plans developed during session 3 to practice identifying resources based on client type and need. They are also taught to use the informal network developed by the vocational specialist. This vocational protocol manual can be used during primary counselor training to provide an overall understanding of the vocational protocol; it can also be used as a reference guide for providing vocational services.

In order to ensure the effectiveness of the counselor training program, the following should be evident to all participants:

Purpose of the program. The purpose of the vocational training program is to provide the counselors with technical information on conducting vocational assessments, developing vocational treatment plans, and accessing and leveraging community resources to meet clients' vocational and ancillary needs.

Role of the Vocational Specialist. The role of the vocational specialist during this training program is to facilitate the training program, provide technical information on the designated topic areas, guide the workshop role-plays, and serve as a resource for answering questions and concerns regarding the vocational rehabilitation process.

Role of the Primary Counselor. The role of the primary counselor is to participate fully in the workshop activities, gain an understanding of the topic areas, and to use the information or skills learned during this training to develop and operationalize a vocational treatment plan.

Role of the Program Director/senior administrative staff. The role of the program director or senior administrative staff is to communicate the importance of attending the workshop, enforce participation, and reiterate the commitment of the program to integrate vocational components into each client's primary treatment plan.

5.0 Training the Primary Counselors

Exhibit 5-1. Illustrative Primary Counselor Training Agenda

Day 1

Session 1: Reviewing the Assessment Information

- 9:00 - 9:30 1.1 Conversation: Client Interests and Abilities
9:30 - 10:30 1.2 Lecture: Uses of Standardized Assessments
10:45 - 12:00 1.3 Workshop: Reviewing Assessment Reports and Role-play
Debriefing of the Client

Session 2: Conducting the Initial Vocational Interview

- 1:00 - 1:30 2.1 Conversation: Client Background and Needs
1:30 - 2:30 2.2 Lecture: Obtaining Vocational Information
2:45 - 4:00 2.3 Workshop: Initial Interview Role-play

Day 2

Session 3: Developing a Vocational Treatment Plan

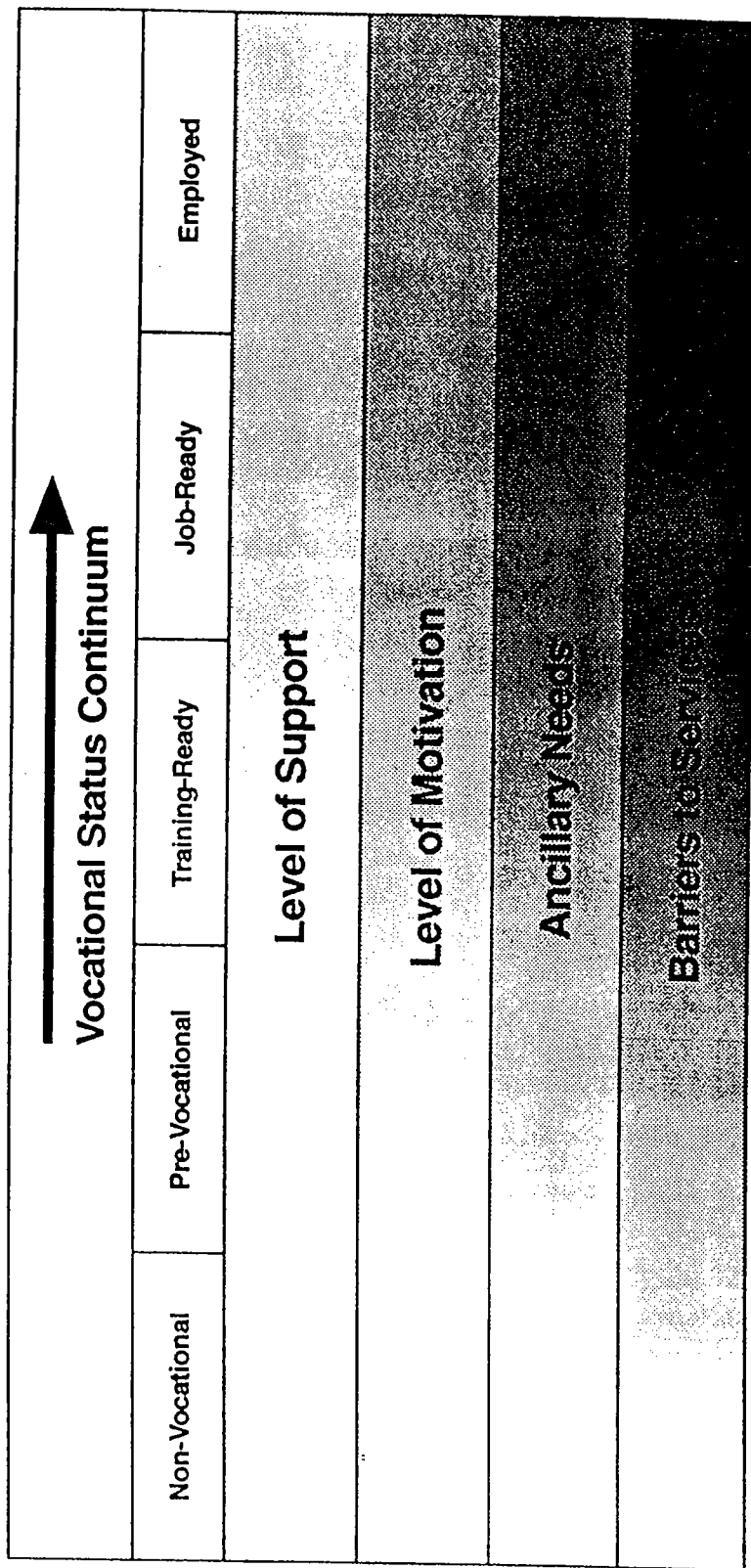
- 9:00 - 9:30 3.1 Conversation: Implications of Client Vocational Readiness
9:30 - 10:30 3.2 Lecture: Integrating a Vocational Plan
10:45 - 12:00 3.3 Workshop: Practice in Developing Vocational Treatment Plans

Session 4: Using Community Resources

- 1:00 - 1:30 4.1 Conversation: Approaching Local Agencies
1:30 - 2:30 4.2 Lecture: Identifying and Accessing Appropriate Agencies
2:45 - 4:00 4.3 Workshop: Practice in Identifying Services and Role-play
Contacting Services

Exhibit 5-2. Employability Model

Employability Model



Source: Training & Employment Program

- Employed:** defined as currently working in some kind of job.
- Job-Ready:** defined as wants a job and has a degree or certificate or a high school degree (GED) with at least 2 years of work experience.
- Training-Ready:** defined as wants school or training and has at least a GED.
- Pre-Vocational:** defined as not wanting training or a job or not having a GED.
- Non-Vocational:** defined as having some illness or disability that precludes vocational activity.

Exhibit 5-3. Vocational Readiness of TEP Clients

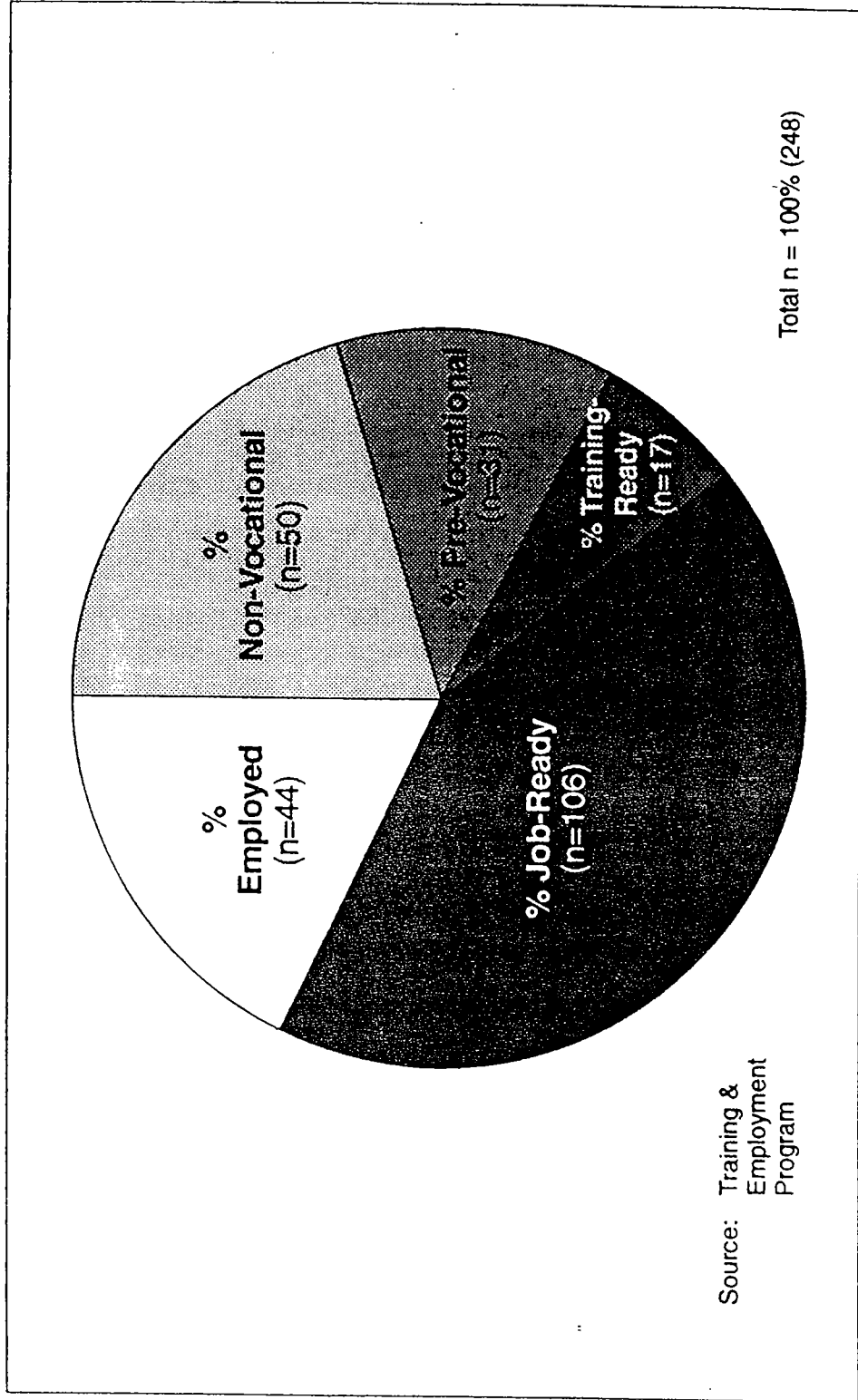


Exhibit 5-4. Primary Vocational Activities, by Degree of Vocational Readiness

Employed Clients

- Job Placement Services (for upgrading employment position or status)
- Work related equipment
- Work related clothing

Job-Ready Client Needs

- Resume Preparation
- Interview Preparation
- Application Assistance
- Job Seeker's Workshops
- Job Development
- Special Equipment
- Support Group Participation

Training-Ready Client Needs

- Educational Services
- Vocational Skills Training
- Training/Education Related Resources
- Training/Education Materials
- Support Group Participation

Pre-Vocational Client Needs

- GED services
- Comprehensive Vocational Evaluations
- Motivational/Personal Development
- Personal Counseling (fear of success/failure)

Non-Vocational Client Needs

- Vocational Assessments (to determine potential abilities to pursue training or employment)
- Support Group Participation
- Medical/Psychological Assessments (to determine immediate and/or co-morbid problems and needs)

6.0 Overview of the Vocational Protocol

Drug abuse clients have diverse needs and problems. For some clients these problems can be extensive and include additional addictions, family problems, unemployment, and criminal records. Others are gainfully employed, stable in recovery, and live fairly normal lives. Because of this diversity, it is important that primary counselors and vocational specialists have a plan from which to assess their clients and provide services to meet individual needs. We have prepared a vocational protocol with specific criteria and checklists that can assist drug treatment counselors and vocational specialists to provide systematic and individualized services based on standardized assessments and self-reported needs. The vocational protocol is presented in Chapters 7 through 10 of this manual.

The protocol is designed to take full stock of each client's assets, issues, needs, and problems before beginning service provision. The plan should be followed with every client served to ensure its effectiveness. Because of the complexity of client needs and problems, following the plan will help to assure appropriate and efficient service delivery to each client.

The overview and subsequent chapters describing the vocational protocol are organized into sections, each related to one of four steps:

- Step 1: Identify and Define Client Problems and Strengths,
- Step 2: Identify Services to Meet Client Needs,
- Step 3: Work with Clients and Counselors to Implement the Selected Option, and
- Step 4: Monitoring and Administrative Procedures:

Each step is summarized in this chapter. Chapters 7 through 10 provide fuller explanations of the steps and include illustrations of materials and/or forms that may be used.

6.1 Step 1: Identify and Define Client Problems and Strengths

The first step of the vocational protocol is to identify the client's level of vocational readiness. Because each client has distinct characteristics, experiences, and vocational histories, it is imperative for the primary counselor and/or vocational specialist to identify each client's stage of vocational readiness. In the TEP pilot study the vocational specialists used needs assessments and vocational readiness screeners to generate a preliminary client profile. In addition, they conducted client interviews and

6.0 Overview of the Vocational Protocol

used other standardized assessments to identify each client's characteristics. Based on the information obtained, the vocational specialist categorized his or her clients into one of the following three stages of vocational readiness: Pre-vocational, Training Ready, and Job Ready. For this protocol, we have expanded these stages to five levels to include those clients that are employed and those clients categorized as non-vocational. Therefore, the five levels of vocational readiness used in this protocol are:

- *Non-vocational*
- *Pre-vocational*
- *Training Ready*
- *Job Ready*
- *Employed*

The typical characteristics of clients categorized in each of these five levels may be found in Chapter 7. These five levels are included as the first dimension of our employability model as presented in Exhibit 5-2. This model is based on the recognition that clients across all levels of vocational readiness may have varying levels of ancillary and support needs, barriers to vocational activity, and motivation or commitment to pursue any specific kind of activity or job. For this reason, in the current protocol, the clients' vocational profiles are assessed in terms of level of employability, with level of vocational readiness serving as the first of five dimensions.

In this protocol manual, we refer to the Global Appraisal of Individual Needs (GAIN), a comprehensive assessment of client needs developed for TEP, and the Vocational Readiness Screener (VRS) as the preliminary needs assessments used to generate a client profile. Once the counselor or vocational specialist, using these assessments, has generated the preliminary client profile, he or she can conduct an initial interview with each participating client. The purpose of the initial interview is to establish rapport with the client, review the information generated from the GAIN and VRS, and solicit information to further identify the client's interests, abilities, and needs.

To further identify and clearly define a client's interests, abilities, and possible disabilities, the vocational specialist may refer a client to an agency for a standardized vocational assessment. These assessments supplement the information obtained from the GAIN, VRS, and initial interviews. Vocational assessments include

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- interest tests,
- intelligence tests,
- aptitude tests,
- achievement tests,
- personality tests,
- guidance tests,
- screening tests, and
- work samples.

Descriptions of these tests and specific examples are included in Chapter 7 and are derived from materials developed by the New York State Division of Substance Abuse Services (1987). Using the information generated by the GAIN and the VRS, information gathered from the initial interview, and results obtained from standardized vocational assessments, the vocational specialist can readily categorize each client into one of the five phases of vocational readiness mentioned above.

Once the vocational specialist has identified the client type, he or she must work with the counselor and client to further identify and define the client's needs. This is done by

- discussing barriers to employment for drug abuse treatment clients,
- identifying the predominant vocational and ancillary needs of these clients based on their level of vocational readiness, and
- reviewing criteria and client characteristics used to determine referrals and recommendations for service.

Drug abuse treatment clients face many barriers that prevent them from meeting their vocational goals. Barriers to employment are identified as obstacles to accessing vocational services, entering the job market, and maintaining employment status. These obstacles are identified at the service level, as well as at the client level, program level, and societal level (Brewington et al., 1987; Dennis et al., 1991a). In addition to these obstacles, drug abuse treatment clients also have a variety of ancillary needs that must be addressed as part of, or prior to receiving, vocational services. The predominant obstacles and ancillary needs for employment include transportation, childcare (and daycare for adults), appropriate work clothes, required tools and safety equipment, State or local licenses or certification requirements, employer bias against methadone/drug use, minimal work experience, and employment gaps. Additional obstacles to employment are identified in Chapter 7.

As mentioned above, the vocational needs of each client vary based on his or her stage of vocational readiness. Pre-vocational clients typically have limited vocational needs and extensive ancillary or support needs. The predominant vocational needs include assessment and evaluation, basic education or GED preparation, and motivational development. The predominant ancillary needs include childcare,

transportation, legal assistance, clothing, restoration of revoked driving privileges, and family counseling.

Training-ready clients require varying amounts of vocational and skills training, advanced educational services, appropriate clothing, and training-related resources. The predominant support needs for training-ready clients include interpersonal skills training, transportation, and childcare. Primarily, clients at this level of vocational readiness require direction to the appropriate training program and resources to access these programs.

Job-ready clients have primarily job-seeking needs. These include interview preparation, resume preparation, job seeker's workshops, appropriate clothing, special equipment, and job placement. The predominant ancillary need for a job-ready client is transportation. Clients at this level of vocational readiness tend to have a good support system and require little to no additional support services.

6.2 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

It is essential for the success of a client's vocational rehabilitation that the vocational specialist identify barriers and needs. It is equally important, however, to determine the severity of the problem. Although each client can be categorized under one of the three phases of vocational readiness, each client will require varying amounts and types of services within each phase.

Many programs and agencies exist within each community that offer services to drug abuse treatment clients. As part of the start-up activities, the vocational specialist should have already developed a community resource directory that identifies and facilitates access to these local training and employment services (see Chapter 4). The directory should target agencies that provide job-readiness training, basic education, skills training, supportive services, job development, and job placement.

To provide effective services to clients, the vocational specialist should help the client and counselor to identify specific programs to meet each client's individual needs based on the information generated from steps 1 and 2 of the protocol. Availability of appropriate resources and services, of course, will vary across sites. Vocational specialists can use the community resource directory as the primary tool to match the appropriate agencies to the diverse needs of their clients.

Once several options are identified, the vocational specialist must work with the clients and counselors to identify the pros and cons. These include the extent of effort

involved, the likelihood of the option succeeding, and the risk that it may have adverse consequences such as relapse.

6.3 Step 3: Work with Clients and Counselors to Implement the Selected Options

It is of the utmost importance that there is consensus among the client, primary counselor, and vocational specialist about the options that will be pursued to meet the client's needs. If there is no consensus, the counselor and vocational specialist may have conflicting objectives, or the client might even relapse to drug use as a result of being pushed too far too fast. It is important to realize that many clients entering treatment are in denial about their problems and have unrealistic expectations about their ability to change every aspect of their lives quickly and simultaneously.

Once an option is identified, the vocational specialist will work with the client and counselor to see that it is implemented, and monitor whether or not it appears to be working. If it is not, then the group must identify why and address the problem or seek another option. Note that the specific option and steps for accomplishing it should be reflected in the client's formal treatment plan and/or vocational treatment plan.

To introduce clients to the vocational program and engage their interest and further participation, it is often useful for the vocational specialists to provide an orientation to the vocational program. In Chapter 8, we introduce a 1-day/two-session orientation workshop, summarized below.

- Session 1 of the workshop should introduce the vocational program to all the participating clients. In the workshop, the vocational specialist should review the goals and expectations of the program and provide an overview of the services available to the client. During session 1, the vocational specialist should also discuss what is expected from the clients. Gaining a commitment from a client at the onset of the program to work with the vocational specialist and the primary counselor should facilitate further participation toward his or her vocational goal.
- Session 2 should address the issues and concerns that clients may have when entering the world of work. A significant client-level barrier to employment is the fear of failure. Session 2 should address this fear and outline specific activities and steps that the vocational specialist, the primary counselors, and the clients can take to overcome barriers to employment.

To address the motivational and self-esteem issues predominant in pre-vocational clients, the vocational specialist can refer the client to motivational

6.0 Overview of the Vocational Protocol

workshops such as those outlined in Chapter 9 (Coachman & Owens, 1994). Specific information on this workshop and an outline of the curriculum is included under step 3 of the vocational protocol. Clients in the pre-vocational stage of readiness should also be referred to comprehensive vocational service agencies that provide services to clients who have extensive vocational needs. These services include evaluations, basic education preparation, counseling, basic skills training, job search assistance, and follow-up services. The vocational specialist can use his or her community resource directory to identify these services and match them to client needs. Pre-vocational clients may also require extensive counseling and support services. The primary vocational goal for pre-vocational clients is to increase their self-esteem and generate an interest within themselves to participate in further vocational activities.

To meet the needs of training-ready clients, the vocational specialist should refer such clients to vocational or skills training programs. Depending on enrollment requirements, client characteristics, and program availability, the vocational researchers can refer these clients to private or public training agencies to prepare them for employment. Training-ready clients may also require educational preparation. Again, depending on their needs, the vocational specialists can refer clients to State or community colleges, adult education programs, or private charitable organizations that offer literacy and other services for disabled and hard-to-serve clients. The vocational specialists can use their community resource directory to identify appropriate training, education, funding, and support services necessary for training-ready clients. For examples of specific programs, please refer to step 3 in Chapter 9.

Job-ready clients should be referred to job-seeking workshops and placement agencies. The vocational specialists can work with these clients to address their job preparation needs. Several programs exist within each community to assist job-ready clients with resume writing, job search skills, interviewing techniques, job referrals, and follow-up services. As a job developer, the vocational specialist can also provide clients with direct referrals to jobs and network with community and business leaders to develop further employment opportunities.

6.4 Step 4: Monitoring and Administrative Procedures

Step 4 of the vocational protocol outlines the intake and administrative procedures used to document and track the services provided to clients. To ascertain that clients understand the provisions of the program and agree to participate, the vocational specialists should review the objectives of the program with their clients and solicit their consent to participate.

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The vocational specialists can use various ID charts, tracking logs, and planning forms as part of their administrative procedures. Specific descriptions and examples of these forms are included under step 4 in Chapter 10.

