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The Impact of Cognitive Behavior Techniques on the Vocational Identity of Persons with Disabilities Receiving SSI/SSDI Benefits

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The Impact of Cognitive Behavior Techniques on the Vocational Identity of Persons with Disabilities Receiving SSI/SSDI Benefits

The Impact of Cognitive Behavior Techniques on the Vocational Identity of Persons with
Disabilities Receiving SSI/SSDI Benefits

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Counselor Education

By

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ABSTRACT

This study examines the effects of Cognitive Behavior Therapy (CBT) on the vocational identity, self-efficacy, and vocational satisfaction of persons with disabilities receiving SSI/SSDI. This study was carefully planned to help persons with disabilities obtain employment. A review of the relevant literature was used to determine the need for the study and to support the study. Forty participants, all were enrolled into a vocational rehabilitation program were selected for the study. Threats to internal and external validity were taken into consideration and controlled for. They received CBT as a treatment intervention to change their beliefs and irrational thoughts about the world of work. Measures of vocational identity, self-efficacy, and vocational satisfaction were taken at the start of the study to provide baseline data. The participants received eight weeks of treatment before measurements of vocational identity, self-efficacy, and vocational satisfaction were taken a second time to measure the effect of the CBT intervention. Means from pre-treatment, post-treatment and follow-up were analyzed for differences.

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This study is dedicated to all who have helped me overcome adversity when others said it cannot be done. I wish to acknowledge a few of my major professors from my undergraduate program at Northeastern State University, They are: Dr. Ahmet Ozturk, a wonderful professor who believes that his students can achieve great things in this world. Dr. Mark Geiese, a caring understanding man who sets the bar very high for his students and encourages them to reach it. I would also like to thank many of my friends, too numerous to list in this section. A few special friends I would like to mention are Burlin Butler, my friend from Westville, Oklahoma. We have gone through a lot together and he was there for me every step of the way. Paul/Ty Hickerson, although we live a great distance apart we find time to get together several times a year to discuss poetry, psychological interventions, and classic literature while we don our motorcycle leather and sit a sushi bar. My Support system that is there for me 24 hours a day and has helped me through many tough times, my wife Michelle Clevenger. Her support is not taken for granted. Without her I do not believe I would be the man I am today. To my family, Jim and Connie Clevenger, thank you for all you do for me. You both mean so much to me and your support is acknowledged. Dr. John Sassin and Dr. Phillip Lewis, your support over the years have not gone unnoticed. I could have not asked for two colleagues that are as supportive as you. You have helped me and encouraged me to continue to strive for excellence. I truly have found my niche in my career field thanks to both of you. Dr. Roy Farley, thank you for not giving up on me. Others would have cut me loose a long time ago, but you saw something in me that was worth saving, so thank you. Dr. Brent Williams, thank you for your knowledge and your kindness, we need more people like you to champion the needs of persons with disabilities. Dr. Kissinger and Dr. Miller, Thank you for the knowledge you passed on; it is used daily.

DEDICATION

This study is dedicated to all persons with disabilities. The study was conducted to help persons with disabilities realize that they can go through a vocational rehabilitation program and find a meaningful lasting career in the field they are suited for. Through counseling and the use of cognitive behavior techniques, persons with disabilities can develop their aspirations to become a full functioning societal member. It is the author's belief that all people can contribute to society. This study focuses on the ability of persons with disabilities and not the disability itself. Rehabilitation research and counseling research will benefit from the philosophy and framework this study adheres to. Belief is a condition of personality that can be changed through counseling. In this study, participants will have the opportunity to change their belief system about joining the labor force and earning a good living for themselves and their families through their willing participation. The study is dedicated to the field of counseling, both mental health and rehabilitation. It is the belief of the researcher that the field of counseling in general will find benefits in the methodology and results. More research must be conducted to help this population integrate into mainstream society. Therefore this study is dedicated to persons with disabilities.