6.5 Summary

The following is a summary of steps for working with a client:

- Review the GAIN, other client assessments, and client charts with the counselor to determine the client's comprehensive treatment profile.
- Conduct a client orientation program outlining vocational services.
- Conduct an initial vocational interview with the client and administer a Vocational Readiness Screener (VRS) and other vocational assessments to further determine client profile and appropriate course of action.
- Review the recommended course of action with the primary counselor and develop an initial treatment plan for meeting the client's pre-vocational, training, or job needs.
- Integrate the vocational plan into the client's treatment plan.
- Schedule individual appointments or counseling sessions on a weekly or bimonthly basis as needed to further develop the client's vocational treatment plan and assist the client in meeting his or her needs (i.e., make referral to appropriate agency).
- Review and follow up on client progress and needs during scheduled counseling sessions.
- Attend all scheduled staff meetings and review caseload consistent with the case review policies of the treatment program.
- Review client progress with other treatment staff on a monthly basis (or as needed) to determine further appropriate course of action.



7.0 Step 1: Identify and Define Client Problems and Strengths

The first step of the vocational protocol is to identify and define the client's current level of vocational readiness, interest in changing, and problems that may affect the provision of vocational services. This is done in collaboration with the client, counselors, and other staff and the results will drive the selection of services to be provided and/or sought.

A variety of tools can be used to help in the process, including

- general assessment(s) to screen for areas needing more detailed assessments;
- a vocational readiness screener to classify a client as pre-vocational, training ready, or job ready;
- a vocational interview to review the initial assessments and clarify the client's perceptions; and
- additional standardized vocational assessments to clarify major problems or possibilities.

Note that each of these activities builds on the previous ones.

7.1 General Assessments

Although vocational services are among the most important needs of drug treatment clients, they must be coordinated with all other services provided to the client by counselors and other treatment staff. It is common practice in most drug treatment programs to conduct a psychosocial history of all incoming clients. The vocational specialist should start his/her assessment by reviewing the information that has already been collected in this history prior to determining a vocational plan. This information may range from simple intake forms with only rudimentary or open-ended boxes, to extensive forms developed by the program, to one of several standardized instruments. Available information may also already include several other standardized psychological, medical, or even vocational assessments.

To evaluate the extent to which the current records are sufficient, determine the extent to which they cover each of the following areas:

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- reasons for entering and currently being in treatment, including whether or not treatment is required or suggested by a family member, employer, or criminal justice agency;
- history and current status of residential, family, and social relationships, including the extent of violence, abuse, and anti- or prosocial activities among the client's family and peers;
- history and current status relative to literacy, education, and employment, including prior experience with major training programs;
- past and current earned income, entitlements, insurance, illegal income, and expenses, including illegal expenses (which typically exceed illegal income and are a drain on legal income);
- history and current alcohol and drug use, including the frequency, pattern, and route of use;
- past and current illegal activity, arrests, incarcerations, probation, parole, and civil justice involvement, including any outstanding warrants, fines, or current proceedings;
- past and current medical problems, disabilities, and treatment needs, including pregnancy and other major medical problems related to drug use such as HIV/AIDS, hepatitis, tuberculosis, sexually transmitted diseases, dental problems, and gastrointestinal problems;
- past and current mental health problems and treatment needs, including any suicidal tendencies and coping strategies;
- past and current treatment and services received in each of the above areas, including services or financial assistance from other agencies or programs; and
- client's perceptions of his or her problems, counseling needs, and service needs, as well as the counselor's perception (which may differ if there is some level of denial).

Though they vary in their style, length and thoroughness, there are several clinical and research instruments that meet all or most of these criteria. The Treatment Outcome Perspective Study (TOPS) introduced one of the first standardized assessments (RTI, 1978; Hubbard et al., 1989) specifically designed for drug treatment programs, but it was primarily geared toward research and lacked client ratings. McLellan and colleagues (1985) developed a less formal interview schedule called the Addiction Severity Index that did include client ratings and meets most of the above criteria when it is combined with the more recently released Treatment Services Review (TSR; McLellan, Alterman, Cacciola, Metzger, & O'Brien, 1992). The limitation

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with both instruments is that they have only moderate levels (.40 to .60) of reliability because of the open-ended format for wording the questions.

RTI has recently been working on several prototypes for a new clinical instrument that can meet the preceding criteria with better reliability. The Client Assessment Profile (CAP) is a 40-minute assessment designed as part of the Methadone Treatment Quality Assurance System (Phillips et al., 1992). Although it covers the preceding criteria in terms of history, current functioning, and client perceptions, it is largely silent about treatment received. The Individual Assessment Profile (IAP) was developed for the D.C. Initiative and does cover treatment issues in its follow-up versions (Flynn et al., 1992). Of the 113 core items on the IAP and CAP, 71% have reliability coefficients of .70 or higher, 13% are between .60 and .69, 11% are between .50 and .59, and only 4% are below .5.

The limitations of both the CAP and the original IAP are that neither asks about whether the treatment received was for specific problems, they use several different types of response sets (reflecting the divergent origins of the original items but largely unnecessary), and the client ratings tend to mix up counseling and services. The latter is particularly problematic here, because we have found that counselors did not tend to identify or focus on service needs that they could not address in counseling (Dennis, Karuntzos, Rachal, 1992).

To address these issues in TEP, we created the current version of the Global Appraisal of Individual Needs (GAIN). This instrument obtains separate ratings for counseling and service needs and includes more detailed items on the extent to which problems with work or other areas are related to drug use. This is very important because, although a person may have had a good paying job as a manager or nurse, the job may have been a source for getting drugs or contributed to his or her to use drugs. The vocational specialist must be very careful to fully appraise the person before coming to quick conclusions regarding an appropriate course of action. Although test-retest and validation studies are currently underway, the results are expected to be positive since most of the instrument combines whole sections of the earlier instruments that have successfully assessed client needs. An important feature of the current GAIN is the short summary profile shown in Exhibit 7-1 and the ability to computer generate a longer report. The short report is designed to provide a snapshot for easy referral of the current treatment, problems, counseling/service needs, risk behaviors, stressors, and positive behaviors. Both this short profile and the longer GAIN report have been integrated into the Individual Substance Abuse Counseling manual that is being used by counselors during the TEP study (Dennis, Fairbank, Woods, Bonito, & Rachal, 1993).

7.2 Vocational Readiness Screener

Even with a detailed psychosocial assessment in hand, it is still difficult to determine the level and type of vocational services appropriate for any individual client. Although very useful in helping to assess vocational ability, most existing vocational instruments assume that the client has appropriately entered a vocational program and focus on interests, aptitudes, or disabilities. In the TEP pilot study, we found that because we were starting with the broader array of clients found in a drug treatment program, it was desirable to start by triaging the vocational needs of the clients. This allowed the vocational specialists to service clients more efficiently and increase their case loads. Originally we did this informally; later we systematically classified people into the five levels of vocational readiness

- *Non-vocational* describes clients that are chronically or severely disabled (physical, psychological, or emotional) and this precludes the client from pursuing vocational activity. These clients often have high ancillary needs and barriers that are typically addressed by primary counselors or other outside counselors or agencies. In terms of employment, these clients work histories are variable based on the disability. Some clients may have had a stable work history while others may have never been employed.
- *Pre-vocational* describes clients that are not ready to pursue training or employment activities. These clients may have minimal to no work experience, less than 10th grade education, no job training, low self-esteem, low motivation or interest in vocational development, or any variety of comorbid or dual diagnosis issues that would preclude the client from vocational development.
- *Training Ready* describes clients who are able and have an interest in enrolling in GED preparatory, skills training, or college courses. These clients have above a 10th grade education, may have started training but never completed it, have a sporadic work history and a desire to work, but need additional skills training or education.
- *Job Ready* describes clients who are ready to find and keep a job. These clients have at least a 12th grade education or 2 or more years of steady work in a specific occupation, have completed training in a marketable job skill, may be underemployed and need a job upgrade, desire immediate employment, and are highly motivated to work.
- *Employed* describes clients that are currently working in a full- or part-time job. These clients typically have good support mechanisms, few ancillary needs, stable living condition, but may want to upgrade or change working conditions, environment, or kind of job.

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To facilitate this classification process in TEP, we have developed a self-administered, Vocational Readiness Screener (VRS) (Karuntzos, Caddell, & Dennis, 1994). The VRS helps to classify clients into one of the five preceding groups and identify ancillary needs and barriers to employment. The VRS attempts to gather information from the client in the areas of work, training and educational experience, current employment status, financial status, level of support, motivation, ancillary needs, and barriers to employment.

Note that a client can be classified into one of the preceding groups and may not have additional ancillary needs. On the other hand, a client may be classified as job ready, for example, but have a variety of barriers and ancillary needs that must be addressed before he or she can look for a job. The VRS is intended to serve only as a screener to gather basic preliminary vocational information that can assist a vocational specialist to focus on the appropriate level of vocational readiness and immediate barriers and ancillary needs.

7.3 Initial Vocational Interview

To further identify and define each client's stage of vocational readiness and/or needs, the vocational specialist and/or primary counselor can conduct an initial vocational interview. The purpose of the initial vocational interview is to establish rapport with a client, review the GAIN or other assessments, and solicit information to further identify and understand the client's interests, abilities, and needs. The purpose of the interview and the goals of future vocational activities should be clearly explained to the client. He or she should be helped to understand that the vocational process usually involves more than job placement and can entail a long process. Clients should be encouraged at this time to express their feelings and ask questions regarding vocational activities. If the VRS is used, the vocational specialist can talk about some of the services the client is interested in.

The following paragraphs discuss how the vocational specialist and/or primary counselor can use the information from the assessment, screener, and/or interview. Examples of forms from which such information can be obtained are also included as exhibits after the discussion. The information given in this chapter is derived from the *Handbook on Vocational Assessment* (1987) developed by the New York State Division of Substance Abuse Services.

Employment History - The client's work record or lack of it should be reviewed in terms of the client's ability to

- function in a work setting,
- perform specific tasks and learn skills,

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- maintain a consistent and stable work history,
- make realistic vocational choices, and
- transfer knowledge and skills.

A work history should include work placement, dates of employment, employment gaps, salary, union affiliation, reasons for leaving, illicit work experience, job interest, and ability to return to work. All types of work should be considered, including informal, unpaid, or volunteer work, and homemaking activities. This information should be documented and discussed during future counseling sessions.

Educational and Skills Training - Information obtained and reviewed should include

- highest grade completed,
- reading and math achievement (when possible),
- previous skills-training experience,
- vocational classes or workshops, and
- on-the-job training.

In addition, an attempt should be made during the interview to obtain information about the client's relationship with peers and instructors. It is also helpful to send for the client's transcripts to become familiar with the skills that were taught and licenses and certifications received. Clients with suspected learning disabilities should be referred for appropriate diagnoses or attention.

Legal Records - It is important to determine if a client has any legal problems or a conviction history that may influence or interfere with his or her vocational plans. For example, pending court cases or an outstanding warrant may return a client to the court's jurisdiction at any time.

Convictions for certain crimes may also prevent a client from entering specific careers. The client may have difficulty obtaining certain licenses, certificates, training, and jobs as a result of past convictions. Clients should be encouraged to obtain copies of their conviction records to determine their exact legal status. Clients should contact their local police department or criminal justice office regarding the necessary procedures. To obtain copies of Federal arrest and conviction records, clients should write to the

Identification Division
Federal Bureau of Investigation
Washington, DC 20537

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Addiction History and Current Status - To obtain a complete drug history, the vocational specialist and/or the primary counselor should consult the medical records in addition to interviewing the client. It is helpful to determine if the client's substance abuse interfered with his or her ability to function on a job and in school. In addition, some jobs may not be appropriate for former substance abusers (e.g., as a laboratory technician who has access to drugs). Information to be obtained includes

- job-related circumstances or events that precipitate substance abuse,
- period of time that the client abused drugs,
- specific drugs abused,
- previous treatment, and
- length of time in current treatment and length of time drug free.

A client who continues to use illicit drugs is not considered work ready, and the immediate goal would be to treat the substance abuse problem. The vocational specialist should consult with the primary counselor to develop a plan of action for this type of client that focuses on getting the client drug free.

Social History - Information about the client and family can assist the vocational specialist and/or primary counselor in gaining a more rounded picture of the client. It is helpful to know the occupations of family members and spouse, as well as their attitudes toward work and the client as a worker. Family members or peers who view employment negatively can undermine a client's vocational plans and efforts, an issue that the vocational specialist and/or primary counselor should address.

It is also important for the vocational specialist and/or primary counselor to be aware of the client's social habits. A client's leisure activities, or lack of, may be a stimulus for illegal activities or a source of drug use. Conversely, structured leisure activities inside and outside of treatment can also help a client build a network of positive contacts and acquaintances.

Medical History - The vocational specialist and/or primary counselor should refer to the client's medical records and explore with the client the following vocationally relevant issues:

- physical conditions that affect the client's ability to perform certain tasks or to work in certain environments (e.g., a client with a history of asthma should not work in a dusty environment; a client with a back problem should not do heavy lifting);
- physical impairments such as vision or hearing loss, heart conditions, etc. (clients with these problems should be referred for appropriate attention); and/or

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- continued illicit drug use that affects the client's ability to enter the work force.

Vocational Interests - A basic part of the assessment is finding out which careers are of interest to the client. Rather than ask what job he or she would like, the vocational specialist and/or primary counselor should try to identify broad interest areas and specific kinds of tasks the client enjoys. Many clients have had little or no work exposure and are unfamiliar with the variety of employment opportunities that exist. Some helpful questions to identify a client's interest areas are

- Do you like working with your hands, tools, people, or numbers, and so forth?
- Do you prefer to work in an office, outdoors, in a factory?
- What about a particular job do you like or dislike?
- Is there something that you think you are particularly good at doing?
- Do you feel prepared to go to work right away, or do you need additional training, brush up, or remedial work?
- How do you spend your free time? (Hobbies help clients to identify tasks they like or dislike.)

The *Occupational Outlook Handbook* can be a useful tool to help a client obtain information about various occupations and specific jobs, including duties, salaries, experience, and training requirements. It is published by the U.S. Department of Labor and should be available at the local library. It can also be purchased at most large bookstores.

Employability Skills - A client may have a marketable trade or skill and may appear ready to work. The vocational specialist and/or primary counselor must also determine whether the client has the documentation, information, and personal/social skills necessary to get and hold a job. These include, but are not limited to

- documents:
 - social security card;
 - birth certificate or other proof of age;
 - driver's license;
 - copies of diplomas, skills training certificates, etc.; and
 - resume and reference letters, when appropriate.

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- information:
 - how and where to look for a job,
 - how to locate and use public services, and
 - how to complete a job application.

- personal and social skills:
 - appropriate dress and grooming, and
 - appropriate interview behavior.

Each client requires individual assistance and direction when addressing vocational issues. The vocational specialist and/or primary counselor can channel his or her efforts toward the appropriate vocational needs of the client based on the client profile and vocational readiness level.

Exhibit 7-2 provides an example of a checklist used to solicit and track additional client information taken from the initial interview.

7.4 Other Standardized Vocational Assessments

Standardized assessments supplement the information obtained from the GAIN, the VRS, other assessments, and/or the initial interview. Results of such assessments provide specific information needed to make informed and appropriate vocational choices. Test results should be discussed with the client in counseling sessions to develop realistic vocational plans.

A minimal amount of training is required to administer, interpret, and score most basic vocational tests. The standardized tool usually has clear and concise directions that can be followed by most counselors and clients. The vocational specialist can choose assessment tools that can be easily administered and evaluated to supplement the information available for the clients who receive vocational services.

Testing can also be accomplished by referring clients to vocational and/or educational agencies within the community. The vocational specialist should request a written report of the results and, if possible, a conference with the evaluator and the client.

Not all tests are appropriate or indicated for all clients. For example, a client who has worked in a particular field, has appropriate training, and would like to return to that field would not necessarily benefit from an interest test.

Tests that determine math and reading levels should be part of a standard assessment. Training and education programs often require particular reading levels

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for acceptance. Gathering this information will assist in avoiding inappropriate referrals that may be potentially damaging for the client.

When the vocational specialist plans to refer clients to other agencies for testing, he or she should become familiar with various categories of tests, which include

- interest tests,
- intelligence tests,
- aptitude tests,
- achievement test,
- personality tests, and
- guidance/counseling tests.

The following paragraphs discuss how the vocational specialist and/or primary counsel or can use these types of standardized vocational assessments. Further information and copies of these tests are available through local assessment agencies or referenced in local libraries. For further information on testing, a variety of books should be available in most university libraries.

The following information is derived from materials developed by the New York State Division of Substance Abuse Services (1987) and provides a good summary of available tests to be used in the assessment process.

Interest Tests - These tests measure the strength and direction of an individual's vocational interest area. They include the

- Kuder Occupational Interest Survey,
- Minnesota Importance Questionnaire,
- Gordon Occupational Checklist,
- Vocational Preference Inventory (VPI),
- Wide Range Interest-Opinion Test (WRIOT), and
- Career Occupational Preference System (COPS).

Intelligence Tests - These tests estimate an individual's general intellectual ability. They should only be administered and interpreted by a qualified psychologist, psychiatrist, or counselor. The information gained from these tests does not identify the client's ability to achieve a particular vocational goal as well as aptitude or achievement tests do. Intelligence tests include

- Culture Fair Intelligence Test,
- Revised Beta Examination,
- Wechsler Adult Intelligence Scale-Revised (WAIS-R),
- Stanford-Binet Intelligence Scale, and
- Shipley Hooper.

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Aptitude Tests - These tests reflect the information the client has already learned through various life experiences, not necessarily through a formalized course of instruction. They include the

- General Aptitude Test Battery (GATB),
- Clerical Abilities Battery,
- Bennett Mechanical Test,
- Career Ability Placement Survey (CAPS), and
- Differential Aptitude Test (DAT).

Achievement Tests - These tests measure how much a client has learned through a course of instruction. They usually focus on reading, vocabulary, and math. They include

- Adult Basic Learning Exam,
- Wide Range Achievement Test,
- California Achievement Test,
- Test of Adult Basic Education (TABE), and
- Adult Basic Learning Examination (ABLE).

Personality Tests - These tests are concerned with the emotional/temperamental characteristics of an individual. This information is sometimes helpful to determine if a client has the necessary temperament for a specific job. For example, jobs in sales generally require a person who enjoys interacting with others and gets along well with people. The most widely used are the

- Minnesota Multiphasic Personality Inventory (MMPI),
- Edwards Personal Preference,
- Myers-Briggs Type Indicator (MBTI),
- Thematic Approach Test (TAT),
- Rorschach Inkblot Test,
- California Personality Inventory, and
- Million Clinical Multiaxial Inventory - II (MCMII-II)

Guidance Tests - These tests evaluate work readiness, pre-employment skills, and career awareness considered necessary for successful participation in jobs and training programs. The results of this type of test can help the vocational specialist and/or primary counselor to identify possible work adjustment problems that should be addressed during counseling sessions. One example is the

- Program for Assessing Youth Employment Skills (PAYES).

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Work Samples - Samples of work can help a vocational specialist and/or primary counselor assess a client's ability to perform work-related tasks such as assembling a telephone. The tasks can be as simple as sorting nuts and bolts or as complex as taking apart a lock. The tests consist of tasks that a worker would actually perform. Examples of work samples include

- Purdue Peg Board,
- Crawford Small Parts Dexterity Test,
- Singer Graflex, and
- Valpar Component Work Samples.

These various standardized vocational assessment tests are used to help vocational specialists and counselors to confirm or revise tentative vocational decisions based on materials and information obtained from interviews, observations, and other assessment methods. A client's motivation, personality, interest, and current local job opportunities must also be considered when the vocational specialist and/or primary counselor develops vocational plans and goals.

7.5 Common Vocational Barriers

Although each appraisal should be conducted to identify and define the needs of a specific individual, it is useful to review some of the most common vocational barriers and treatment needs. Exhibit 7-3 summarizes the client-level, program-level, service system-level, and societal-level obstacles that are likely to be encountered. More extensive reviews of these issues are included in Chapter 2 and elsewhere (Dennis et al., 1993; Dennis et al., 1992; Brewington, et al., 1987).

Because multiple problems are the norm in drug treatment, the vocational specialist must be very careful not to assume that even a well-defined problem is the only problem. This is a major reason for doing the initial general assessment--that is, to get the full lay of the land before setting out.

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Exhibit 7-1. GAIN Summary

Program Name: _____

Instrument Developer:
Research Triangle Institute
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Global Appraisal of Individual Needs - Initial (GAIN-I) Version 0294P

IDENTIFYING INFORMATION

[DO NOT KEY]

[USE LABEL IF AVAILABLE]

Staff name: _____

Site (ZSITE):|_|_|_|_|

Client name: _____

Staff ID (ZSID):|_|_|_|_|_|_|_|_|_|

Address: _____

Client program ID (ZPID): |_|_|_|_|_|_|_|_|_|

City: _____

RTI client ID (ZCID):|_|_|_|_|

State: _____ ZIP: _____

Gender (M F)/Race (B H W O)/Birth (YEAR)

Phone: (____) _____

(ZCHK):|_|-|_|-|_|_|_|

Alt(W): (____) _____

Sample type (P, V, R) (ZBS):|_|

Social Security (Optional): _____

Admission date (ZADMDT): . |_|_|/|_|_|/|_|_|

Treatment status (ZTXST) (1-New, 2-Readmit,
3-Continuing, 4-Detox, 5-Discharge):|_|

Target date (ZTARDT): |_|_|/|_|_|/|_|_|

IAP month (0, 3, 6, 9, 12) (ZOBS):|_|_|

INDIVIDUAL NEED (O) AND GLOBAL PROBLEM (X)

RATINGS:

0 1 2 3 4

Treatment retention (B12/13)									
Living situation (C12/13)									
Vocational (D18/19)									
Alcohol/Drug use (E21/22)									
Illegal/Civil (F22/23)									
Physical health (G34/35)									
Mental health (H28/29)									
Social/Coping (J17/18)									

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FUNCTIONING SUMMARY FOR PAST 90 DAYS:

SUBSTANCE ABUSE DIAGNOSIS (K8)

K8v1. _____

K8v2. _____

K8v3. _____

OTHER CRITICAL AREAS:

Days without food (C9e) [0-90]	(-)								
Days in school/training (D4j) [0-90]	(+)								
Days employed (D6a) [0-90]	(+)								
Days with 5+ drinks (E2d) [0-90]	(-)								
MAST-10 (E3TOT) [0-10]	(-)								
Days abstinent (E14k) [0-90]	(+)								
DAST-R (E14TOT) [0-10]	(-)								
Days involved in illegal activity (F12) [0-90]	(-)								
Days using needles (G26b) [0-90]	(-)								
Sexual risk score (G27TOT) [0-12]	(-)								
Current mental distress (H20aTOT) [0-20]	(-)								
Violence criterion count (J9CRIT2) [0-10]	(-)								
Global functioning (K9b) [1-90]	(+)								

7.0 Step 1: Identify and Define Client Problems and Strengths

Exhibit 7-2. Vocational Skills Competency Checklist

Vocational Skills Competency Checklist

Please Print All Information Entry Date _____

Last Name _____ First Name _____ Address _____ City _____ State _____
 Telephone _____ Date of Birth ____/____/____ Soc. Sec. No. _____ Driver's License No. _____
 School _____ Address _____ Telephone _____ Teacher _____ Grade _____
 Father's Name _____ Business Address _____ Telephone _____
 Mother's Name _____ Business Address _____ Telephone _____
 Medical Information _____ Doctor _____

References Not Relatives Full Name Address Telephone
 1. _____
 2. _____
 3. _____

Volunteer Work Most Recent Place Employer's Name Dates Employed
 1. _____
 2. _____

On-Job Training Place Employer's Name Dates Employed
 1. _____
 2. _____

Work Experience Placement Company Address Employer's Name Dates Employed
 1. _____
 2. _____

Other Employment Company Address Employer's Name Dates Employed
 1. _____
 2. _____

Vocational Skills Classes Class Name Instructor School Dates
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

7.0 Step 1: Identify and Define Client Problems and Strengths

Exhibit 7-2 (continued)

		Date In Process	Date Completed
ACADEMIC SKILLS			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
PHYSICAL SKILLS			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
PERSONAL SKILLS			
1.	Personal data record complete		
2.	Has Social Security Card		
3.	Drivers Education completed		
4.	Driver's License completed		
5.	Evaluated personal appearance		
6.	Passed "good grooming" check		
7.	Passed "getting along with others" test		
8.	Can follow directions; remember 3 items		
9.	Good health and hygiene practices		
10.	Number of absences from school this year		
11.	Has filled out health record		
12.	Mastery basic first aid		
13.	Has constructive leisure activities		
14.	Participates in at least one sport		
15.	Participates in at least one peer group		
16.	Has positive self-concept		
17.	Has personal drive and motivation		
JOB PREPARATION SKILLS			
1.	Completed 10 job descriptions		
2.	Visited 5 job sites		
3.	Evaluated work conditions on 5 job sites		
4.	Listed job preferences		
5.	Mastery job interview techniques		
6.	Understands labor laws and worker's rights		
7.	Listed employment agencies for jobs		
8.	Has visited employment agencies		
9.	Has evaluated his/her work habits on job		
10.	Has clear concepts on volunteering		
11.	Has done volunteer work at 2 job sites (i.e. worked w/o pay at least one month)		
12.	Has evaluated his/her attitudes about work		
13.	Can use vending machines, pay telephone		
14.	Understands benefits, limits Social Security		
15.	Has evaluated his/her on-job training		
16.	Has evaluated his/her part-time job		
17.	Has evaluated his/her volunteer work		

7.0 Step 1: Identify and Define Client Problems and Strengths

Exhibit 7-2 (continued)

EDUCATIONAL TEST RESULTS

Skill	Test Name	Score	Date	Score	Date
1. Reading					
2. Writing					
3. Spelling					
4. Vocabulary					
5. Comprehension					
6. Math					
7. Other					

ADDITIONAL SKILLS NEEDED FOR ENTRY INTO VOCATIONAL COURSES

1. Course: _____ Evaluation Date: _____
 Instructor: _____ Completion Date: _____

2. Course: _____ Evaluation Date: _____
 Instructor: _____ Completion Date: _____

3. Course: _____ Evaluation Date: _____
 Instructor: _____ Completion Date: _____

VOCATIONAL TESTS & INVENTORIES & ASSESSMENTS

Test Name	Date	Summary	Strengths and Deficits
1.			
2.			
3.			
4.			

Exhibit 7-3. Vocational Barriers

Vocational Barriers

Client-level obstacles:

- existence of family and personal problems,
- lack of social skills,
- lack of specific education and training,
- arrest records,
- continuous use of illicit drugs,
- unrealistic work expectations,
- unrealistic goals,
- poor work attitude,
- fear of transition to an alternative life-style, and
- low self-esteem.

Program-level obstacles:

- lack of staff training in the delivery and use of vocational services,
- lack of staff awareness of community-based agencies and resources,
- inadequate allocation of funds for vocational services,
- inflexible treatment schedules,
- lack of commitment to vocational rehabilitation, and
- program dependence on Medicaid revenue.

Service-level obstacles:

- inadequate performance criteria for service organizations (placement per slot and per dollar),
- time barriers for obtaining funding services, and
- funding gaps between services and/or employment.

Societal-level obstacles:

- bias against drug abuse and/or methadone treatment,
- status of the job market, and
- lack of employment opportunities adequate for clients.

8.0 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

Having identified and defined the client's problems and needs, the next step is to identify and evaluate the alternatives for addressing them. In this section, we will look at a process for identifying some of the common services that might be considered. This includes orientation, brainstorming to identify options, and evaluating the options.

8.1 Orientation to Vocational Services

To introduce clients to the vocational program and engage their interest and further participation, it may be helpful for the vocational specialist to provide orientation workshops for clients participating in the program. The objectives of the orientation workshop are to familiarize the clients with the vocational program; answer any questions or concerns about the program or the "world of work" in general; and specify the roles that the client, counselors, and vocational specialists will play as part of the client's vocational rehabilitation.

Introducing the program and describing the roles and expectations of the key individuals in the program gives the client the opportunity to express an interest or disinterest in participating. This will help the vocational specialist and primary counselors to focus their first efforts on those clients most interested in vocational rehabilitation. The goal of the program should be to eventually have all treatment clients participate and progress through the levels of vocational readiness and ultimately gain and keep employment.

Exhibit 8-1 at the end of this chapter is an example of an orientation workshop agenda. Once a client has completed the orientation, the vocational specialist will confer with the client's primary counselor, review the GAIN and other screener information, and develop a preliminary plan of action for the client. The preliminary plan will be based on the client's profile and needs. Clients will be channeled into the appropriate vocational phase and participate in activities addressing their vocational and ancillary needs.

8.2 Brainstorming to Identify Options

At this stage, the vocational specialist will work with the client (and counselor) to generate a range of possible solutions to problems by using brainstorming techniques. In the following passage, Nezu et al. (1989) provided an excellent rationale for the importance of this process to effective problem solving:

8.0 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

Training patients to develop a range of coping options is based on the premise that the availability of a large number of alternative actions will increase the chances of eventually identifying an effective solution. Often patients expect that there is one right answer for each problem and that therapy, or the therapist, will provide it for them. Moreover, in trying to find the right solution to a problem, patients sometimes believe that the first idea that comes to mind is the best one. Therefore, in order to maximize problem-solving effectiveness, the therapist needs to convey to patients the necessity of generating as many different options as possible. (p. 180)

The key aspects of brainstorming--quantity and deferment of judgment--suggest the following rules:

- Generate as many ideas as possible.
- Don't criticize any ideas at this stage.

Clients often complain that they are unable to brainstorm because they cannot imagine that there are other solutions to their problems. Be persistent, tenacious, and patient, and hang tough with attempts to avoid this essential aspect of problem solving: Do not willingly or passively accept standard complaints that "I can't think of any other solution to this problem. Besides, if I could, I wouldn't need to come see you twice each week." Resist the temptation to buy into a client's insistence on helplessness in this regard. Encourage creativity.

Clients also often have difficulty generating alternatives without immediately evaluating and rejecting them. Do not let your clients off the hook with this aspect of brainstorming either. It is frequently the case that counselors must pay special attention to encouraging clients to avoid the tendency to reject an option reflexively before all possible alternatives have been generated. Through repeated practice and reinforcement, you should work with the client to generate as complete a list as possible of alternative solutions prior to proceeding to the next stage.

8.3 Evaluating Pro and Cons of Options

Once several options are identified, the vocational specialist must work with the clients and counselors to identify the pros and cons of each option. Some of the things that should be explored are the extent to which:

- the client is likely to be eligible,
- the amount of financial assistance that is available (directly or indirectly),

8.0 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

- how long it will take to implement the option,
- how much work the client will have to put into implementing the option,
- the extent to which the option's success will depend on other people helping or going along with it,
- the length of the commitment involved,
- the likelihood that the option will address one or more of the problems, and
- the extent to which the associated stress may put the client at risk for relapse.

The latter is particularly important when targeting employment for job-ready clients. Many addicts have held positions that payed well (e.g., nurse, manager) but were associated either with how they obtained drugs or were one of the primary stressors causing their drug use. It would be highly inadvisable to return a client to such a situation even after several years without relapse.

8.4 Appropriate Vocational Services

Clients categorized into each level of vocational readiness will have specific needs that reflect their vocational readiness. Clients classified as pre-vocational typically need motivational and/or developmental counseling to address their self-esteem issues, psychological evaluations to identify their dual diagnosis issues, basic vocational evaluations to identify strengths and weaknesses and potential vocational interests, medical evaluations to identify current or ongoing medical needs, and direct counseling from a vocational specialist and/or primary counselor to address a variety of personal issues such as fear of success or failure.

Clients classified as training ready typically need appropriate vocational or skills training programs to upgrade their current skills or learn new marketable skills, GED preparatory courses to get a GED, college courses to complete or begin a college degree, training and educational materials such as books and calculators, resources to pay for training and education classes, and often support groups to meet with other clients participating in these kinds of activities to discuss and share stressful as well as positive issues.

Clients classified as job ready typically need resume preparation, interview preparation and practice, assistance with job applications, job seekers' workshops to help teach them how to prepare for and find a job, job placement services, special

8.0 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

equipment for certain jobs, and, as with training-ready clients, support groups to meet with other job-ready clients to discuss issues in finding and keeping a job. These support groups are often in the format of a job club.

Exhibit 8-2 summarizes the expected vocational service needs for clients by their level of vocational readiness.

8.5 Typical Ancillary Service Options

As with vocational barriers, clients at all levels of vocational readiness may have a variety of ancillary needs that must be addressed prior to providing additional vocational services. The type and extent of ancillary need will vary from client to client. Exhibit 8-3 summarizes expected ancillary needs for clients participating in a vocational rehabilitation program.

The vocational specialist and/or primary counselor can use the tools and assessments outlined in Chapter 7 to screen for a client's ancillary needs. The VRS provided in Appendix C asks clients to identify and rate their individual ancillary needs and barriers to training and employment.

It is essential to the vocational success of the client to identify barriers and needs; however, it is equally important to determine the severity of the obstacles or problems to establish realistic, timely, and achievable goals. The vocational specialist will work with the client's primary counselor to develop a vocational plan to address the client's individual needs and attempt to meet these needs through an established network system within the community.

Many services and agencies exist within each community and have been specifically developed to provide services for hard-to-serve clients. A primary role of the vocational specialist is to assist the client in identifying and accessing these services. Vehicles and methods for meeting client needs are further discussed in step 3 (see Chapter 9).

8.0 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

Exhibit 8-1. TEP Orientation Workshop Agenda

Session 1

1. **Introduction to the Training and Employment Program**
 - a. Discuss intrinsic value of participating in vocational activities:
 - heightened awareness of addiction,
 - increased self-esteem,
 - potential for earning, and
 - techniques for dealing with emotions.
 - b. Cite examples of how people's lives have been changed by participating in vocational and motivational programs.
 - c. Specify what has been done to develop a "tailor-made" program for clients at each site.
2. **Client Participation**
 - a. Identify the role of the vocational specialist, the primary counselor, and the client as a partnership with the goal being job placement for the client. Each "partner" will play a specific role in moving the client toward reaching his or her vocational goal.
 - b. Use visual aids to show flow of activity from a client's beginning to participate in TEP to findings a job placement.

Session 2

1. **Entering the World of Work**
 - a. Discuss issues and concerns about participating in a training and employment program and entering the labor force
 - b. Discuss vocational activities at each level of readiness.
2. **Succeeding in the World of Work**
 - a. Discuss measures of success within the training and employment program.
 - b. Discuss measures of success in the world of work.

8.0 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

Exhibit 8-2. Typical Vocational Needs of Clients

Pre-vocational Client	Training-ready Client	Job-ready Client
<ul style="list-style-type: none"> • motivational development • personal counseling (fear of success or failure) • vocational evaluation 	<ul style="list-style-type: none"> • vocational/skills training • GED/educational services • training and education-related resources • training and education materials • support group participation • appropriate clothing 	<ul style="list-style-type: none"> • interview preparation • resume preparation • application assistance • job seeker's workshop • job development • job placement • appropriate clothing • special equipment • support group participation
Non-Vocational Client	Employed Client	
<ul style="list-style-type: none"> • psychological evaluation • medical evaluation • psychological and/or medical services 	<ul style="list-style-type: none"> • resume updates • special work equipment • job search services for upgrading or changing jobs 	

8.0 Step 2: Identify and Evaluate Services and Options to Meet Client Needs

Exhibit 8-3. Client Ancillary Needs

Ancillary Needs	
• Transportation	• Legal assistance
• Child care	• Revoked driver's license
• Medical needs	• Financial assistance for training or education
• Clothing	• Family needs
• Work equipment	• State or local licenses or certification
• Housing	

1000
1000
1000
1000

1000
1000
1000
1000

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

Step 3 of the vocational protocol involves actually attempting to obtain services or employment to meet client needs. Section 9.1 discusses the general process, and Sections 9.2 through 9.6 discuss likely activities for each of the five levels of vocational readiness.

With timely intervention, the vocational specialist and/or primary counselor can introduce services that will meet client needs and influence the necessary changes in attitude and behavior. Referrals should be specific to the vocational readiness and ancillary needs of each client. Identification of appropriate resources varies across cities and is dependent on the makeup of the health and human services structure. In this step the vocational specialist will make use of the previously created community resource directory that identifies services and resources available to clients within each nearby city and community (see Chapter 4).

After assessing the client's individual needs, the severity of the barriers, and the availability of resources, the primary counselor and/or vocational specialist is equipped to establish a vocational plan and refer the client to the appropriate agency for services. Referrals will be based on client type and needs as identified in steps 1 and 2 of the protocol. Of the barriers listed in the three groups, lack of knowledge about resources and uncertainty about vocational services are common to all participants regardless of their level of vocational readiness.

9.1 Implement Option and Monitor Effectiveness

At this stage, the client is encouraged to carry out the selected course of action, with the assistance of the vocational specialist or counselor when appropriate. Some clients are likely to need considerable encouragement at this stage of the process, given that many of the men and women in treatment for drug abuse often avoid change. Toward this end, the vocational specialist and/or counselor should

- Urge the client to observe the consequences of his/her actions and/or the actions of the vocational specialist or counselor who serves as role models.
- Train the client to match the real outcome of the solution against the expected/predicted outcome.
- Train the client to recognize that if the match is satisfactory, the problem has been resolved.

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

- If the match is unsatisfactory, train the client to reexamine the preceding steps to determine what to do next. Was the problem defined adequately? Were enough alternative solutions generated?

This approach to drug treatment is based on the thesis that problem solving is a skill that clients can learn to use effectively to cope with a variety of problem situations (Dennis et al., 1993). Whether it is learning how to resolve a conflict with one's employer, control explosive anger episodes with one's family, or avoid the places and people associated with drug abuse, the goal is to teach the client to be practical and flexible. As a treatment approach to narcotics abuse, problem solving shapes new, more adaptive behaviors for coping with situations or emotions that may trigger episodes of drug use (Childress, McLellan, & O'Brien, 1985). The following material in this chapter provides a brief overview of the typical services clients may need across levels of vocational readiness.

9.2 Non-Vocational Activities

Clients entering treatment programs vary considerably in their levels of functioning. On one end of the continuum, some clients may be fully functioning and gainfully employed. On the other end, clients may enter treatment with a variety of co-morbid problems which impact their ability to become vocationally involved. As was briefly discussed in chapter 7.0, clients categorized as non-vocational are often chronically impaired psychologically or physically. Vocational service options for these clients may include aptitude and capabilities assessment and referral to sheltered workshops that are tailored to provide employment opportunities to the mentally or physically handicapped. However, in the TEP study, few clients eligible for sheltered workshops worked with the vocational services coordinators to make this referral.

Because the vocational services coordinators were specialized in vocational rehabilitation and lacked the necessary expertise and training to diagnose co-morbid problems, the primary counselors and other staff took the lead in servicing these clients' primary and ancillary needs. In the few cases where the vocational services coordinators worked with these clients, they relied heavily on the primary counselors and other staff to assess non-vocational client needs and designate an appropriate course of action. Clients in this category primarily received physical and psychological assessments, in-house medical services, and referrals to outside medical and psychological agencies. Because these clients rarely pursued vocational activities, they were categorized as non-vocational.

Additionally, in the TEP study, a number of clients categorized themselves as non-vocational based on their eligibility for disability supplements or other forms of

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

public support. Once the clients began the application process for Supplemental Security Income (SSI) or other forms of public support, they were hesitant to pursue vocational activities with the vocational services coordinators. In many cases, SSI applicants were truly unable to pursue vocational activities due to their disability and relied on this support as part of their livelihood. While it is not our intent to suggest that other clients who applied for SSI were not deserving of this support, it is worth noting that vocational activity decreased (or ceased) for most SSI applicants once the application process had begun.

Based on our experiences in TEP, it was evident that clients with severe psychological or medical problems were not ready to become vocationally involved. Although some clients could benefit from sheltered workshops, support groups, and other monitored activities, the primary counselors and medical staff were better qualified to provide and/or coordinate these services. For non-vocational clients, the treatment staff should explore the need for psychological and medical assessments, and possible subsequent referral to medical and psychological service agencies.

9.3 Pre-vocational Activities

The primary vocational need for a client in a pre-vocational stage of readiness is personal development. To create and enhance their enthusiasm for training and employment activities, the primary counselors should attempt to incorporate these issues into their discussions with clients. The clients participating in a vocational program can attend a motivational/vocational development workshop arranged and/or facilitated by the vocational specialist. Two examples of personal development workshops are provided in Exhibits 9-1 and 9-2. Participating in such a workshop can give clients increased insights into their interpersonal skills, greater awareness of the variety of approaches they can use to deal effectively with their issues and personal backgrounds, and an opportunity to develop appropriate skills to function in mainstream society.

The personal growth and motivational workshop can focus on understanding the components of self, appropriate behaviors, attitudes, perceptions, and values. The ultimate goal of this workshop is to help each participant to develop his or her total self and to become a successful person by addressing fears of success and failure. The workshop should help clients to demonstrate their feelings and attitudes appropriately, apply their present skills positively, and become responsible and successful adults.

The workshop presented in Exhibit 9-1 was used in the TEP study, and is comprised of 11 sequentially ordered sessions of approximately 2-3 hours each. Each session builds on the previous session and focuses on developing a client's self-awareness and self-esteem. The ultimate goal of the workshop is to prepare the

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

participating clients to pursue further vocational activities that will eventually lead to employment.

In addition to personal development workshops, pre-vocational clients can also benefit from support groups comprised of their peers. These groups provide an avenue to further discuss issues addressed during the personal development workshop and help build client self-esteem. Pre-vocational or high-risk placement clients need to be involved with groups of peers who may provide a positive influence on their behavior. Clients can discuss in groups their feelings of failure, fear, anxiety, and depression. Clients in the pre-vocational phase, in the TEP study, have historically been unable to retain employment because of behaviors that put them at risk for quitting a job or being fired. Support groups can facilitate job retention in that the participant does not feel alone in the world of work.

To provide job preparation activities, the primary counselor and/or vocational specialist can identify comprehensive vocational service agencies that provide a variety of services to clients with extensive vocational needs. These agencies offer basic vocational and educational preparation or hard-to-place individuals, and they typically refer clients to jobs that they have developed within the community. Services provided by these agencies include

- vocational evaluation,
- psychological evaluation,
- basic education preparation,
- vocational counseling,
- vocational training,
- job search services,
- job search services,
- on-the-job training placement,
- job mentoring,
- follow-up services, and
- resources for vocational needs.

The vocational specialist and/or primary counselor can refer to the community resource directory to identify comprehensive service agencies available in the local area. The vocational specialist can assist clients in obtaining and maintaining services.

9.4 Training-Ready Vocational Activities

For those clients categorized as training-ready, vocational/skills training programs are available in both accelerated and self-paced curricula. Identification of the appropriate type of training can be conducted on a "tryout" basis. Many vocational training centers will allow potential participants to visit their classes before making a decision about training. The vocational specialist can develop a comprehensive

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

vocational objective by defining career goals for clients. These clients can also be assigned career exploration projects, and class visits will be arranged prior to referring these clients for enrollment into training programs. Based on need and ability, the vocational specialist can refer the clients to either private or public training agencies.

Private training agencies offer a variety of training programs and provide services to many types of individuals. Their programs range from simple skills training to advanced classroom training. Private agencies often have high costs and adhere to an accelerated training schedule. Although private training agencies can provide effective and marketable services, clients should be aware of the type of program and its expectations prior to enrolling.

Public training agencies are often supported by the State and charitable contributors and operate on a low-cost or no-cost basis to the client. Public agencies often adhere to self-paced schedules and have job placement as a normal part of the services provided. State DVRs often refer clients to these programs and fund costs incurred for the training.

The vocational specialist can facilitate the use of both private and public training agencies through networking, knowledge of eligibility, and support criteria, and by walking clients through the application process. The vocational specialist should also stay in contact with clients to ensure that they do not drop out.

Clients requiring educational preparation are also categorized as training ready. Educational preparation will vary based on each client's interests, experience, and ability. The vocational specialist can determine the capability and interest of a client by using standardized assessments discussed in Chapter 7. The vocational specialist can refer these clients to community colleges, adult education programs, and other agencies providing educational services.

State and community colleges can provide both preparation for advanced degrees and short-term, technical training. Clients referred to community colleges usually have some previous college experience and would like to complete or enhance their education. The vocational specialist can assist the clients in the enrollment process, refer them to funding agencies that will pay for courses, and provide additional resources necessary to pay for their support needs, such as books and supplies.