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CHAPTER ONE

Introduction

In the United States over 1,000,000 persons are added to the disability rolls each year. Social Security has recently spent over 23,000,000 dollars for independent agencies to help alleviate this overwhelming problem (Roessler, 2002). Less than 1% of the recipients actually return to work in a full-time gainful employment setting (Social Security Administration 2013). Disabled persons who receive Social Security Benefits are often faced with the possibility of poverty. Barriers that include poor vocational identity interfere with employment and reduce quality of life for these individuals. Research finds that vocational and Social Security benefits counseling can help these individuals in the process of returning to work; however, little has been done in the way of cognitive behavior counseling to combat issues and fears of returning to work after Social Security benefits have been awarded. With over 1,000,000 people added to the Social Security rolls each year, more often than not, counseling is limited to focusing on only vocational and disability benefits (Marini, 2003). Neither of these addresses the underlying issues that are manifested in the psyches of these individuals.

Individuals with disabilities have a much higher rate of unemployment than their non-disabled contemporaries. Many disabled Americans receiving Social Security Supplemental Income (SSI) and Social Security Disability Insurance (SSDI) become confused with the various incentives and how to access the services. Many of the recipients have cognitive or developmental disabilities that inhibit them from understanding the incentives for seeking gainful employment. Reading difficult material, as found in the Social Security Red Book, a manual developed to provide information about Social Security benefits is very hard to understand for many social security recipients. This is largely due to the amount of material and

the language used in the manual. In many cases Social Security workers can help individuals interpret the manual; however, it is very difficult to schedule an appointment with a social security representative. Many of the recipients live in rural areas and have little extra finances to travel to bigger cities to meet with a Social Security Specialist. In some states there are programs that claim to help persons with disabilities return to work, however, information on their websites is very old and out dated. It shows names of people that no longer work for the programs. This is very frustrating to Social Security recipients as well as those who work to help advocate for them. It is very discouraging for a person who has received information about work incentives and then finds out they have to travel over 100 miles to see someone to discuss the incentives and how they can work for them. It is confusing because people on Social Security Disability Insurance (SSDI) have different work incentives than people receiving Social Security Supplemental Income (SSI). Vocational rehabilitation counselors are required to refer persons who receive SSI or SSDI to a Social Security Benefits Specialist to discuss with the person what incentives are appropriate for them.

Many vocational rehabilitation counselors possess the national certification of Certified Rehabilitation Counselor (CRC) and a master's degree in counseling. With this certification, counselors are trained by the institution granting the advanced degree to be able to provide counseling to individuals in need of counseling. However, many counselors refer their consumers to mental health agencies to provide the necessary counseling to address problematic issues surrounding one's ability to be successful in the workplace. This study will help vocational rehabilitation counselors find confidence in their ability to do much of the needed counseling themselves. This study can help supervisors, field managers, and administrators realize the need for change in the current practice of vocational rehabilitation counseling.

Statement of the Problem

With the growing number of persons added to the Social Security rolls each year, it is imperative that studies be conducted to reduce the burden to the United States taxpayer. Many soldiers returning from combat suffer from a variety of disabling conditions including loss of vocational identity. This study will focus on the underlying issues surrounding one's vocational identity, one's ability to make clear vocational choices, and one's self-efficacy. Many individuals will live a lifetime of poverty if they continue to support themselves by means of Social Security benefits. Many stigmas are associated with unemployment and receiving Federal monetary assistance. Social isolation, self-defeating thoughts, beliefs that self-worth is unachievable, and a host of other self-defeating beliefs are associated with this population. Providing cognitive behavioral therapy can help individual self-improvement through cognitive restructuring. Many individuals as well as many disciplines of human services will benefit from the findings of this study. Small communities as well as large metropolitan areas can receive stimulus to their economic problems if disabled individuals find gainful employment.