Adult education programs offer basic education to clients seeking a high school degree or a GED. These programs also offer limited classes and training for participants who are interested in exploring vocational options. Private charitable services such as Catholic charities and Jewish Family Services also provide literacy

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

services, vocational preparation, and limited financial assistance. Many charitable organizations also provide financial assistance for vocationally oriented activities such as seminars, tours, and workshops.

The primary counselors and/or the vocational specialist can refer to the community resource directory they have developed for the vocational program or refer to a directory available in a local bookstore or library to identify appropriate training, education, funding, and support services in the local community or surrounding area. Exhibits 9-3, 9-4, and 9-5 are examples of training agencies and services available for training-ready clients.

As mentioned earlier, clients in all stages of vocational readiness can benefit from support groups. At the training-ready phase, support groups can address issues related to a client's level of readiness. Clients can share fears and anxieties about returning to classrooms and attending structured training programs. They can also discuss options for meeting their ancillary needs.

9.5 Job-Ready Vocational Activities

Job-ready clients need assistance in interview preparation, interview practice, job referrals, and job placement. Several workshops provide clients at the job-ready phase with assistance in preparing for a job, finding a job, and keeping that job (see Exhibit 9-6 for an example of a typical job search workshop). Specific job search and job placement activities include

- preparing for a productive job search and assessing one's marketability;
- job search skills;
- resume writing;
- resume critique, cover letters, follow-up, and references;
- interview techniques and procedures; and
- interview critique and post-interview activity.

The vocational specialist can identify and help clients get into an appropriate job seeker's workshop designed to prepare a client for getting and keeping a job. In addition to job seekers' workshops, clients can also participate in job clubs established in-house or by outside vocational agencies. Job clubs operate in a manner similar to vocational support groups. Clients discuss various job-seeking issues and participate in various job-seeking activities. In a job club, the vocational specialist can facilitate the job search process and direct clients to employment opportunities. These sessions also provide clients the opportunity to practice techniques learned in other workshops.

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

Once a client has prepared for a job interview and is ready for placement, he or she may be referred to a placement agency. These agencies administer job match assessments, conduct job searches, and refer clients to employment opportunities. For the clients, the vocational specialist can consider an agency's knowledge and willingness to work with drug abuse treatment clients before referring a client for placement services. Placement agencies can be costly and typically are not funded through a DVR or other State funding sources. Clients with a good work history and stable work environment should be referred to these agencies.

In addition to private placement agencies, clients can receive job placement services through State and federally funded programs such as the

- PIC/JTPA,
- local chamber of commerce,
- Urban League,
- Job Corps,
- YWCA/YMCA Jobs Plus program, and
- Department of Welfare.

Other locally funded private placement services are also likely candidates for client referrals. The primary counselor and/or vocational specialist can refer to the community resource directory or to their network system to identify available services in each local area.

9.6 Employed Vocational Activities

Clients who are employed obviously require the least vocational intervention. However, some of these clients may be interested in changing vocations or jobs or upgrading from part-time to full-time employment. For these clients, vocational specialists can assist in updating resumes and interviewing skills. Many of the activities and services available to job-ready clients can be helpful for employed clients interested in making a change. It is important that the vocational specialist communicate to these employed clients that their services are available for employed clients as well.

Exhibit 9-7 summarizes the typical services available to meet client needs based on vocational readiness. Exhibit 9-8 provides a resume worksheet, and Exhibit 9-9 highlights interviewing techniques clients should consider. Appendix D contains a more detailed employment guide for drug abuse treatment clients on getting and keeping a job.

**9.0 Step 3: Work with Clients and Counselors to
Implement the Selected Options**

**Exhibit 9-1. Training and Employment Program (TEP)
Personal Growth and Motivational Workshop**

<u>Session</u>	<u>Topic</u>
1	Self-concept
2	Achievement Motivation — The Dynamics of Success
3	Person Power Wheel
4	Pharmacology and Addiction — Growth Contract Agreement
5	Understanding Human Emotions, Their Management, and Consequences
6	Anger Inventory — Attitudes and Habits which Stop Goals
7	Effective Communication — Aggressive vs. Assertive Communication
8	Actuality Versus Potentiality — What to do When Getting Off Course
9	Construction of Leadership Profile — Ways to Respond to Powerlessness and Developing Support Systems
10	Ways of Knowing — Success Seeker or Failure Avoiders
11	World of Work — Rewards of Success; Me, My New Job, & My New Attitude

Source: Coachman & Owens (1994).

**9.0 Step 3: Work with Clients and Counselors to
Implement the Selected Options**

Exhibit 9-2. Motivational Workshop

<u>Session(s)</u>	<u>Topic</u>
1	Introduction of Idea of Class
2/3	Psychopharmacology/Physiological
4/5	Addiction
6/7	Minorities and Substance Abuse
8	Drugs and Law
9/10	Denial
11	Dysfunctional Families
12-14	Self-esteem
15/16	Assertive Communications
17/18	Breaking Barriers
19/20	Recovery
21-24	Relapse Prevention Twelve Steps

Source: Owens (1991).

Exhibit 9-3. CET Development Systems Example

About CET

Since 1967 the Center for Employment Training—based in San Jose with 30 skill training centers in the western states—has put more than 50,000 low-income men and women into jobs.

CET accepts trainees not on the basis of entry tests—but on the basis of available slots. CET's trainees enter a job-training program of their choice following a 10-day tryout period.

CET's success in placing trainees in jobs is a result of integrating job-skill training with remedial math and English—and closely linking the training to the needs of local industry.

CET's training, with 35-40 hours of training a week, is one of the most intensive programs of job-skill training in the country.

CET Development Systems
Center for Employment Training
701 Vine Street
San Jose, California 95110
408-287-7924

CET Development Systems

CET Development Systems has been established to help others adopt its successful methods of training throughout the country.

CET Development Systems will provide training and technical assistance to executive directors, boards, and staffs of employment training organizations interested in adopting the CET philosophy and training model.

It will also certify, and in time help accredit, organizations that provide training in accord with the CET model.

CET Development Systems will use the same principles in training managers as CET uses in training its job-skill trainees.

For more information about
CET Development Systems
call Tony Bustamante at 408-287-7924

Introducing the CET Model for Getting Jobs through Training

Three-day workshops for program directors and funders



CET Development Systems
Center for Employment Training
San Jose, California

Exhibit 9-4. Goodwill Industries Example

**Supported
Employment
Services**

GOODWILL
Work Services Programs
1080 N. Seventh Street
San Jose, CA 95112
(408) 998-5774
TTY (408) 294-5561

GOODWILL
1080 North Seventh Street
San Jose, CA 95112

Goodwill of Santa Clara County
Goodwill of Santa Clara County is a non-profit organization dedicated to providing jobs and job skills to disabled and disadvantaged people in the county.
At the Institute for Career Development students learn a variety of vocational and job-seeking skills.
The Production Resources division provides manufacturing and business services on a contract basis while employing and training many disabled and disadvantaged people.
And the Recycling & Retail Operations division collects donations and resells them at stores located throughout the county.
Additionally, Work Services offers on-the-job training, work evaluation, work adjustment, and work experience programs.

Interpreting Services

The Institute for Career Development provides American Sign Language interpreters for deaf or hearing-impaired persons involved with Goodwill's programs.
Interpreters are also available to outside parties on a contract basis.

Job Placement Services

The Institute for Career Development provides job placement services and counseling to clients who have successfully completed training programs as well as to disabled and disadvantaged community members. Placement specialists assist in finding job leads, securing interviews, and preparing résumés.

For more information, contact:
Goodwill of Santa Clara County
Work Services Programs
(408) 998-5774
TTY (408) 294-5561

Exhibit 9-4 (continued)

Supported Employment is the answer to your employment needs

Supported Employment provides employment opportunities for individuals with disabilities and gives them the opportunity to become self-sufficient.

Job Coaches/Trainers work with candidates and employers to develop, modify and define appropriate job descriptions. Then they train candidates on an individual basis, free of charge to both the employer and the candidate.

After a candidate is placed, the Job Coach continues to follow the employment progress of that candidate for the length of the employment period.

As one of the oldest job training and placement service organizations for disabled and disadvantaged people in the area, Goodwill is a leader in dealing with the special needs of employers and employees regarding employment of individuals with disabilities.

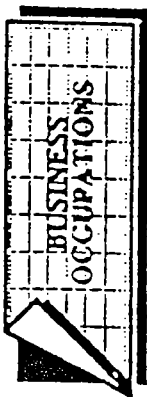
We offer employers:

- ◆ **Services at no cost to you**
 - ◆ **Reduced recruitment costs**
We will significantly reduce your recruitment costs by eliminating the high costs of advertising, applicant assessment and screenings, orientation and lengthy interviews.
 - ◆ **Reduced training costs**
We provide the training time and attention candidates may need free of charge to you. Job Coaches work with you and can assist in job performance reviews and problem solving.
 - ◆ **Job site and task analysis**
Our Job Coaches will come to your job site and assist with job description review and/or modification as needed.
 - ◆ **Affirmative Action Assistance**
We can help you meet your Affirmative Action goals and the requirements of the Americans with Disabilities Act.
- Your company may qualify for tax credits when you hire Goodwill candidates

Job Coaches provide:

- ◆ **Pre-employment assessment**
Evaluations and skills assessment determine the ability of the candidate to find employment in business or industry. This screening helps assure candidates will be capable employees.
 - ◆ **Educational presentations**
We will teach managers and co-workers about people with disabilities in the workplace.
 - ◆ **Career counseling, direction**
Job Coaches work with candidates throughout the employment period, from choosing a career to getting hired to overcoming problems and increasing skills and responsibilities.
- Job Coaches are liaisons between the employer and the job candidate**

Exhibit 9-5. Occupational Training Institute Example



FREE TRAINING IN BUSINESS OCCUPATIONS!

Free training is now available through the Occupational Training Institute (OTI) Foothill/De Anza Community College District in Business Occupations. This 6 to 9 month program gives students highly marketable business and clerical skills while also encouraging a specialty in one of many available skill areas including:

WORD PROCESSING
MEDICAL RECEPTION
ACCOUNTING
COMPUTER INFORMATION SYSTEMS
PURCHASING
SECRETARIAL SCIENCE

The Business Occupations program is an intensive six to nine month training program. The overall objective is to prepare students for employment in business offices. Students attend 25 - 30 hours per week in the following areas: typing, filing, spelling, vocabulary, business mathematics, office procedures, English usage and general business information. The primary purpose is to teach new skills or to upgrade old skills in accordance with requirements for entry level or above entry level employment.

Programs may vary by city of residence. Available spaces are limited, so call today for more information concerning our free Business Occupations Training Program. Don't miss out on a career with a future!

OTI is Training That Works!

(408) 864-8266

THE
OCCUPATIONAL
TRAINING

I N T E R I T U T I

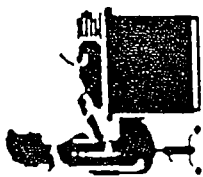
Foothill/De Anza Community
College District

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

Exhibit 9-5 (continued)

SECRETARIAL

These indispensable workers perform a wide array of duties which may include using microcomputers, scheduling appointments, answering and screening phone calls, organizing and maintaining files, typing correspondence, transcribing dictation, and welcoming visitors. This occupation requires above average intelligence and excellent oral and written communication skills. Also needed are excellent interpersonal skills; the ability to exercise discretion, good judgment, and tact; good organizational skills; personal initiative. This profession has been greatly impacted by technological advances which have altered the type and sophistication of office equipment used. There is currently a shortage of qualified applicants. Employment opportunities will be greatest for workers who have word processing skills.



PURCHASING

Grouped under the broad category of Purchasing/Materials Management are the many occupations that deal with the production planning and scheduling, materials procurement and acquisition. Workers in these occupations are responsible for maintaining inventories, for purchasing necessary materials at the best price, and for having all necessary merchandise on hand when needed. Their jobs may require considerable technical knowledge in addition to organized, analytical minds and excellent interpersonal and communication skills. Increasingly they make use of computers to track materials, produce records, and process financial statements. The outlook for this profession is generally good. Faster-than-average growth is anticipated throughout 1990 in California. Many new opportunities can be expected to develop in the service industries as this sector of the economy expands.



ACCOUNTING

In every industry and business venture there is a need to keep accurate, systematic, and up-to-date records of all transactions and accounts. Workers in these occupations may post entries directly into ledgers and journals or they may prepare the data for input into computers. Accounting occupations demand attention to detail, good eye-hand coordination, finger dexterity, the ability to work with others and the ability to achieve and maintain company standards. Average growth is anticipated for the accounting occupations through 1990. New jobs will constantly be created as others are eliminated through swift technological advances, increased office automation, and growth in the size and number of corporations.



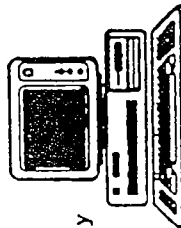
WORD PROCESSING

Word processors compile, edit, store, revise, and up-date the data necessary to generate enormous quantities of business, scientific, and technical reports, publications, and correspondence. Workers in the field must have superior typing ability and possess excellent communication skills, especially in English usage, spelling, punctuation, and grammar. Word processing can be exacting and repetitive work and must be performed to company standards. The outlook for word processors in the San Francisco Bay Area is good. The proliferation of job opportunities is expected to continue well into the 1990's.



COMPUTER INFORMATION SYSTEMS

Modern business, industry, and government all rely heavily upon the use of computers to process efficiently and accurately vast quantities of information. In order to complete the tasks desired, computers must be programmed. Most often these programs are written in COBOL, but other languages such as BASIC, RPG II, Pascal, and Assembler are also used. Workers in this area are also responsible for testing and debugging the operation of their programs to insure that the instructions are correct and that the program produces the desired information. They must be able to think logically and have an aptitude for checking details and eliminating errors. Job opportunities in California are expected to grow rapidly through 1990. The need for well trained workers is expected to increase as businesses seek to develop new applications for computers and to improve existing software.



MEDICAL RECEPTION

Medical Receptionists perform many of the tasks necessary for the efficient operation and maintenance of a smoothly functioning medical office. Medical receptionists tend to perform primarily clerical and administrative tasks such as answering phones, greeting patients, completing insurance forms, and typing medical correspondence. Medical reception requires a sound understanding of medical forms and terminology. Communication skills are especially critical as is the ability to deal effectively and supportively with people who are under stress. The employment outlook is generally good and, in California, especially good in the San Francisco Bay Area. The trained medical receptionist will enjoy good employment prospects in part from the growing number of practicing physicians as well as from the extremely rapid growth in outpatient health care facilities.



Exhibit 9-6. Job Search Workshop

- I. Preparing for a Productive Job Search and Assessing Your Market ability**
 - Establishing a Success-oriented Mind-set
 - Developing Good Job Hunting Habits
 - Organizing Yourself for the Job Search
 - Taking Inventory of Your Qualifications
- II. Job Search Skills**
 - Where and How to Look for Jobs
 - Networking Techniques
 - Information Interviewing
 - Record Keeping, Daily Planning, and Job Search Goals
- III. Resume Writing**
 - Purpose and Types of Resumes
 - Content, Format, and Layout
 - Practice Composing a Resume
 - Critiquing Sample Resumes
- IV. Resume Critique, Cover Letters, Follow-up Procedures, and References**
 - Critique of Participants' Resumes
 - Drafting Cover Letters
 - What's Next After Submitting Your Resume and Cover Letter?
 - Identifying References and Creating Reference Pages
- V. Interviewing Techniques and Procedures**
 - Types of Interviews
 - Preparing for an Interview
 - Completing an Employment Application
 - Questions to Ask During an Interview
 - Responding to Questions You May be Asked
 - Using Nonverbal Communication
- VI. Interview Critique and Post-interview Activity**
 - Critique of Videotaped Interviews
 - Post-interview Evaluation
 - Thank-you Letters
 - Salary Negotiations
 - Evaluating Job Offers
 - Interview Demonstrations

Source: Jewish Family Services, Buffalo, NY, unpublished agenda from a job club workshop.

Exhibit 9.7. Vocational Services to Meet Client Needs

Non-vocational Client	Pre-vocational Client	Training-Ready Client
<ul style="list-style-type: none"> • Physical and psychological assessments • Medical services • Psychological services • Sheltered workshops 	<ul style="list-style-type: none"> • Comprehensive vocational service agencies (DVR, Horizons, etc.) • In-house motivational and personal development workshops • In-house support groups 	<ul style="list-style-type: none"> • Public/private training agencies • Community colleges • Adult education programs • Local State universities • Private charitable services • In-house support groups
Job-Ready Client		
<ul style="list-style-type: none"> • JTPA/PIC • Local Chamber of Commerce • Urban League • Job Corps • YWCA/YMCA Jobs Plus programs • Department of Welfare • Private Placement Agencies • In-house support groups 	<ul style="list-style-type: none"> • Employed clients interested in job change can access services available to job-ready clients 	Employed Client

**9.0 Step 3: Work with Clients and Counselors to
Implement the Selected Options**

Exhibit 9-8. Resume Worksheet

RESUME WORKSHEET

NAME _____

ADDRESS _____

CITY/STATE _____

PHONE (_____) _____ OR _____

CAREER OBJECTIVE: _____

EDUCATION: SCHOOL _____
ADDRESS _____
From _____ CITY/STATE/ZIP _____
To _____ COURSE OF STUDY _____

EDUCATION: SCHOOL _____
ADDRESS _____
From _____ CITY/STATE/ZIP _____
To _____ COURSE OF STUDY _____

WORK EXPERIENCE: EMPLOYER _____
ADDRESS _____
From _____ CITY/STATE/ZIP _____
To _____ TITLE _____
DUTIES _____

**9.0 Step 3: Work with Clients and Counselors to
Implement the Selected Options**

Exhibit 9-8 (continued)

RESUME WORKSHEET (continued)

NAME _____

From _____

EMPLOYER _____

To _____

ADDRESS _____

CITY/STATE/ZIP _____

TITLE _____

DUTIES _____

SPECIAL SKILLS:

HOBBIES:

REFERENCES:

FURNISHED UPON REQUEST

This space can be used for any other additional information that will be useful in compiling your resume.

9.0 Step 3: Work with Clients and Counselors to Implement the Selected Options

Exhibit 9-9. Interviewing Techniques

1. **Know yourself.** Know your interests and qualifications. Be prepared to state them briefly and clearly.
2. **Learn about the job.** Learn and ask questions about the job and company that you are seeking.
3. **Be on time.** It is extremely important that you are prompt for the interview, approximately 15 minutes ahead of time.
4. **Look right.** Be neat and clean. Hands and nails clean. Light fingernail polish, clean-shaven, hair combed, shoes polished, little jewelry, and little makeup.
5. **Dress right.** Wear clean, well-pressed clothes. Simple conservative clothes are preferred over sports clothes or evening wear.
6. **Go by yourself.** The employer wants to talk to you, not your friends or relatives. The job is your responsibility, so demonstrate this at the interview.
7. **Bring a pen.** You may need to write something for the employer.
8. **Sit up straight in the chair and look attentive.** Keep both feet on the floor. Be alert, look directly at the interviewer, and listen carefully. Don't gaze around the room when you or the interviewer is talking.
9. **Be ready to answer questions.** THINK before answering. Explain how your work experience, education, hobbies, etc., will help you to do this job well. Be polite and give full information, but don't brag.
10. **Don't talk about personal problems.** The employer is interested in how well you fit the job. Don't mention personal, home, or money problems. NEVER say, "I need a job" or "I can or will do anything."



10.0 Step 4: Monitoring and Administrative Procedures

As previously noted, drug treatment clients often have complicated needs and vary considerably in the types of problems that they have. Setting up, operating, and evaluating a vocational or service program to meet their needs requires careful monitoring and documentation. Just like a pilot getting ready to fly a plane, it is useful to go through a checklist repeatedly to make sure everything is covered at each stage. In this section we will review some of the key things to check and some of the tools we have used in TEP.

10.1 Recruiting a Vocational Specialist and Defining His or Her Role

Recruiting a qualified and experienced vocational specialist who can work with the client population and integrate vocational services into the current treatment system is critical to the success of a vocational rehabilitation program. To assist in recruiting the appropriate individual for the position, it is helpful to outline the role and responsibilities of the vocational specialist and develop a job description for the position. Based on our experiences in the TEP study, an ideal vocational specialist should possess the following:

Knowledge

- knowledge of the current theories and practices of vocational rehabilitation for hard-to-employ populations;
- knowledge of the current theories of substance abuse treatment and working knowledge of the treatment modality; and
- working knowledge of the local service system.

Skills

- skills in assessing client vocational service needs;
- skills in providing case management services for a caseload of 40-50 clients (activity levels will vary based on client profiles); and
- skills in accessing internal and external resources.

Abilities

- ability to coordinate services with the primary treatment staff;
- ability to network in the local business and service community;
- ability to respond and adapt to specific treatment program needs.

10.0 Step 4: Monitoring and Administrative Procedures

Education/Training

- educational credentials comparable to a Master's of Social Work.

Experience

- extensive experience in providing vocational services for hard-to-employ populations (with a minimum of 2 years experience working with multiple service agencies).

When hiring the vocational services coordinators for the TEP study, the treatment program directors looked for "highly motivated energetic persons who can work well with the treatment staff and clients" and possess the above skills and experiences. For the TEP study, recruiting an individual who met all of the above qualifications was a challenge. There are various methods of recruiting that program directors and administrators can follow. Some of these include:

- *EMPLOYEE REFERRALS* - Many of the current treatment staff have contacts within the local community and may know someone from an outside organization that fits the VS qualifications.
- *COLLEGE RECRUITING* - Local universities and community colleges offer programs in treatment counseling and vocational rehabilitation. It may be helpful to place an ad or recruit directly from college placement centers for individuals interested in this position. When recruiting from colleges and universities it also may be helpful to look for someone with previous work experience who has a working knowledge of substance abuse treatment and the local service agencies.
- *EMPLOYMENT AGENCIES* - People seeking employment often use employment agencies. Public and private employment agencies may be useful sources for recruiting.
- *ADVERTISING* - Advertising is one of the most common forms of recruiting. Placing ads in newspapers can reach a wide population of people, but often a newspaper ad does not provide enough information about the necessary qualifications to promote self-selection. Professional publications that reach a specific target population can be more effective sources for advertising.

10.0 Step 4: Monitoring and Administrative Procedures

- *WORD-OF-MOUTH* - One of the most successful recruiting methods used to find a qualified individual is word-of-mouth. Program administrators and other program staff can "spread the word" through their various contacts within the community. Professional gatherings, meetings, or luncheons, where providers from other service agencies are available are excellent places to seek out qualified individuals. Phone calls to agencies that currently employ individuals with the necessary qualifications can also be effective. Agencies such as departments of vocational rehabilitation or social services can provide further leads.

Exhibit 10.1 provides an example of the position description used to recruit the vocational services coordinators for the TEP study. This position description can be adapted and revised to reflect the specific needs of each program.

10.2 Training the Vocational Specialist

To ensure that the vocational specialist understands the current treatment protocol, the treatment director and staff should train, or at least familiarize, the vocational specialist with the day-to-day activities of the program. Operations and policies that the vocational specialist should be familiar with include, but are not limited to:

- program philosophy and mission;
- providing client emergency services;
- documenting client services in progress notes;
- developing and documenting formal treatment plans;
- preparing for and presenting in case conferences or staffings;
- coordinating around dosing and other treatment program schedules;
- program policies for admitting clients;
- program policies for discharging clients; and
- accessing and coordinating with internal resources (e.g., medical, psychological, group counseling).

The method of orientation or training will vary from program to program. Many programs currently have workshops or training sessions for their primary treatment staff that the vocational specialist can attend. Regardless of the method, it is

10.0 Step 4: Monitoring and Administrative Procedures

important that the vocational specialist understand the current treatment protocol to successfully integrate into the treatment system.

10.3 Getting Started

In order to facilitate the implementation of a vocational protocol as part of a drug treatment program, the vocational specialist can use the following workplan checklist to get started. Most of the items on this checklist were discussed in greater detail earlier in this manual.

- become familiar with current treatment records, protocol, and staff;
- identify local community resources and establish networks;
- develop community resources directory using existing and new resources and documenting program-specific information;
- familiarize current treatment staff with vocational program goals and objectives;
- assist in the training of the counseling staff in vocational counseling; and
- assist in establishing a control system for tracking client services.

10.4 Service Logs

The simplest method for documenting client information and vocational services is through an existing management information system. If a system is not available, the vocational specialist should develop tools for tracking and disseminating information. These tools can include, but are not limited to:

- client ID forms for tracking clients participating in the vocational program;
- a short-term and long-term vocational treatment plan integrated into the client's primary treatment plan;
- a service encounter log for tracking the vocational specialist's direct, follow-up, referral, or purchased services;
- weekly contact sheets to document any significant or special events that require immediate follow-up or dissemination;
- posted appointment schedules to track client contacts and remind clients of upcoming meetings or counseling sessions; and

10.0 Step 4: Monitoring and Administrative Procedures

- vocational specialist log sheets to track outside contacts and inform other treatment staff of the vocational specialist's activity schedule.

Exhibits 10.2 through 10.11 provide paper and pencil examples of such forms used during the TEP pilot study. Although these were easy to develop and implement, they were difficult to track over time and were not useful in providing timely reports to field staff. For the main TEP experiments, we have therefore developed a computerized system called the Service Encounter Log or SEL. It starts with a list of the current clients and then integrates the various pieces of information (except treatment planning) into a single system that can generate monthly reports. The monthly reports can be generated for a client, site, or the entire study, and each shows all of the major types of services provided in the past month and to date in terms of the number of services, duration, and costs to date. They are then followed by a detailed listing of all services in the past month. Exhibit 10.12 shows an example of the SEL report form. For more information on the SEL system, you can contact the authors of this manual.

10.5 Providing Client Vocational Services

The following is a summary of steps a VS can use for working with a client. During the TEP Study, the vocational services coordinators followed this protocol for assessing client needs and integrating services within the treatment program. An important lesson learned during the TEP Study was to actively involve the primary counselors in developing the vocational treatment plan and reviewing client progress on a regular basis. The following points reflect this integrated approach for providing vocational services.

- Review the GAIN, the VRS, and/or other client assessments with the counselor to determine the client's preliminary vocational readiness classification and level of employability.
- Conduct a client orientation program outlining vocational services.
- Conduct an initial vocational interview with the client to further determine appropriate course of action.
- Review the recommended course of action with the primary counselor and develop an initial treatment plan for meeting the client's pre-vocational, training, job preparation, or employment needs.
- Schedule individual appointments or counseling sessions on a weekly or bimonthly basis as needed to further develop the client's vocational treatment plan and assist the client in meeting his or her goals (i.e., make referral to appropriate agency).

10.0 Step 4: Monitoring and Administrative Procedures

- Integrate the vocational plan into the client's primary treatment plan and review and follow up on client progress and needs during scheduled counseling sessions.
- Attend all scheduled staff meetings and review caseload consistent with the case review policies of the treatment program.
- Review client progress with other treatment staff on a monthly basis (or as needed) to determine further appropriate course of action.

10.6 VS Field Activities

The following is a summary of steps for identifying outside resources. As discussed in Chapter 4.0, a critical component of the vocational specialists' job is to establish a network of service agencies to meet the vocational and ancillary needs of the client. These networks include social services, skills training, job preparatory, and employment services.

- Investigate and contact appropriate and necessary social service, training, and employment agencies to make client referrals and facilitate client intake.
- Network with prospective employers and service agents to educate them about client needs.
- Document field activities on a posted schedule. Posting a schedule helps the other treatment staff and clients know the VS's availability, and see the types of contacts the VS is making in the field.

10.7 Other Administrative Needs

Every treatment program will have additional administrative needs the VS must be made aware of. The following points reflect TEP research needs for tracking client services and expenditures. Each program should develop its own list of administrative needs the VS should follow.

- Maintain a current short-term and long-term vocational treatment plan consistent with the primary counselor's plan and update this plan at least monthly after discussion and review with primary counselor.
- Maintain a client file including the client vocational treatment plan and all other client-specific paperwork related to the client's vocational rehabilitation activities. These files should be consistent with the program's standard requirements.

10.0 Step 4: Monitoring and Administrative Procedures

- Track all client expenditures using a tracking and reporting system developed by or for the program.
- Forecast or project monthly and quarterly client expenditures and present to program director on a monthly basis for approval.
- Prepare quarterly reports summarizing vocational program status and needs.

Exhibit 10-1

**Training and Employment Program
Vocational Services Coordinator's (VSC)
Position Description**

Identification Information

Position Title:

Vocational Services Coordinator (VSC)

Program/Clinic: _____

Name of VSC: _____

Employee

Signature: _____

Overall Purpose

The Training and Employment Program (TEP) study is sponsored by the National Institute on Drug Abuse (NIDA) and conducted by the Research Triangle Institute (RTI), in collaboration with Sisters of Charity Hospital, PBA, The second Step, and the Santa Clara County Substance Abuse Program. The primary responsibility of the VSC will be to provide vocational rehabilitation and case management services for methadone treatment clients selected to participate in the VSC component of TEP. The VSC will coordinate his or her services with the primary treatment staff to assure comprehensive individualized client services.

Client Services

Direct services. The VSC will manage a caseload of approximately 50 methadone clients (approximately 10 new cases per month). Caseload activity will vary based on client need and client profile. The VSC will work in collaboration with the primary treatment staff to determine the clients' employability by identifying each individual client's:

- vocational status (non-vocational, pre-vocational, training-ready, job-ready, employed), using various assessment tools and mechanisms,
- level of internal and external support for vocational activity,
- immediate and long-term ancillary needs,
- barriers to vocational services, resources, or employment,
- level of motivation to pursue specific vocational activities or employment.

The VSC also will develop a treatment plan with the primary counselors identifying short and long-term goals toward vocational rehabilitation reflecting a 12-month

10.0 Step 4: Monitoring and Administrative Procedures

service duration. The VSC will investigate community resources, set up regular arrangements with local vocational and job placement providers, personally guide clients to the appropriate agencies, assist the client in accessing community services, and use additional resources provided by the grant to address gaps in the existing service system in a timely manner. The VSC will also attend weekly case conference meetings and document contacts and services in client charts, using clinic protocols.

Workshops. As part of the project protocol, the VSC will conduct *client orientation workshops* to introduce TEP, the vocational protocol, and the roles of the counselor and client in vocational rehabilitation. The VSC will also coordinate and attend weekly, on-site *motivational/personal development workshops* facilitated by external experts, and targeted towards pre-vocational clients.

Research Involvement. The VSC will track, using a computerized service encounter log, *all* direct and indirect services related to the TEP project and clients assigned to the vocational component of the study. For research purposes, the VSC must restrict services to only specific clients assigned to the TEP study. The VSC will maintain weekly contact with the TEP project manager to discuss and review the client caseload and VSC field activities.

The VSC will work with the Vocational Research Assistant (VRA) to prepare a community resource library that will identify the local resources used to provide client services. This information may be shared with other treatment staff. The VSC will also prepare and catalogue more detailed information and personal contacts in each agency accessed and/or used during the study period. For research purposes, this information should remain confidential from other treatment staff (excluding administrative staff).

The VSC will forward a status report on the study clients to the research team at RTI on a quarterly basis. The VSC will attend an initial four-day training workshop at RTI to familiarize him/her with the role of the VSC and the study requirements. The VSC will also attend quarterly cross-site meetings rotating between RTI and study sites.

Knowledge, Skills and Abilities

The VSC should have a working knowledge of substance abuse treatment and of vocational rehabilitation; a working knowledge of the local service system; skills in accessing internal and external resources; ability to network and communicate effectively with outside service and employment providers; ability to assess client vocational service needs; ability to provide case management services for a caseload of methadone treatment clients; ability to coordinate his/her efforts with the primary treatment staff; and ability to respond and adapt to research protocol needs.

Education, Training, and Experience Required

The VSC should have the equivalent experience and training of a senior counselor with extensive experience in vocational rehabilitation. The VSC should also

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have a minimum of two years experience working with multiple service agencies and have educational credentials comparable to a Master's of Social Work or equivalent work experience.

Responsibility And Decision-making Authority

The VSC will coordinate and monitor the vocational services provided to the study clients. The VSC will coordinate services with other treatment staff and will have responsibility for providing direct input to the client's vocational treatment plan. Regarding clerical work, the VSC will generally have responsibility to complete his or her own clerical work. When necessary, based on workload, the VSC can solicit clerical and administrative assistance from the VRA providing reasonable notice. When soliciting clerical assistance, the VSC should be aware of VRA's other research and data collection responsibilities.

Organizational Reporting Structure

The VSC will be employed by and report directly to the treatment program director and will receive additional on-going direction and supervision from the TEP project manager at RTI.

Exhibit 10-2. TEP Client ID Form

Name: _____ Last First Middle	Program ID #: _____
Address: _____ No. Street	Social Security #: _____
_____ City State Zip	Telephone (____) _____
Date of Birth: ____/____/____	Telephone (____) _____
Primary Counselor: _____	Admission Date: ____/____/____
_____	Discharge Date: ____/____/____
Employment Training Status: _____	Initial Contact Date: ____/____/____
_____	Name of Employer: _____
_____	Telephone (____) _____

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Program: _____

Client: _____

Exhibit 10-3. Long-Term Vocational Treatment Plan

Date: _____/_____/_____
Month Day Year

Long-term Goals

Time Frame

Goal 1:

1.

Goal 2:

2.

Goal 3:

3.

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Program: _____

Client: _____

Exhibit 10-4. Short-Term Vocational Treatment Plan

Date: _____/_____/_____
Month Day Year

Short-term Goals

Time Frame

Goal 1:

1.

Activity a:

a.

Activity b:

b.

Activity c:

c.

Goal 2:

2.

Activity a:

a.

Activity b:

b.

Activity c:

c.

Goal 3:

3.

Activity a:

a.

Activity b:

b.

Activity c:

c.

Program: _____
 Vocational Specialist: _____
 Month: _____

Exhibit 10-5. Vocational Specialist's Field Activity Sheet

Date: ____/____/____ MO DA YR	Length of Activity (minutes)	Contact Method (code) ^a	Type of Service (code) ^b	Time (minutes)	Comments

^aContact method codes are: 01 = phone, 02 = face-to-face encounter, 03 = referral, 04 = letter, and 05 = memorandum.
^bSee field activity codes on reverse side.

Exhibit 10-5 (continued)

1000 Investigate/Contact	1200 Confer/Meet with
1001 Service Organizations	1201 RTI National TEP Protocol Coordinator
1002 Vocational Agencies	1202 Center/Clinic Director
1003 Welfare Programs	1203 Center/Clinic Counselors
1004 Training Programs/Centers	1204 Other Center/Clinic Staff (specify)
1005 Placement/Employment Agencies	1205 Other RTI Staff
1006 Human Resources/Personnel Associations	1206 Other Vocational Specialist
1007 Chamber of Commerce	1207 Administrative/Clerical Assistant
1008 State Employment/Training Division	1208 Motivational Workshop's Presenter/Facilitator
1009 State Vocational Rehabilitation Services	
1010 Vocational/Technical College	1300 Prepare
1011 Vocational/Reference Manuals	1301 Field Activity Tracking Log
1012 Assessment Services	1302 Client Vocational Services Log
1013 Private Industry Council (PIC)	1303 Client Weekly Assessment Sheet
1014 Educational Services/Agencies	1304 Client Vocational Treatment Plan
1015 Attempted Contact (with Agency)	1305 Community Resource Manual
1099 Other (specify)	1306 Other Reports/Documents for RTI (specify)
1100 Network with (Specify Organization):	1307 Paperwork for Clinic/Center
1101 Employment Personnel	1308 Read/Review Client Charts (nonspecific)
1102 Service Providers	1309 Motivational Workshop Materials
1103 Prospective Employers	1310 Other TEP Materials
1104 Human Resources Specialists	1311 TEP Orientation Material
1105 TEP Community Support Group	1399 Other Paperwork (specify)
1199 Other (specify)	1400 Attend
	1401 In-house Personal Growth and Development Workshop
	1402 Training/Employment Workshops
	1403 Vocational Support Group
	1404 In-house Staff Meeting
	1405 NA/AA Meeting
	1406 TEP Client Orientation
	1407 Job Club
	1499 Other (specify)

Program: _____
 Vocational Specialist: _____
 Client #: _____
 Month: _____

Exhibit 10-6. Client-Specific Vocational Services

Date: ____/____/____ MO DA YR	Length of Activity (minutes)	Contact Method (code) ^a	Type of Service (code) ^b	Time (minutes)	Comments

^aContact method codes are: 01 = phone, 02 = face-to-face encounter, 03 = referral, 04 = letter, and 05 = memorandum.
^bSee field activity codes on reverse side.

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Exhibit 10-6 (continued)

<p>000 001 002 003 004 005 006 007 008 009 010 099</p> <p>100 101 102 103 104 105 106 107 108 109 199</p> <p>200 201 202 203 204 205 299</p>	<p>Contacts Initial Contact Weekly Client Contact Coordinate with Primary Counselor Coordinate with Director Reading Client Case Record Attempted Client Contact Coordinate with Center or Clinic Director Coordinate with RTI Client Missed Appointment Out of TEP Other (Specify)</p> <p>Job Development In-house Vocational Development Job Readiness Program Job Workshops Job Club Job Search Job Referral Job Preparation Placement Agency Job Interview Other (Specify)</p> <p>Counseling Vocational Interests Developmental Counseling Post-placement Counseling (Training) Educational Interests Post-placement Counseling (Employment) Other (Specify)</p>	<p>300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 399</p> <p>400 401 402 403 404 405 406 407 408 409 499</p>	<p>Referrals JTPA/PIC DVR/OVR/VESID Job Corps Greater Avenues for Independence Single Point of Contact (SPOC) Jewish Family Services Comprehensive Employment Opportunity Support Center Vocational Rehabilitation Center Picasa State Department of Rehabilitation Clarkson Horizon Center for Employment Training Equal Opportunity Center Office of Employment Security Department of Public Welfare Urban League Institute for Career Development Other (Specify)</p> <p>Education/Training Services GED/Basic Education Career/Skills Training Pre-employment Training Job Search Skills Development Interview Preparation College Enrollment In-house Educational Training In-house Educational Assessment Vocational/Educational Assessment Referral Other (Specify)</p>	<p>500 501 502 503 504 505 506 599</p> <p>600 601 602 603 604 699</p> <p>700 701 702 703 704 705 706 707 708 709 710 711 799</p> <p>800 801 802 803 804 805 806 807 808 899</p> <p>900 901 902 903 999</p>	<p>Job Placement Tryout Employment On-the-job Training Part-time Employment Work Study Volunteer Work Full-time Placement Other (Specify)</p> <p>Scheduling Dispensing Schedules Employment Interviews Service Organization Appointments/Interviews Training Program Other (Specify)</p> <p>Support Services Transportation Childcare Driving Privileges Special Equipment Food Allowance Clothing Allowance Medical Care/Eye Glasses Legal Assistance Registration Fees Educational Materials Certification Fees Other (Specify)</p> <p>Funding Assistance Housing Training Stipend Work Stipend Service-gap Stipend Tuition Employment Agency Fee Waiver School Loan Other (specify)</p> <p>Personal Development In-house Personal/Motivational Workshop Vocational Support Group TEP Orientation Other (Specify)</p>
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Vocational Specialist: _____
 Program: _____

Exhibit 10-7. TEP Clerical Services

Date Submitted	Date Completed	Length of Time (minutes)	Clerical Staff Initials	Activity

^aContact method codes are: 01 = phone, 02 = face-to-face encounter, 03 = referral, 04 = letter, and 05 = memorandum.
^bSee field activity codes on reverse side.

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Program: _____
Vocational Specialist: _____
Client #: _____
Month: _____

Exhibit 10-8. Weekly Contact Progress Notes

Date: ____/____/____ MO DA YR	
Date: ____/____/____ MO DA YR	

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Exhibit 10-11. Case Conference Employability Status Report

PATHWAYS/TEP

**Case Conference
Employability Status Report**

Client Name: _____

PC: _____

Program ID: _____

RTI ID: _____

VSC Assignment

Conference

Date: ____/____/____

Date: ____/____/____

Vocational Status:

(non-voc, pre-voc, training-ready, job-ready, employed)

Commitment/Motivation Level:

(for any specific activity)

Support Mechanisms:

(family, friends, treatment counselors, outside agencies)

Ancillary Needs:

(as they relate to employability)

Barriers:

(as they relate to employability)

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Exhibit 10-12. SEL Monthly Report

SEL Monthly Report: Summary of Average Services per Client

TYPE OF REPORT: OVERALL

CURRENT PERIOD: 04/01/94 to 05/01/94

TO DATE PERIOD: 01/04/93 to 05/01/94

Service Code	Frequency (TIMES)		Duration (HRS)		PURCHASES	
	Current Period	To Date Period	Current Period	To Date Period	Current Period	To Date Period
ANY ENCOUNTER	8.88	15.29	15.9	33.0	48.71	42.04
GENERAL (100's) :						
110-RTI ADMINISTRATION	0.18	1.19	0.6	3.6	0.00	0.11
120-PROGRAM ADMINISTRATN	0.41	1.58	0.9	4.5	0.00	0.00
130-TEP ADMINISTRATION	1.06	3.12	3.6	7.7	13.00	6.71
140-TEP DATA COLLECTION	0.18	0.18	0.2	0.3	1.24	0.25
150-GENERAL	0.24	1.54	0.3	2.8	5.94	17.52
VOCATIONAL (200's) :						
210-ASSESSMENTS	0.47	0.30	1.1	0.6	0.00	0.35
220-COUNSELING	2.35	3.73	4.3	7.0	0.00	0.60
230-COORDINATION	2.18	1.07	2.6	1.4	0.00	0.53
240-PERSONAL DEVELOPMENT	1.12	1.90	1.9	3.7	0.00	5.12
250-VOC/EDUC TRAINING	0.00	0.08	0.0	0.0	0.00	0.06
260-JOB DEVELOPMT/PLACEMT	0.00	0.07	0.0	0.1	0.00	0.00
270-VOC ANCILLARY SRVCS	0.18	0.05	0.0	0.0	3.24	0.96
280-OTHER VOC/EDUC SRVCS	0.12	0.20	0.1	0.8	0.00	0.00
ANCILLARY (300's) :						
310-CHILDCARE	0.00	0.07	0.0	0.1	0.00	0.52
320-TRANSPORTATION	0.00	0.10	0.0	0.1	0.00	0.99
330-MEDICAL SRVCS	0.00	0.00	0.0	0.0	0.00	0.00
340-CLOTHING	0.00	0.00	0.0	0.0	0.00	0.00
350-HOUSING	0.06	0.07	0.0	0.1	11.76	5.25
360-OTHER ANCILLARY	0.29	0.18	0.2	0.1	12.35	2.53
REFERRAL (400's) :						
410-PUBLIC ASSISTANCE	0.00	0.00	0.0	0.0	0.00	0.00
420-PUBLIC CHARITY	0.00	0.00	0.0	0.0	0.00	0.00
430-PRIVATE CHARITY	0.00	0.00	0.0	0.0	0.00	0.00
440-PUBLIC EMPLMT/VOC AGY	0.00	0.00	0.0	0.0	0.00	0.00
450-PRIVATE EMPLMT AGENCY	0.00	0.00	0.0	0.0	0.00	0.00
460-EDUC/TRAINING INST	0.00	0.00	0.0	0.0	0.00	0.00
470-OTHER AGENCY	0.00	0.00	0.0	0.0	0.00	0.00
CLIENTS ASSIGNED:	17	83				
CLIENT MONTHS:	52.8	502.8				
RECORDS WHERE FOLLOW-UP IS NEEDED:		13	RECORDS WITH EXPECTED COSTS:		17	



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Appendix A

**Materials on Job Market Research
and Initial Contacts**

The following materials have been reproduced with permission from Bissonnette, D., & Pimentel, R. (1984). Performance-based placement manual (2nd ed.). Northridge, CA: Milt Wright & Associates.

Appendix A: Materials on Job Market Research and Initial Contacts

HIRING PROCESS — ACCESSING THE HIDDEN JOB MARKET

The need to fill an open position is a problem for an employer and an opportunity for an applicant. Although many employers are required to advertise when there is an opening, the actual process of how people *really* get hired is not generally known. What really happens is:

1. The supervisor has an expected opening. He/she tries to hire someone he/she knows.
2. The supervisor tries to hire a co-worker or someone a co-worker knows.
3. Personnel is informed of the opening and an in-house search is conducted.
4. An agency is utilized. Network contacts such as Job Developers, private placement agencies, etc., are notified
5. The public is informed via newspaper advertising, state employment service, educational placement service, etc.

The
"Hidden
Job
Market"

Jobs that become available in industry which are never advertised or communicated to the community are what constitute the "hidden job market" (items numbered 1 through 3 above) and represent over 80 percent of all job opportunities. Ordinarily, applicants and Job Developers start with item 5 of the hiring process, which is clearly a disadvantage. It is estimated that only 15 percent of all job openings are ever advertised in the newspaper.

The challenge of the Job Developer is to access and successfully target the other 85 percent of job openings. Here are some ideas to help you in researching and targeting the "hidden job market."

JOB LEADS — ALTERNATIVES TO THE WANT ADS

INFORMATION SURROUNDS YOU!!!

- Job Developers must acquire the delicate and fine-tuned art of *observance, analysis, and quick response*. This means that every billboard you read, every label you see, every building you notice under construction, every NOW OPEN sign you see on a window, puts you into first gear on your way to a job placement opportunity. Listening to news of new legislation, new social trends, and new social problems can lead you on the same path. This type of news reflects the creation of jobs to solve new problems. Be aware of the information that surrounds you!

USE THE NEWSPAPER CREATIVELY!

- With a change in management often comes a change in staff. Follow up on ads seeking people in key management positions (Supervisor, Training Manager, Production Coordinator, etc.) Call 2-3 weeks after the ad is placed and be one of the new staff person's first employment resources.

Appendix A: Materials on Job Market Research and Initial Contacts

- When you see an ad for positions that are appropriate for your target group, cut the ad out and put it on your calendar for two weeks. Do not put yourself and your applicants amidst the flood of those competing for the advertised positions. When you call 2 weeks later the chaos and difficulty of screening and choosing 2-3 people out of 80-90 applications will be fresh in the employer's memory. Your first selling point will be, "I do very careful prescreening which will save you the time and money involved in advertising and reading through applications."
- Read the business section of your newspaper daily. Look for information from which you can project a hiring need (e.g. new products, increased business demand, new management, a relocation of a business into a larger building, etc.).
- Read the ads under New Business Licenses for job leads.

USE EMPLOYER REFERRALS

- Employer referrals are some of the most valuable job leads you can obtain. Whether on a company appointment, during a telephone cold call, or while doing follow-up, you have an opportunity to receive referrals. Ask not only for names of other employers in the industry, but in related industries and in the same industrial park or neighborhood. One highly effective way of obtaining referrals from employers is to simply ask, "Mr./Ms. Employer, if you were a job developer with my client pool, how would you go about placing them in this industry?" This makes the request for referrals less direct, more personal, and flattering to the one being asked for advice.

USE APPLICANT REFERRALS

- Your applicants have an abundant amount of job market information and they can serve as a great resource. Request that they bring the names and numbers of companies where their friends and family members have worked and/or presently work. Remember to have them ask for the name of the person(s) who hired them!

USE OUTSIDE RESOURCES

- There is an enormous amount of information available on local employers. Most Job Developers are aware of these resources but rarely tap into that goldmine of information and actually use it in generating new job leads. We highly recommend that you take advantage of these resources and teach your applicants to do the same. Use the "Job Market Research Resource List" which includes the types of information to gather from these resources. Good luck in your investigation!

*RECOMMENDATIONS ON WHO TO CONTACT IN FOUR KINDS
OF ORGANIZATIONS*

1. LARGE COMPANY (75 employees or more)

It is best to *start at the top* in a large organization and be referred to the appropriate person. (Refer to the section on Telephone Techniques for approaches in contacting and setting-up appointments with company representatives.) Start by calling the president, the department manager, or the supervisor of the appropriate department.

2. SMALL COMPANY (10-75 employees)

You cannot go wrong by contacting the manager or president of a small organization. They are usually both accessible and approachable by telephone or by an in-person cold call.

3. ORGANIZATIONS WITH PROFIT CENTERS (i.e. hospitals, hotels, etc.)

Contact the head of the department that is appropriate for your applicants. The department heads may refer you to personnel somewhere along the line, but it will be with a strong recommendation and interest in your services and your applicants.

4. SERVICE INDUSTRIES (e.g. restaurants, gas stations, print shops, motels, gardening, janitorial, security, etc.)

Hiring decisions in the service industries are most commonly made between the direct supervisor and the general manager of the business. Contact the general manager and request that the supervisor be present in your meeting.

OTHER IDEAS FOR OBTAINING INFORMATION ON WHO TO MAKE CONTACT WITH:

- Obtain information from applicants who have worked at the company or contact employees who are currently working for the company.
- Call the company requesting the name of the person to whom you can send literature on your organization.
- Call the company stating that you are conducting research on the industry and you are interested in knowing more about the hiring process. ("Who interviews the applicants?" "Who makes the hiring decision?" etc.)
- When performing a reference check on an applicant, ask the supervisor whom you should contact to offer your services.
- Make an assumption as to who does the hiring for a particular position and ask the secretary/receptionist for confirmation. (e.g. "The production supervisor hires the seamstresses, correct?") If you are incorrect, he/she will probably volunteer the correct information.

JOB MARKET RESOURCE LIST

- COLLEGE AND CITY LIBRARIES — Business Sections
- CHAMBER OF COMMERCE — Data on Specific Organizations
- COLLEGE AND UNIVERSITY PLACEMENT OFFICES — Information on Local Employers
- BETTER BUSINESS BUREAU — Reports on Organizations
- ASSOCIATIONS — Call for Literature from Industry Specific Associations (See Encyclopedia of Associations, Vol. 1, National Organizations, Gale Research Company)
- TRADE MAGAZINES AND TRADE JOURNALS
- ANNUAL REPORTS — COMPANY / COLLEGE / ASSOCIATION / AGENCY (Can be obtained from Chamber of Commerce, Library or directly from the companies)
- DIRECTORIES — (i.e., specific directories of local businesses, Fortune's Plan and Product Directory, Directory of Corporate Affiliations put out by National Register Publishing Co., Inc., etc.)
- CONTACTS INFLUENTIAL
- CAREER OPPORTUNITY INDEX
- MOODY'S INDUSTRIAL MANUAL (and other manuals)

INFORMATION TO GATHER FROM THESE RESOURCES:

- Names of Organizations
- Products, Services Provided by the Organizations
- Key People in the Organizations
- Legislation / Major Issues in the Industry
- Increase / Decrease in Business (In what areas)
- Career Opportunities in the Company / Industry

MAKING INITIAL CONTACT IN THE JOB MARKET

TELEPHONE TECHNIQUES

THE "NO-FAIL" COLD CALL

Telephone cold calling is one of the most demanding and challenging tasks of a Job Developer. It need not, however, be stressful, discouraging, nor disheartening. There is an approach, accompanied with an attitude, that guarantees some degree of success in every call that you make. This is called the "no-fail" cold call. There is something to be gained from every employer that you contact. It may be an interview for your applicant, an appointment for a "marketing call," information on new employers in the industry, or a referral from the employer to a neighboring business. The bottom line is that from every contact you make, you will reap some type of reward.

We shall discuss two different kinds of telephone cold calls; the Marketing Telephone Call and the Applicant Referral Call. The purpose of the Marketing Telephone Call is to set up an appointment with the employer to sell/market your services and your applicants. The purpose of the Applicant Referral Call is to set up an interview for your applicant(s) with the employer.

THE "NO FAIL" APPLICANT REFERRAL CALL

The goal of an applicant referral call is to refer a specific applicant to an employer with the potential outcome of successful placement.

The following system is a recommendation on how to make an applicant referral call.

1. Select two or more applicants who have similar vocational goals. Review their files to be acquainted with their qualifications.
2. Make a list of employers who might be interested in interviewing your applicant. Utilize job market research information.
3. Call the employer. The goal of calling the employer is to obtain a positive response to refer your applicant for placement.

Listed in order of priority, the following options are available to every Job Developer in making a "no fail" applicant referral call:

Option One: The employer agrees to see the applicant.

- If the result is positive, arrange an interview, take a job order for a complete description of the position and prepare the applicant for the interview. Then utilize the post interview call to arrange an appointment for an in-person marketing call.
- If the result is negative, proceed to the next option.

Option Two: The employer refers the Job Developer to another employer who might see the applicant.

- If the result is positive, contact the referral source and proceed with Option One.
- Whether the result is positive or negative proceed with Option Three.

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Option Three: The employer agrees to give a job order for another position.

- If the result is positive, take a job order for a complete description of the position, arrange an interview (if appropriate) and prepare the applicant for the interview. Remember to utilize the post interview to arrange an appointment for an in-person marketing call.
- If the result is negative, proceed with Option Four.

Option Four: The employer agrees to see the Job Developer for an in-person marketing call.

- If the result is positive, schedule an appointment. Refer to **The Marketing Call**.
- If the result is negative, proceed with Option Five.

Option Five: The employer provides information about the labor market and/or specific requirements for a position.

- If the result is positive, you have gained information about the employer and/or job market.
- Whether the result is positive or negative, proceed to Option Six.

Option Six: The employer agrees to a future date for contact.

- The results can always be positive for a call back (in two weeks, one month, or six months).

The “no fail” applicant referral call guarantees some degree of success in every call that you make. Note that options 1 through 6 may not all be attained during the initial call. However, these options remain available through future contact with the employer.

THE “NO-FAIL” MARKETING CALL

The “no-fail” marketing call is used when your purpose is to market your services rather than a particular applicant. This approach is most useful for Job Developers who have a large caseload of applicants with similar skills and abilities. Unlike the *applicant referral call*, your first priority is to arrange an in-person appointment with the employer. You express the desire to meet with the person in order to tell him/her about your program, your services and your applicants. It is important to stress that you need “only a few minutes” of their time. (In reality, the company appointment will take anywhere from 30 minutes to an hour.) If you are not able to set up a company appointment, consider other options. The list below outlines various possibilities from which to choose. They are not listed in priority. Use your own judgment as to which action will bring you more success with the particular employer. Continue with options until you have, at the very least, additional information on the company or the industry. “No-fail” cold calls require persistence and confidence.

OPTIONS FOR THE NO-FAIL MARKETING CALL

- Agree to a scheduled appointment.
- Agree to send literature — agreement for follow-up call.
- Agree to a scheduled interview for an applicant.
- Give name of applicant that you will send to apply. Agreement for follow-up call.

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- Agree to send applicant to company with a letter from you.
- Agree to deliver completed applications yourself.
- Agree on future date for contact (e.g. lay-off).
- Request information or referral to other company/industry.

DEALING WITH THE RECEPTIONIST

One of the main purposes of the receptionist is to effectively screen calls for the boss. Businesses receive hundreds of phone calls from people offering services or products in which the organization has no interest. It is the Job Developer's challenge to set him/herself apart from "everyday solicitors" and succeed in getting past the interrogation of a well-trained receptionist. Here are some creative approaches that may help you in that task.

- **GOING THROUGH**

The primary tool utilized by receptionists to screen and divert callers is *questioning*. "Where are you from?" "What is your name?" "Why are you calling?" Our confidence and assertiveness weakens with every question. *Going through* means that you give a powerful introduction stating, with confidence, all the information that the receptionist may request. Then you *lead the questioning!*

Example: "Hello! My name is Jane Jones and I am an Employment Specialist for Project Jobs in Forest Park County and I am calling to set up an appointment with Mr. Brown. Is he in?" If the receptionist states that maybe she can help you, say, "Great!", and ask her a question that she most likely will not be able to answer. (e.g. How much has the TJTC project saved your company this year? Could you please tell me some specifics about the testing equipment used by your technicians?) Chances are, you'll be put through to the right person.

- **GOING TO**

Receptionists wield a lot of power in terms of allowing or preventing contact with the boss. They also have a wealth of information on the inter-workings of the company. With respect and sincerity, acknowledge his/her power. Express your desire to speak with the boss "for just a few moments," and ask for the receptionist's advice. Communicate that you've had a difficult time reaching the person and would appreciate some advice on the best time of the day/week/month for you to call. People like giving advice, people like doing favors for other people. Allow the receptionist that opportunity.

- **GOING ABOVE**

An effective way of totally bypassing a receptionist's screening is to write a short letter to the person you wish to speak with, arranging a "telephone appointment." Such a request reflects ingenuity, persistence, and a seriousness of intent on your part. It is a rare request and usually evokes attention and interest on the part of the employer. Your letter should state an exact time on a specific date when you will be calling. Request that the receptionist be informed of the appointment. The employer will most likely call immediately after receiving the letter and apologize for the difficulty in getting through to him/her.

- **GOING AROUND**

When all else fails, ask for a department that is not responsible for screening anyone's calls. Ask for the Sales Dept. and when they answer, request to speak with the person you want. You'll probably hear, "Oh, you have the wrong department! Let me transfer you to his/her office!" (It is also possible to obtain a lot of information from the "wrong" department. Ask what you want to know before you are transferred to the "right" department.)

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LEAVING MESSAGES

Never expect an employer to return your call. Leave your name and number so that the employer becomes familiar with your name. Ask the receptionist for advice on when to call back and leave a message stating that you will call again at that time. (Follow through on everything you promise!) If the receptionist asks you what your call is regarding, simply answer, "I am calling to set up an appointment with Michelle Miller to inform him/her of the free services available to your company through Project Jobs."

CREATIVE APPROACHES TO INITIATE THE MARKETING CALL OR APPLICANT REFERRAL CALL

THE REFERRAL

The referral call is a wonderfully effective approach in gaining employer confidence and interest in your services. The fact that someone has recommended that you call them automatically instills in the employer's mind an openness to at least hear what you have to say. If you do not have the name of a person or a company that has referred you, use what we call the "generic referral." No contact person nor company name need be used.

APPROACH:

"Many of the smaller banks recommended that I contact you."

"People in the welding industry recommended that I inform you in the sheet metal business of our training program."

"Several restaurants in the area recommended that I call you because you look for experienced applicants."

THE INFORMATION / RESEARCH CALL

People like talking about what they know. Being asked for advice and/or information is flattering. An information/research call is an opportunity to market yourself and your services through the questions you ask and your ability to key into the needs and concerns of the industry.

APPROACH:

"I understand that your company is one of the top producers in the industry and any advice or information that you could give me about the business would benefit our organization tremendously. If I could just have a few minutes of your time, I would be most appreciative. Could you spare the time Thursday or Friday afternoon?"

THE BEFORE / AFTER MAILING APPROACH

Some Job Developers feel more comfortable requesting an in-person meeting after the employer knows something about them. With the before/after mailing approach you call the employer to inform him/her that a letter is being sent introducing the program and its goals. The Job Developer then states that he/she will call again, after the employer has had a chance to read the letter, to set up an appointment. When you place the second call, assume that the appointment has been granted and that you are calling to arrange the time for the meeting. Limit alternatives rather than leave it open-ended.

APPROACH:

"Hello, Ms. Smith. This is Carlos Hernandez from Project Jobs. I'm calling to set up the appointment we spoke of last week. I hope you received my letter. (Wait for response.) Well, I'll be in your area on Monday morning and on Wednesday afternoon. Which would be most convenient for you?"

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THE REFERENCE CHECK

Doing a reference check on an applicant is a great opportunity to reach the supervisor directly. The questions you ask will reflect your sensitivity to the needs of industry (e.g., Did Joe learn quickly? Was he dependable? Did he get along with his co-workers? How would you rate his mechanical ability on a scale of 1 to 5?) When your referencing is complete, explain that your reason for calling is two-fold and request an in-person meeting.

APPROACH:

"I would like very much to extend my services to your company and I am sure that many of my applicants would enjoy working for you. Before I could effectively match your needs with those of my applicants, I need to learn much more about what you do at ABC Manufacturing. Could I come out and have a tour of your plant? Maybe early next week?"
Or, "I am working with an applicant who has a tremendous amount of energy and, according to his past employer, has excellent mechanical ability. It seems to me that he'd fit right in with your crew. Would you like to interview him some time this week?"

THE NEW IDEA APPROACH

With this approach you call informing the employer of a "new idea." This approach works well for the Job Developer who wishes to communicate enthusiasm and spontaneity. It is professional, but by no means standard. The attitude with this approach is happy-go-lucky, a stance that employers find refreshing after sensing the fear of rejection with most salespeople.

APPROACH:

"Hello. This is Amy Kinman and I am an employment specialist for the Veterans Assistance Center. I am presently working with a gentleman who has over 20 years experience in the military. It just occurred to me that his skills and abilities would be very well suited to security services. I would like to meet with you to get your input on this idea!"

"Hello. This is Paul Marciano from Project Jobs and I have a great idea that could benefit us both! Ordering helium balloons is the up and coming trend and adding balloon services to your floral services could bring you a lot of new business. If you're interested in such a venture, I have the delivery drivers ready to work!"

THE FIRST TIME APPROACH

This approach is a take-off of the classic sales line, "You mean you don't have one yet?" You are expressing that everyone in the community or the industry is taking advantage of your services but them.

APPROACH:

"Hello! I'm calling from Project Jobs. We are an employment and training organization and have been providing services in the area for the past 7 years. I had always assumed that someone from our organization was working with your company, but I looked in the employer file today and realized that we've never contacted you before! I apologize for the oversight; can I set up an appointment to inform you of our services? How about tomorrow?"

THE SPECIAL OCCASION APPROACH

Like the last two approaches, the special occasion approach succeeds in making the employer feel fortunate that you called *him/her*. It means that you are calling to make a special announcement or to give some special information to a particular employer.

Appendix A: Materials on Job Market Research and Initial Contacts

APPROACH:

"I'm calling to let you know that our center will be graduating 20 electronic assemblers in just a few weeks. The Center is really impressed with this group of trainees. I'd be happy to bring you a copy of the course curriculum and tell you more about our organization."

Or, "I am working with an auto mechanic that is exceptional. I just thought that your shop might want to be aware that he is looking for a job right now!"

THE APPLICANT INTEREST APPROACH

With this approach the employer believes that the call is the applicant's idea, not the Job Developer's. The Job Developer explains that numerous applicants have expressed a desire to work for the company but you are not sure whether or not it would be an appropriate match. "I am anxious to learn more about what you do and how you work. Your company has certainly impressed my applicants!" How can they refuse you?

"IN-PERSON" COLD CALLS

Making in-person cold calls is a highly effective way of generating new employer contacts. You may not always have an opportunity to speak with the manager or supervisor, but there are other ways of using your time productively on an in-person cold call. At the very least, you should walk away with the following information:

- The name of the person to contact by telephone with a recommended time to call. (Request the person's business card.)
- The name of the receptionist/secretary. (Use his/her first name when calling to schedule an appointment.)
- Literature or information on the company's services or products. (Ask for the company's annual report.)
- A general idea of the present work force at the company. (Including number of employees, type of positions, demographics, etc.)
- An estimation of the company's immediate and long term hiring needs.

PLANNING THE IN-PERSON COLD CALL

It is wise to plan your in-person cold calling venture either by industry or by geographic location. Let's take a look at the advantages of each.

Industry-Specific Cold Calls

Planning your cold calls by industry allows you to focus in on the particular needs of employers in that area, and on your applicants that would best suit that industry. You can prepare your "presentation" to the various businesses accordingly. You may wish to bring with you information or resumes of your applicants, a training course outline, statistics of your agency's success in that industry, etc. Some Job Developers plan their attire according to the industry's standard code of dress (i.e. a business suit for white collar corporations, casual attire for machine and auto shops, etc.) This kind of preparation assures a higher degree of comfort when making in-person cold calls.

Appendix A: Materials on Job Market Research and Initial Contacts

On-Location Cold Calls

The disadvantage of cold calling in person is the time and energy wasted *in between* the company visits. You can alleviate that problem by planning your cold calls geographically. Map out key areas or industrial parks in your area, park your car, and *do not return* until you have called on a predetermined number of employers. (10-15 calls in an hour is realistic.) In-person cold calling requires a great deal of self-discipline. Reward systems are helpful in this area. (e.g. I get ice cream when I have 10 new business cards in my hand!!)

REMEMBER: Receiving a job order for an applicant or an opportunity to meet in-person with an employer are only two of the options available to you when making a cold call in person. Gain new insight, information, or referrals from every visit that you make!

FOLLOWING-UP ON INFORMATION OBTAINED

Follow-up is *the* key word in in-person cold calling techniques. The information that you obtain and the contact that you make with the receptionist/secretary, will be your entree into the company. Your approach when calling the employer after visiting the company should include specific detail on why your services are beneficial for that employer and why the company is appropriate for your applicants.

APPROACH: "Hello, Mr. Grant. I visited your company earlier today and I am quite hopeful that I will be meeting with you soon to make a proposal that would benefit both your business and my agency. Your secretary mentioned that you have recently received a large contract for landscaping services at a local apartment complex. If you have not already hired people for that contract, may I suggest that you consider hiring a couple enthusiastic trainees from our Center? As they have not yet been trained, I can arrange an OJT contract that would subsidize one half of their earnings for three months. Why don't we arrange a time when we can discuss this in detail? Would Thursday or Friday be better for you?"

(For other in-person cold calling techniques refer to **Creative Approaches On The Telephone**. The approaches presented in that section can be easily reworded for in-person cold calling.)

DIRECT MAIL IDEAS

We do not recommend using direct mail techniques as your key strategy for generating employer contacts. It is a commonly known fact that few people take much interest in the mail that they receive from persons or organizations foreign to them. Direct mailing can serve as an *introduction* to your agency, but rarely anything more. Here are some ideas of the different types of materials you can send to employers.

- **LETTERS**

Letters to employers should be direct, to the point, friendly, and concise. They should serve only as an introduction and to inform the employer that you will be calling to set up an appointment. Be careful not to tell them so much that they no longer feel the need to meet with you. Make the letters specific to the company or to the industry. State your purpose in contacting them, emphasize why you feel that *they would be particularly interested in your services*. Close with a specific time and date when you will call.

- **ADVICE LETTER**

Send letter requesting the employer to meet with the applicants for advice on the industry. Express your appreciation of the employer's knowledge base. Close with a specific time and date when you will call.

- **BROCHURES/FLYERS**

If your agency's brochure does not clearly identify the services that you wish to market to the employer, send a letter with the brochure. Flyers should be produced in a professional manner. That piece of paper represents your agency; it's worth the extra time and money to do it right!

- **ANNOUNCEMENTS**

Send employers an announcement that a training class is graduating, news that your agency is offering a new service, an end-of-the-year success report, etc.

- **INVITATIONS**

Send employers an invitation to a graduation, to an "employer-interviewing day," to visit your agency, etc.

- **SPECIAL CLIENT LISTINGS**

Send employers a list of applicants presently in your caseload with descriptions which outline their skills and abilities directly relating to the industry's needs. This is also a valuable tool to carry when making in-person cold calls.

Appendix B

Vocational Rehabilitation Services

The following information was reproduced with permission from the State of Wisconsin Department of Health and Social Services. (1990). What the AODA Professional Should Know about the Division of Vocational Rehabilitation. State of Wisconsin Division of Vocational Rehabilitation.

**STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

**WHAT THE AODA PROFESSIONAL
SHOULD KNOW ABOUT THE
DIVISION OF VOCATIONAL REHABILITATION**

Prepared by:

The DVR/DCS AODA COPE Committee
Division of Vocational Rehabilitation
Division of Community Services

March 1990

PURPOSE

This handbook has been prepared to give AODA professionals an overview of the vocational rehabilitation program (VR). It includes information for the Alcohol and Drug Abuse (AODA) professional regarding the Wisconsin Division of Vocational Rehabilitation (DVR).

MISSION OF THE DIVISION OF VOCATIONAL REHABILITATION

Within the context of the mission of the Department of Health and Social Services and in response to the needs of persons with disabilities, DVR provides an array of services to persons with disabilities statewide, to enhance their economic independence and independent functioning in their activities of daily living.

The purposes of the Division are:

- (1) To directly provide or otherwise arrange for those services that enable persons with disabilities to secure suitable employment;
- (2) To assist persons with disabilities in functioning independently;
- (3) To assure determination of disability for those individuals entitled to medical and financial assistance under the SSDI, SSI and MA programs and to review ongoing eligibility to determine continued entitlement.
- (4) To assure the views of individuals and groups who are recipients, providers and other interested persons are accounted for in the planning, implementation and evaluation of services.

Appendix B: Vocational Rehabilitation Services

SCOPE

DVR is one of the divisions in the Wisconsin Department of Health and Social Services. The Administrator's Office is located in Room 850, 1 West Wilson Street, Madison, Wisconsin. There are 196 VR counselors who cover all of the 72 counties in Wisconsin. They are in 21 field offices.

ELIGIBILITY

An individual is eligible for vocational rehabilitation services if the VR Counselor documents all of the following:

- (1) The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment;
- (2) A reasonable expectation that the vocational rehabilitation services may benefit the individual in terms of employability.

Individuals with a history of alcoholism or drug abuse who are in some stage of recovery may be eligible for VR services. The following are the policy guidelines that the VR Counselor uses to determine eligibility of persons referred who have been diagnosed as alcoholics or drug abusers.

DOCUMENTATION OF DISABILITY (MEDICAL EVIDENCE OF DISABILITY)

The VR program requires specific reports to document the disability of alcoholism or drug abuse.

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- (1) Alcoholism: Diagnostic information for alcoholism must be signed by a physician. Reports signed by a psychologist, social worker or AODA counselor are NOT acceptable for this disability.
- (2) Drug Abuse: This diagnosis must be made by a physician or a licensed, clinical psychologist. Reports signed by AODA counselors or social workers are NOT sufficient for verifying eligibility even if they are employed at a state certified treatment facility.

DOCUMENTATION OF HANDICAP (EVIDENCE OF A SUBSTANTIAL VOCATIONAL HANDICAP)

- (1) The VR Counselor must determine if the disability is a substantial vocational handicap for the applicant and specify HOW the disability interferes with the applicant's employability. The VR Counselor must also identify the applicant's functional limitations which result from the disability. There must be a DIRECT relationship between the functional limitations caused by the disability and the client's current employment status. These functional limitations must pose significant barriers to employment.
- (2) The VR Counselor must ask the following questions:
 - a. Is the applicant currently unemployed due to functional limitations caused by the disability?
 - b. Is the applicant currently at risk for job loss due to functional limitations caused by the disability?
 - c. If employed, is the applicant a danger to self or co-workers due to functional limitations caused by the disability?

Appendix B: Vocational Rehabilitation Services

- d. is the applicant significantly under-employed due to functional limitations caused by the disability?
- (3) If the applicant has never been employed, the CR Counselor must decide if the applicant is unemployed due to functional limitations caused by alcoholism drug abuse interfere with the person's ability to obtain entry level employment in a job commensurate with his/her abilities.
- (4) If the applicant is employed or has been recently employed, the VR Counselor must determine if the applicant can return to a former job with the same employer. If the applicant can return to a former job without any interventions, the substantial vocational handicap criterion is not met.
- (5) If the VR Counselor can document that the applicant is significantly under-employed due to functional limitations caused by alcoholism or drug abuse.
- (6) If the applicant is in danger of losing employment, the VR Counselor must document that the job is in jeopardy due to poor performance, absenteeism or other unacceptable behavior attributed to alcohol/drug abuse. If the applicant has been free from functional limitations due to alcohol/drug abuse for a period of one or more years, the VR Counselor must document that the applicant is unemployed because of alcohol/drug abuse and is in need of assistance in getting a job.

**DOCUMENTATION THAT THERE IS A REASONABLE
EXPECTATION THAT THE INDIVIDUAL WILL DERIVE
SUBSTANTIAL BENEFIT FROM VR SERVICES IN
TERMS OF EMPLOYABILITY:**

- (1) The VR Counselor must determine if there is a reasonable expectation that VR services will improve the applicant's employability. In other words, will VR services result in the applicant obtaining employment consistent with his/her abilities and capacities.
- (2) The applicant must acknowledge that he/she is an alcoholic or a drug abuser and agree to participate in an outpatient treatment program or a self help program.

ROLE OF THE VR COUNSELOR

The counselor coordinates both purchased and provided services during the preliminary diagnostic study to determine VR eligibility. Eligible applicants move to a different status in which an Individualized Written Rehabilitation Program (IWRP) is jointly developed by the counselor and the client. If the IWRP is approved, the counselor coordinates service delivery and monitors the clients progress. The IWRP is reviewed at least during each year. The primary VR counselor activities in this process are outlined below.

- (1) Instructs the individual referred to complete the standard application form.

Appendix B: Vocational Rehabilitation Services

- (2) Reviews the application and conducts the initial interview with the applicant. During the interview, the CR Counselor explains the VR program, eligibility criteria, services available, the confidentiality of information and the individual's rights to appeal. The VR counselor also discusses the information on the application form including the applicant's awareness of the effects of his/her disability, educational background, work history, job skills and other factors relevant to the assessment of vocational rehabilitation potential.
- (3) Determines if the applicant is interested in moving on to the next step in the vocational rehabilitation process. If the applicant does indicate an interest, the counselor asks the applicant to complete form HSS-9 to authorize the release of confidential information to the Division of Vocational Rehabilitation. The applicant signs a separate form for each AODA treatment program in which the he/she was involved so that the VR Counselor will have access to written documentation to support the statement of eligibility.
- (5) Authorizes the purchase of diagnostic services as needed including a general medical examination, a psychological assessment, work evaluation or some other type of assessment.
- (6) Reviews the reports from the AODA treatment programs and the results of assessments and conducts additional counseling sessions with the applicant as needed to make a determination of eligibility. The written determination states whether the applicant eligible or ineligible for vocational rehabilitation services.

Appendix B: Vocational Rehabilitation Services

- (7) If the VR counselor determines that the applicant is ineligible, he/she advises the individual of the right to appeal. If the applicant decides to appeal, he/she must write a letter to the VR Supervisor indicating dissatisfaction with the counselor's decision and request that the decision be reviewed.
- (8) If the applicant decides to appeal, the counselor informs him/her of the Client Assistance Program (CAP) as part of the appeal process. This program provides advocacy for the client. The CAP phone number is 1-800-362-1290.
- (9) If the VR Counselor determines that the client is eligible, the intake process is completed and the counselor proceeds to work with the client on the development of the Individual Written Rehabilitation Plan (IWRP). This plan specifies the vocational goal, the short term objectives and the services require.

FEES FOR SERVICES

Federal regulations require the VR program to provide the following services without regard to the individual's ability to pay.

- (1) Diagnosis and evaluation (including assessment of the medical, educational and psychological factors that affect potential for gainful employment)
- (2) Vocational counseling
- (3) Case management including coordination of services
- (4) Assistance in job placement
- (5) Information and referral

Appendix B: Vocational Rehabilitation Services

The following are services that the VR counselor may purchase which are subject to the HSS uniform fee system. The client is expected to cover part or all of the cost of each of the following according to his/her ability to pay. The provision of these services must be directly related to the achievement of the client's vocational goal.

- (1) Maintenance (board and room) and transportation
- (2) Vocational training
- (3) Tools, equipment, supplies, occupational licenses
- (4) Assistance in the establishment or further development of a small business

RANGE OF SERVICES

The following are examples of services that the VR program may provide:

- (1) **JOB RETENTION:** If the client is employed but the job is in jeopardy, the goal may be to work with the client and other interested persons in dealing with problems on the job or off the job so that the client will retain his/her employment.
- (2) **PLACEMENT:** If the client is unemployed, the goal may be suitable employment with a former employer or another employer in the same type of job or in a different job that is more suitable.
- (3) **WORK ADJUSTMENT:** The VR Counselor may also arrange for work adjustment training or occupational skill training in a rehabilitation facility or in the community.

Appendix B: Vocational Rehabilitation Services

- (4) VOCATIONAL TRAINING: In other cases, the client may be considered a candidate for some type of vocational training including post secondary training in a college or vocational school.

The VR Counselor may also consider the client's request for training to become an AODA Counselor. The VR Counselor must determine the appropriateness of this request according to the following criteria:

- a. The client must obtain written recommendations from two AODA professionals;
- b. The VR Counselor must obtain psychological and psychometric evaluations which indicate that the client is emotionally stable and has the intellectual and academic ability to complete the training program;
- c. The client must provide evidence of a genuine interest in giving empathic understanding to chemically dependent persons (e.g. past work history, volunteer work);
- d. The client must be accepted by a training program endorsed by the AODA Counselor Certification Board in Wisconsin (or any other state);
- e. The training program must enable the client to make substantial progress toward completion of an approved AODA Counselor Certification Plan;
- f. The amount of DVR financial support for such training is contingent on the extent of the client's ability to pay according to the guidelines contained in the HSS Uniform Fee System.

WHAT THE AODA PROFESSIONAL CAN DO

The following are areas in which the AODA professional help their referrals move through the VR eligibility process more rapidly.

- (1) Do indepth AODA assessments of individuals that the VR counselor refers as a result of an initial AODA screening. The goal is to assure that the client receives whatever assistance is needed including AODA treatment so that the client will be able to complete the vocational rehabilitation program.
- (2) Be sensitive to special needs of persons with other disabilities who may have a problem of access to AODA treatment or problems in responding to AODA treatment. In many cases, such individuals could benefit from clear instruction on AODA treatment concepts, a slower treatment pace and an AODA sponsor who also has some other type of disability. In many of these cases, the other disability is not related to the onset of the chemical dependency.
- (3) Utilize the VR counselor as a consultant. This consultation is important in working with AODA clients who may benefit from vocational rehabilitation services. Such consultation is also important to assure coordination of vocational rehabilitation services with AODA treatment and other community based services.
- (4) Share information with the CR Counselor. This can be done at inservice training conferences, staffings and workshops. Joint training sessions involving VR Counselors and AODA professionals should be conducted to facilitate the sharing of information and discussion of common concerns, emerging issues and improved methods of service delivery to AODA clients.

**ACCESS TO RECORDS: CONFIDENTIALITY OF
ALCOHOL AND DRUG ABUSE CLIENT RECORDS**

- (1) **AODA RULES:** The Code of Federal Regulations, 42, CFR Part 2, June 9, 1987, is the current federal rule regarding disclosure of AODA client information. All AODA program staff are bound to adhere to these rules and will be subject to a maximum of \$5,000. in fines for any violation. The staff in any AODA program shall not disclose any information orally or in writing which is associated with any client including the client's involvement in any AODA treatment program without the client's informed written consent. Exceptions to this rule include the following:
- a. medical emergency
 - b. research and audits
 - c. court orders
 - d. child abuse cases
 - e. agreements between qualified service organizations

The VR Counselor's request for information is not considered an exception. Therefore, the informed, written consent of the client is required.

VR Counselors are required to document an applicant's eligibility for vocational rehabilitation services. In most cases, they rely on AODA agency disclosures of information on current or former clients to obtain the necessary written documentation. The information that VR Counselors request falls into the following categories:

- a. The physician's written report which includes a diagnosis of alcohol or drug abuse

Appendix B: Vocational Rehabilitation Services

- b. The client's work history and current employment status including the effects of alcohol or drug abuse on the client's job performance and potential for employment.
 - c. The client's participation in treatment, aftercare or self help group
 - d. The period of time in which the client has been abstinent or drug free, life style and the situations that are likely to precipitate a relapse
 - e. Discharge summary including a prognosis and other information to be used in the assessment of the client's needs and his/her potential to achieve a vocational goal.
- (2) **VR RULES:** Personal information in DVR records is confidential. Access to DVR records which contain personal information (regardless of how the information was obtained) is controlled by state and federal rules (Chapter HSS-258, Wisconsin Administrative Code and 34 CFR 361.,49, Code of Federal Regulations).. Except as specified in these rules, prior informed consent of the subject of the record is required before any information can be released to anyone.

Appendix C
Vocational Readiness Screener

The following draft Vocational Readiness Screener was developed for the Training and Employment Program (1994) under NIDA Grant No. R01-DA-07964-0. Research Triangle Institute, Research Triangle Park, NC.

Appendix C: Vocational Readiness Screener

Program Name:

Instrument Developer:
Research Triangle Institute
3040 Cornwallis Road
RTP, NC 27709-2194
1-919-541-7136

Vocational Readiness Screener Training and Employment Program (TEP) Version 0794

SITE:
STAFF ID:
CLIENT PROGRAM ID:
GENDER/RACE/BIRTH:
ADMISSION DATE:
TREATMENT STATUS:

TODAY'S DATE: |_|_| |_|_|, 19|_|_|
 MONTH DAY YEAR

90 DAYS AGO: |_|_| |_|_|, 19|_|_|
 MONTH DAY YEAR

TIME BEGAN: |_|_| : |_|_| TIME ENDED: |_|_| : |_|_|
 HOUR MINUTES HOUR MINUTES

GENERAL DIRECTIONS

For each question on these pages, please circle the answer that best describes you. For example,

A1. Do you have a dog?

NO 0
YES 1

DISCLAIMER NOTICE

The following Vocational Readiness Screener was developed for the Training and Employment Program (Karuntzos, Dennis, Norman, & French, 1994) conducted by the Research Triangle Institute, Research Triangle Park, NC under NIDA Grant No. R01-DA-07964-0. The information included in this screener is currently being validated and should only be used for research purposes. The following information should not be used for clinical purposes such as assessing client profiles, services, or needs until the validation of this instrument is completed. The information in this screener should not be duplicated or disseminated in part or in whole without the written permission of the Research Triangle Institute.

Appendix C: Vocational Readiness Screener

The purpose of the Vocational Readiness Screener (VRS) is to collect basic information about your experiences, abilities, interests, and needs. In each of the areas below, please circle the number next to the statement or provide the information that best describes you or your situation.

The following questions relate to your background.

1. What is your gender?

- 1 Male
- 2 Female

2. What is the month, day, and year of your birth?

| | | | | | | | | | 19 | | | | |
 MONTH DAY, YEAR

3. Are you of Hispanic or Latino origin or descent?

- 0 NO
- 1 YES

4. Which of these groups best describes you?

- 1 Alaska Native
- 2 American Indian
- 3 Asian/Pacific Islander
- 4 African American or Black
- 5 White or Caucasian
- 6 Other (PLEASE SPECIFY _____)

The following questions relate to your language skills, level of education, and training experience.

5. How well can you speak English?

- I speak English without any difficulty 0
- I have some difficulty speaking English with other people, but I can get by day to day 1
- It is hard for me to speak English with most people 2
- I cannot speak English with other people 3

6. How well can you read and write in English?

- I have no trouble reading and writing in English 0
- I have some trouble reading or writing in English for some reason 1
- It is very hard for me to read and write in English 2
- I cannot read or write in English 3

Appendix C: Vocational Readiness Screener

7. What is your highest level of education?
- I have a 10th grade education or less 0
 - I have above a 10th grade education 1
 - I have received a high school degree or GED 2
 - I have some college experience, but no college degree 3
 - I have a college degree (AA, AS, BA, BS, MA, MS, etc.) 4
8. What is your highest level of skills or technical training?
- I have never been in a training program to learn a skill 0
 - I started a training program but did not complete the program 1
 - I have completed a training program, but did not get a certificate, degree, or union card 2
 - I have completed a training program that gave me a certificate, degree, or union card 3
9. What is the most on-the-job training you have had?
- I have never had any on-the-job training 0
 - I have had some on-the-job training, but didn't learn any skills that I could use in a job 1
 - I have had some on-the-job training in which I learned skills that I could use only at that job 2
 - I have had some on-the-job training in which I learned skills that I could use at that job and at other jobs 3
10. How much training have you had on how to get into school or a job?
- I have never had school or job development training or assistance 0
 - I have been helped by a school or job developer, but not received specific training 1
 - I have learned how to fill out applications and go to interviews by reading books or from another person 2
 - I have completed a formal job development workshop on getting into school or a job 3

Appendix C: Vocational Readiness Screener

How often have you done any of the following training/education-related activities during the past 90 days?

	Never	1 Time	2-3 Times	4-6 Times	7 or More Times
11. Talked to my treatment counselor about enrolling in school or training	0	1	2	3	4
12. Talked to a vocational or guidance counselor about enrolling in school or training	0	1	2	3	4
13. Filled out school/training program applications	0	1	2	3	4
14. Asked someone for help paying for school/training	0	1	2	3	4
15. Called a school/training program about enrolling	0	1	2	3	4
16. Completed an assessment to help find out about my school/training interests and abilities	0	1	2	3	4

How interested are you in receiving any of the following training/education-related services if they were made available to you?

	Not at All	Slightly	Moderately	Considerably	Extremely
17. Personal development/motivational workshop	0	1	2	3	4
18. GED preparation	0	1	2	3	4
19. College/adult education courses	0	1	2	3	4
20. Skills/technical training (machine operator, clerical, truck driver, maintenance)	0	1	2	3	4
21. Job development workshop, such as resume preparation and interview skills	0	1	2	3	4
22. On-the-job training	0	1	2	3	4
23. Other training-related services (PLEASE SPECIFY) v. _____	0	1	2	3	4

Appendix C: Vocational Readiness Screener

The following questions relate to work experience and needs.

What is the most work experience you have in any of the following job situations?

	None	Less Than 1 Year	1 to 2 Years	2 to 5 Years	More Than 5 Years
24. Longest I've worked for one employer (including myself)	0	1	2	3	4
25. Longest I've held any kind of job (full- or part-time)	0	1	2	3	4
26. Longest period of time I've been unemployed	0	1	2	3	4
27. How would you best describe your <u>work situation</u> during the <u>past 90 days</u> ?					
I worked full-time (35 hours or more per week)					0
I worked part-time (less than 35 hours per week) or seasonally (less than 8 months per year)					1
I worked odd jobs when they were available					2
I was unemployed and looking for work					3
I was unemployed and not looking for work					4
I was disabled or unable to work					5
I was a full-time homemaker					6
I was a full-time student					7
Other (PLEASE SPECIFY) v. _____					8
28. Do you have good skills and abilities to get and/or keep a job?					
I think I have good skills and abilities to get and/or keep a job					0
I think I have some or fair skills and abilities to get and/or keep a job					1
I think that I have little or poor skills and abilities to get and/or keep a job					2
I don't think that I can get and/or keep a job.					3
29. Would most employers hire you or give you a fair chance if you were to apply for a job?					
Most employers would give me a fair chance if I were to apply for a job					0
Some employers would give me a fair chance if I were to apply for a job					1
Most employers would probably not hire me if I were to apply for a job					2
No employers would hire me if I were to apply for a job					3

Appendix C: Vocational Readiness Screener

How often have you done any of the following job-related activities during the past 90 days?

	Never	1 Time	2-3 Times	4-6 Times	7 or More Times
30. Read the want ads	0	1	2	3	4
31. Talked to my treatment counselor about getting a better job	0	1	2	3	4
32. Talked to a vocational counselor about getting a better job	0	1	2	3	4
33. Filled out a job application	0	1	2	3	4
34. Worked on my resume	0	1	2	3	4
35. Interviewed for a job	0	1	2	3	4
36. Sent someone my resume	0	1	2	3	4
37. Called someone about a job	0	1	2	3	4
38. Completed an assessment to help find out about my job interests and abilities	0	1	2	3	4

During the past 90 days, how much income or financial assistance did you receive from the following sources?

	None	\$1-\$500	\$501-\$1500	\$1501-\$5000	\$5001 or More
39. Wages or a salary from a legitimate job or business	0	1	2	3	4
40. Spouse, family, or friends (including alimony or child support)	0	1	2	3	4
41. Benefits earned from work (such as SSDI, unemployment compensation, income from a private disability plan, retirement income, VA benefits)	0	1	2	3	4
42. Public assistance programs (such as SSI, welfare, AFDC, food stamps, housing assistance)	0	1	2	3	4
43. Criminal or illegal activities, including hustling or dealing	0	1	2	3	4
44. Any other income not listed above (PLEASE SPECIFY)	0	1	2	3	4
v. _____					
45. <u>Total income</u> from all of the above sources (including any other income)	0	1	2	3	4

Appendix C: Vocational Readiness Screener

How interested are you in receiving help in any of the following areas?

	Not at All	Slightly	Moderately	Considerably	Extremely
46. Getting a full-time job	0	1	2	3	4
47. Getting a part-time job	0	1	2	3	4
48. Getting a job with benefits	0	1	2	3	4
49. Getting or keeping public benefits, such as food stamps or SSI	0	1	2	3	4
50. Managing my money	0	1	2	3	4
51. Picking a new career	0	1	2	3	4
52. Other work-related services (PLEASE SPECIFY)	0	1	2	3	4
v. _____					

The following questions relate to the level of social or personal support you get from your treatment program(s), friends, and family members.

How much have the following people ever helped you to enroll or study in school or training?

	Not at All	Slightly	Moderately	Considerably	Extremely
53. Spouse (if married)	0	1	2	3	4
54. Other family members	0	1	2	3	4
55. Other friends	0	1	2	3	4
56. Treatment counselor in this program	0	1	2	3	4
57. Vocational counselor in this program	0	1	2	3	4
58. Other staff in this program	0	1	2	3	4
59. A vocational counselor somewhere else	0	1	2	3	4
60. Other person or program (PLEASE SPECIFY)	0	1	2	3	4
v. _____					

Appendix C: Vocational Readiness Screener

How much have any of the following people ever helped you to find or keep a job?

	Not at All	Slightly	Moderately	Considerably	Extremely
61. Spouse (if married)	0	1	2	3	4
62. Other family members	0	1	2	3	4
63. Other friends	0	1	2	3	4
64. Treatment counselor in this program	0	1	2	3	4
65. Vocational counselor in this program	0	1	2	3	4
66. Other staff in this program	0	1	2	3	4
67. A vocational counselor somewhere else	0	1	2	3	4
68. Other person or program (PLEASE SPECIFY)	0	1	2	3	4
v. _____					

How interested are you in receiving any of the following kinds of assistance?

	Not at All	Slightly	Moderately	Considerably	Extremely
69. Getting support from my family or friends to go to school	0	1	2	3	4
70. Getting support from my family or friends to get or keep a job	0	1	2	3	4
71. Getting into a support group of other people in school or work	0	1	2	3	4
72. Coping with work- or school-related stress	0	1	2	3	4
73. Other support issue (PLEASE SPECIFY)	0	1	2	3	4
v. _____					

Appendix C: Vocational Readiness Screener

The following items are services you may need to get into (or stay in) a job, school, or training program.

How important for you is getting the following services?

	Not at All	Slightly	Moderately	Considerably	Extremely
74. Transportation	0	1	2	3	4
75. Child care	0	1	2	3	4
76. Medical needs	0	1	2	3	4
77. Food	0	1	2	3	4
78. Clothing	0	1	2	3	4
79. Housing	0	1	2	3	4
80. Work equipment	0	1	2	3	4
81. Legal assistance	0	1	2	3	4
82. Driver's license	0	1	2	3	4
83. Money for school or training	0	1	2	3	4
84. Family needs	0	1	2	3	4
85. Other service needs (PLEASE SPECIFY)	0	1	2	3	4
v. _____					

Appendix C: Vocational Readiness Screener

The following items may be barriers or obstacles to getting into (or staying in) a job, school, or training program.

How important is removing or dealing with the following barriers for you?

	Not at All	Slightly	Moderately	Considerably	Extremely
86. Continued drug use	0	1	2	3	4
87. Criminal record	0	1	2	3	4
88. Methadone treatment	0	1	2	3	4
89. Illegal activities	0	1	2	3	4
90. Leisure activities	0	1	2	3	4
91. General assistance or social services benefits	0	1	2	3	4
92. Current economy	0	1	2	3	4
93. Interpersonal skills	0	1	2	3	4
94. Family problems	0	1	2	3	4
95. Work attitude	0	1	2	3	4
96. Racial or gender discrimination	0	1	2	3	4
97. Appearance	0	1	2	3	4
98. Medications other than methadone	0	1	2	3	4
99. Health problems	0	1	2	3	4
100. Other barriers (PLEASE SPECIFY)	0	1	2	3	4
v. _____					

Appendix D

Getting a Job and Keeping a Job

This employment guide was adapted with permission from the National Institute on Drug Abuse. (1984). Employment guide. Rockville, MD: Department of Health and Human Services.

Question 1: What if a job application form asks if I am, or ever have been, an addict or alcoholic? Or asks if I am being, or have ever been, treated for a drug addiction or alcoholism?

Answer 1: Employers who get Federal funds or contracts may be violating a Federal law that forbids discrimination against handicapped persons if they ask these questions. (Alcoholics and drug addicts are defined as handicapped persons under the Federal Rehabilitation Act of 1973.) Such employers are not supposed to ask these questions before they offer you a job. They may ask if you have a condition that would prevent your doing the job. They may offer you a job, and then require you to pass a medical exam.

Some States have laws like the Rehabilitation Act that may also forbid asking these questions. But there are employers who do ask these questions.

Tip 1: **BE HONEST:**
Acknowledge your past in a very short, concise statement. Use the opportunity to turn the negative into a positive statement about yourself.

BE BRIEF:
Do not dwell on your past substance abuse. Make your statement as a matter of fact and move on.

BE PREPARED:
Write a brief statement about your past substance abuse. Rehearse what you want to say to an employer until you are comfortable with your statement.

BE CONFIDENT:
Make a good first impression. Smile. Rehearse stress questions before the interview. Be enthusiastic with a positive attitude. Show that you are confident about who you are today.

Question 2: What if the job application asks if I have ever been convicted of a crime? What happens if I admit to a conviction?

Appendix D: Getting a Job and Keeping a Job

Answer 2: Of course, there is risk if you admit to a conviction--you might not be hired. If you do get a job but have lied on the job application, the employer will have grounds for firing you. Employers do not like dishonest employees. However, if you tell the truth and get the job, you won't have to worry about being "found out." You will have more self-confidence on the job.

REMEMBER--If the employer asks for your fingerprints, he or she will probably see your record. There may be other ways employers can get your record, too (even without asking or telling you).

Tip 2: **BE PREPARED:**

Complete a master application. Use it to complete the employment application. Copy directly from the master application to the employment application.

Answer "yes" to the question. State that you are willing to discuss your situation in a face-to-face interview. This shows that you have nothing to hide.

Prepare and rehearse a brief, concise statement about the conviction. Do not dwell on your past. State the conviction as a matter of fact and move on.

BE HONEST:

You cannot control what the employer will do with the information on your application, but you can protect yourself from future repercussions.

Question 3: If I lie about my convictions on my job application, can an employer legally fire me when he or she finds out?

Answer 3: Yes. Many employers will fire you if you have lied about convictions even though you have been a good employee.

Tip 3: **BE COMPETITIVE:**

In today's labor market, job hunting is very competitive. Become an expert at job interviewing.

PRACTICE INTERVIEWING:

Use a tape recorder and a mirror. Practice your responses to a set of stress questions. Play back your responses and watch your facial expressions. Continue practicing your interview technique until you are comfortable with how you sound and the facial expressions that you project. Always project a positive self-attitude.

Appendix D: Getting a Job and Keeping a Job

KNOW WHAT TO SAY:

Memorize responses to questions about your skills, values, weaknesses, strengths, expectations, and why you want to work. This practice will help you feel more confident at your interview.

Question 4: Should I explain that my convictions took place when I was still using drugs?

Answer 4: If you explain that your criminal record was the result of drug or alcohol abuse and that you have successfully taken steps to control and overcome this problem, the employer may feel that you are less likely to commit another crime.

Tip 4: BE BRIEF:

Make your explanation short and clear. If the interviewer pursues more explanation from you, focus on your recovery and how that has changed your life. Always turn a negative into a positive statement about yourself.

Question 5: What if I'm asked to list every arrest and conviction? Do I have to?

Answer 5: It depends on which part of the United States you live in. In some States, the law does not allow employers to ask about arrests that did not lead to conviction, so you may not have to disclose those arrests even if you are asked to. Some States also do not allow employers to ask about certain convictions (usually minor offenses or ones that happened a certain number of years ago).

Tip 5: KNOW YOUR RIGHTS:

If you have had prior arrests and convictions, it is in your best interest to know your rights. Contact a local attorney, legal services office, or the agency in charge of enforcing the State's antidiscrimination laws, such as the

California State
Fair Employment & Housing Department
888 North First Street
San Jose, CA 95110
(408) 277-1264

Question 6: If I am not hired because of my criminal record, is there anything I can do?

Answer 6: Federal law does not specifically protect ex-offenders from employment discrimination. But denying people jobs on the basis of arrests not followed by conviction, and policies that bar anyone who has a criminal record from employment, have been ruled illegal under Federal civil rights laws because such policies have a racially discriminating effect.

Appendix D: Getting a Job and Keeping a Job

Also, a number of States now have laws protecting persons with criminal records from unfair job discrimination. The agency that enforces your State's antidiscrimination laws can tell you more.

Tip 6:

BE RESOURCEFUL:

There are local agencies available to help you overcome the barriers you have to getting a job. Use the yellow pages to contact these agencies for assistance if you have not been treated fairly. Ex-offenders have rights, too.

United States

Equal Employment Opportunity Commission
84 West Santa Clara Street
San Jose, CA 95112
(408) 291-7352

Federal Information Center
(415) 556-6600

Question 7:

What if I tell the truth and am denied the job? Is there anything I can do?

Answer 7:

The law does not allow any employers to refuse to hire a former (and, in some cases, current) drug or alcohol abuser if the applicant can meet the employer's usual standards for doing the job.

If you have been denied a job and you think it is because of your addiction or alcoholism history or because you are on methadone, the Federal Rehabilitation Act may give you a remedy if the employer gets Federal grants or contracts. To find out, contact the

Office of Federal Contract
Compliance Programs
200 Constitution Avenue, N.W.
Washington, DC 20210

Your own State's antidiscrimination laws may also protect you. Contact the agency that enforces those laws to find out. (See Q. #5 for agency.)

Tip 7:

BE INFORMED:

When you know your limitations and your rights, you are empowered to accomplish your employment objective. Find out which local companies have Government contracts.

Contact the appropriate agency to get as much information on the company as you can.

Appendix D: Getting a Job and Keeping a Job

Do not use the information to threaten the employer. Rather, use it as an incentive to encourage an employer to meet fair employment regulations by hiring you.

Be careful how you present the information. Practice your presentation of the information with a counselor or employment professional.

Question 8: Is it legal for an employer to ask me to take a polygraph ("lie detector") test?

Answer 8: It depends on which part of the United States the employer is located. A total of 16 States and the District of Columbia forbid the use of lie detectors by employers. Other States make it illegal for employers to ask certain questions about arrests or past drug use.

The following States, in addition to the District of Columbia, have laws banning use of the lie detector in employment:

Alaska, California, Connecticut, Delaware, Hawaii, Idaho, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Jersey, Oregon, Pennsylvania, Rhode Island, and Washington.

Tip 8: **BE AWARE:**

There are some questions that employers cannot legally ask in an interview. Be aware of what those questions are so that you protect yourself from discrimination.

To learn more about the State's laws concerning employer questions, contact the local office of the American Civil Liberties Union:

American Civil Liberties Union
P.O. Box 215
Los Gatos, CA 95030
(408) 293-2584

Question 9: What if the employer requires that I be bonded?

Answer 9: Private insurance companies often cannot bond people with drug or criminal records.

The Federal Government has a program called the Federal Bonding Program that may bond you if you cannot get private bonding.

Tip 9: **BE INFORMED:**

Know what resources are available to open doors for you. If you need special licenses, certificates, or insurance, know what agencies to contact for assistance:

Appendix D: Getting a Job and Keeping a Job

National Coordinator
Federal Bonding Program, ETA/DOL
c/o The McLaughlin Company
200 L Street, N.W., Suite 514
Washington, DC 20001
(202) 293-5566

Question 10: Are there other Federal programs that can help me get a job?

Answer 10: Yes. The Targeted Job Tax Credit Program. This program gives a private employer a large tax reduction when he or she hires a recovering substance abuser or an ex-offender.

Tip 10: **EMPOWER YOURSELF:**

When you know your rights and resources, you are empowered to overcome barriers that may have seemed overwhelming.

There are agencies and programs available to you that can help you find employment. They can help you answer frightening questions about your potential for finding a job.

Make a list of agencies that are designed to assist the substance abuser and the ex-offender with employment, housing, discrimination, etc.

For more information on the targeted job tax credit, contact the county employment and training administration:

Santa Clara County
Employment & Training Administration
591 North King Road
San Jose, CA 95133
(408) 299-7911

If you have further questions or need assistance, please call or write:

Legal Action Center
19 West 44th Street
New York, NY 10036
(800) 223-4044

Appendix E: Information on the Americans with Disabilities Act (ADA)

IV. AN INTRODUCTION TO THE FIVE BUILDING BLOCKS OF THE ADA

The ADA is designed so that employers, and society in general, are forced to recognize that every individual who is physically or mentally challenged has unique abilities. One of the primary goals of the ADA is to guide employers to a holistic approach as they assess the abilities of applicants or employees with disabilities. As employers shed preconceived myths, stereotypes and fears, they will adopt an individualized approach toward a person's employment qualifications. This case-by-case approach is essential if qualified individuals of varying abilities are to receive equal opportunities in a diverse and competitive job market.

For this reason, neither the ADA nor its regulations can supply specific or "correct" answers in advance of each employment decision concerning an individual with a disability. The ADA simply establishes guidelines for employers to consider as they adjust for the specific condition involved.

We call these guidelines the "Five Building Blocks of the ADA." If you master these five "Building Blocks," you will have the tools to analyze nearly all ADA situations that affect your organization.

The five "Building Blocks" of the ADA are as follows:

1. Who is protected by the ADA?
2. Who are qualified individuals with disabilities?
3. What is discrimination?
4. What is reasonable accommodation?
5. What is undue hardship?

The following sections provide detailed information for each of the five "Building Blocks."

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**Information on the Americans with
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**V. BUILDING BLOCK #1 - WHO IS PROTECTED BY THE
ADA?**

To be protected by Title I of the ADA, an employee must either have a "disability" or have a "relationship or association with a person with a disability."

A. DEFINING "DISABILITY"

The ADA contains a three-pronged definition of "disability":

1. A physical or mental impairment which substantially limits one or more major life activities;
2. Having a record of such impairment; or
3. Being regarded as having such an impairment.

**B. THE FIRST PRONG OF THE ADA'S DISABILITY DEFINITION:
A PHYSICAL OR MENTAL IMPAIRMENT WHICH
SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE
ACTIVITIES.**

1. Physical or mental impairment

"Physical or mental impairment" means the following:

- a. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
- b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- c. Congress chose not to create a "laundry list" of conditions which would constitute impairments. Legislative history does give some examples of conditions which usually constitute impairment and those which do not constitute impairment.

- Conditions which usually constitute impairment include:

orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, infection with the Human Immunodeficiency Virus, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, drug addiction, and alcoholism.

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Conditions which do not constitute impairment include:

simple physical characteristics such as eye color, hair color, left-handedness, height, weight or muscle tone that are within "normal" range and are not the result of a psychological disorder; characteristic predisposition to illness or disease; common personality traits such as poor judgment or a quick temper which are not symptoms of a mental or psychological disorder; environmental, cultural, or economic disadvantages such as poverty, lack of education, or a prison record; advanced age, in and of itself (although various medical conditions commonly associated with age such as hearing loss, osteoporosis, or arthritis would be impairments); homosexuality; and bisexuality.

The EEOC's Interpretive Guidance states that a normal pregnancy, by itself, is not an impairment. This is the only mention of pregnancy in the legislation or administrative record. Of course, pregnant employees receive certain protections under the Pregnancy Discrimination Act amendments to Title VII, state anti-discrimination statutes, state family and medical leave laws and various judicial decisions.

2. Major life activities

A "major life activity" is a function such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive. The term also includes numerous other activities such as sitting, standing, lifting, reaching, and the exercise of cognitive functions.

3. Substantially limits

The phrase "substantially limits" means:

- a. Unable to perform a major life activity that the average person in the general population can perform. Examples are:
 - A person whose legs are paralyzed would be substantially limited in the major life activity of walking.
 - A person who is blind would be substantially limited in the major life activity of seeing.
- b. Significantly restricted as to the duration, manner or conditions under which an individual can perform a particular major life activity as compared to the duration, manner or conditions under which the average person in the general

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population can perform that same major life activity.

Examples:

- An individual who, because of a leg injury, can only walk for brief periods of time would be substantially limited in the major life activity of walking.
 - An individual who, because of a back impairment, can only lift extremely light objects would be substantially limited in the major life activity of lifting.
- c. Facts to consider in determining whether an individual is substantially limited in a major life activity include:
- the nature and severity of the impairment;
 - the duration or expected duration of the impairment; and
 - the expected permanent or long-term impact of, or resulting from, the impairment.
- d. Temporary, non-chronic impairments of short duration, with little or no long-term or permanent impact, are not usually considered "substantial limitations" and therefore are not usually considered disabilities. Such impairments may include, but are not limited to, broken limbs, sprained joints, concussions, appendicitis, and influenza. Similarly, obesity is not usually considered a disabling impairment.
- e. The term "average person" is not intended to imply a precise mathematical "average." However, since the word itself connotes some mathematical analysis, it is not altogether clear what is intended.
- f. The determination of whether an impairment substantially limits one or more major life activities must be made without considering whether mitigating measures, such as medicine, auxiliary aids or reasonable accommodation, would result in a less-than-substantial limitation. For example, a diabetic who, without insulin, would lapse into a coma, would be substantially limited because the individual could not perform major life activities without the aid of medication. Someone with emphysema who can breathe only with the aid of oxygen is impaired in the major life activity of breathing.

4. Substantially limited in the major life activity of working

An assessment of whether an individual is substantially limited in the major life activity of working should be made if it is determined that he or she is not substantially limited in any other major life activity.

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- a. With respect to the major life activity of working, the term "substantially limited" means significantly restricted in the ability to perform either a class of jobs or a broad range of jobs in various classes as compared to the average person having comparable training, skills and abilities.
- b. The inability to perform a single, particular job is not a substantial limitation in the major life activity of working.
- c. In addition to the factors normally considered in a substantial limitation analysis, the following factors should be considered in determining whether an impairment substantially limits the major life activity of working:
 - the geographical area to which the individual has reasonable access;
 - the "class of jobs" within the geographical area from which the individual is disqualified because of the impairment (i.e. the number and type of jobs using similar training, knowledge, skills, and abilities as the job from which the individual is disqualified because of the impairment); and
 - the "broad range of jobs" (i.e. the number and type of jobs not using similar training, knowledge, skills, and abilities as the job from which the individual is disqualified because of the impairment) within the geographical area from which the individual is disqualified because of the impairment.

**C. THE SECOND PRONG OF THE ADA'S DISABILITY DEFINITION:
HAVING A RECORD OF SUCH IMPAIRMENT**

1. Individuals with a history of a substantially limiting impairment

Examples:

- a. Individuals who have suffered serious back injuries in the past;
 - b. Individuals who have had heart attacks;
 - c. Individuals who have had cancer;
 - d. Individuals who have had tuberculosis.
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2. Individuals who have been misclassified as having a substantially-limiting impairment

Examples:

- a. Individuals whose medical records erroneously state that they have had cancer;
- b. Individuals whose employment references note that they are addicted to drugs or alcohol;
- c. Individuals whose educational records erroneously classify them as "learning disabled."

D. THE THIRD PRONG OF THE ADA'S DISABILITY DEFINITION: INDIVIDUALS REGARDED AS HAVING A SUBSTANTIALLY LIMITING IMPAIRMENT

There are three situations in which an individual will be "regarded as" having a disability:

1. An individual may have an impairment which is not substantially limiting but is perceived and treated by an employer as if he or she had a substantially limiting impairment;
2. An individual may have an impairment which is substantially limiting, but only because of the attitudes of others towards the impairment; or
3. An individual may have no impairment at all, but is treated by an employer as having one.

Examples of the above are:

- a. Persons with physical deformities who are not substantially limited in major life activities;
- b. Persons with "stigmatic" conditions such as severe burns;
- c. Individuals with an infectious or contagious disease which does not pose a direct threat to the health or safety of others.

E. THE LONG ARM OF THE ADA: INDIVIDUALS WHO HAVE A RELATIONSHIP OR ASSOCIATION WITH AN INDIVIDUAL WITH A DISABILITY

Despite its name, the ADA protects individuals without physical or mental disabilities, as well as individuals with physical or mental disabilities. One example would be individuals who are falsely rumored to have substantially limiting impairments and are thus covered by the third prong of the disability definition.

In addition, the ADA's definition of discrimination prohibits an employer from "excluding or otherwise denying equal jobs or benefits to a qualified individual

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- c. Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders.
2. Special issues related to the illegal use of drugs
- a. Illegal use of drugs refers to the use, possession, or distribution of drugs which are unlawful under the Controlled Substances Act, and the unlawful use of prescription drugs.
 - b. Individuals impaired by drugs not listed in the Controlled Substances Act and employees impaired by drugs prescribed by a physician are not excluded from protection by the "illegal use of drugs" exception.
 - c. The phrase "current illegal use" is not limited to the use of drugs on the day of, or within a matter of days or weeks before, an employment action.
 - d. Employers may seek reasonable assurances that applicants or employees are not currently using illegal drugs, or that they have not used illegal drugs so recently that continuing use is a real and ongoing problem.
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because of the known disability of an individual with whom the qualified individual is known to have a relationship or association." This clause creates a new, extremely large group of individuals who are entitled to the protection of the ADA.

1. Examples of individuals potentially protected under this provision
 - A qualified individual whose roommate has or has had AIDS;
 - A qualified individual whose son has cerebral palsy;
 - A qualified individual whose spouse has or has had cancer;
 - A qualified individual who performs volunteer work at an AIDS clinic.
2. The terms "relationship" and "association" are extremely broad
 - Congress specifically rejected an amendment which would have limited protection to those with family relationships (by blood, marriage, guardianship or adoption).
 - It seems that no minimum or maximum duration for the relationship is required. An individual could be protected if he or she had an association with an individual 20 years ago and is only now being discriminated against on the basis of that association.
3. The key to protection is showing that an employer had knowledge of the association or relationship at the time of an adverse employment decision
4. Prohibition of discrimination extends to all benefits and privileges of employment (i.e., dependent health insurance)
5. Individuals with a relationship or association with an individual with a disability are not entitled to reasonable accommodation since they themselves do not have a disability
 - An employee who has no disability is not entitled to a modified work schedule to care for a terminally ill spouse or child. (Employers may, of course, provide such accommodations voluntarily.)

F. STATUTORY EXCLUSIONS FROM THE DEFINITION OF DISABILITY

1. Excluded conditions/conduct
 - a. Current illegal use of drugs.
 - b. Homosexuality and bisexuality.
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