Significance of the Problem

Social Security spends millions of dollars each year to help persons who receive Social Security disability benefits return to gainful employment (Shrey, Bangs, Mark, Hursh & Kues, 1991). However, little is done in the way of finding the source for gainful employment outcomes for the majority of this population. Underlying issues such as vocational satisfaction, self-efficacy, and vocational identity are areas for further study. Several incentives have been implemented in the past several years to help people go to work in a gainful full-time work environment (Social Security Administration 2013). These incentives have not looked at this national problem from a counseling outlook. Social Security has set incentives for returning to

work but the incentives are very ambiguous and they are very hard to understand. Social Security benefits specialists are required to undergo several hours of rigorous training to be able to understand the laws of the Social Security Administration's incentives. Many of the Social Security disability recipients that go through a vocational rehabilitation program are not able to comprehend the complexity of the incentives L. Miller (personal communication, April, 25 2012).

The significance of this study is reflected in the number of individuals who can benefit from the findings. People with little hope of bettering their lives can benefit from findings that reveal factors that impact positive outcomes. Many vocational rehabilitation counselors have stated that they have seen generations of SSI/SSDI recipients from the same family going through the process of rehabilitation with little or no success. This study will educate the Social Security Administration on the effects of professional counseling by a licensed counselor or certified counselor. Employment outcomes will show them that it will be more cost effective to hire licensed or certified counselors to work with recipients up front before they are placed on the Social Security disability rolls. This study will show that early counseling interventions that address internal factors such as, irrational and self-defeating cognitions about returning to work will impact such factors as vocational identity, which impacts employment. People paying taxes can benefit from the study, because the number of people that will be removed from the Social Security rolls will only help alleviate the problems of the current Social Security Administration. This study will also help the counseling profession; when the rolls of SSI/SSDI become significantly smaller as a result of implementing counseling interventions, the counseling interventions will take center stage. This study will also show that counseling is a needed profession that should be taken very seriously due to the vast areas of public interest it can help.

Professional counseling can be taken into all areas of life for the future and the betterment of mankind.

Study Overview

This study provided the counseling profession with scientific based evidence for the use of cognitive behavioral therapy (CBT) for persons with disabilities to increase their vocational identity, vocational satisfaction, and self-efficacy. This research determined if these variables contribute to persons with disabilities obtaining gainful employment as a result of CBT interventions. The sample for this study consisted of persons with disabilities receiving SSI or SSDI who were enrolled in a vocational rehabilitation program where the overall goal for the plan of treatment is gainful employment. The sample was taken in a mid-western part of the United States. There was eight certified vocational rehabilitation counselors providing an intervention of CBT to 40 Participants enrolled in the vocational rehabilitation program. The intervention mentioned was given to the participants over an eight week period. The research design that was used is a repeated measures design, taking measures at three different times, a pre-treatment measure, a post-treatment measure after eight weeks of CBT intervention, and a follow up measure eight weeks after post-treatment measures. The treatment group was compared to the three different measures of pre-test, post-test, and follow-up. The post-treatment measure provides information for short-term changes. The third measure provides information on long-term effects. The instruments that were used included, My Vocational Situation (MVS), the Generalized Self-Efficacy Scale (GSE), and the Self Directed Search (SDS), The SDS measured vocational satisfaction, and it was analyzed using a Chi Square statistical test for significance. The MVS measured vocational identity, and the GSE measured self-efficacy. The statistical treatment used for this study was the use of a one-way analysis of variance (ANOVA) and the

Chi Square for goodness of fit. A statistical significance alpha level was set at .05. A power analysis was conducted to evaluate the sample size being used in the study. Effect size was also evaluated to determine the effect of the study. Threats to internal and external validity were controlled by sampling techniques, and controlled administration of the intervention. The variables for this study consist of CBT intervention as the independent variable, and three measures from the MVS, SDS, and the GSE as the dependant variable. All other variables such as, gender, age, race, socio economic status, and religion were analyzed and reported.

Assumptions Underlying the Study

Several underlying assumptions exist for this study. First, it is assumed that the therapeutic effect of cognitive behavior therapy on the vocational identity of social security recipients can be measured. Second, it is assume that the participants in the study are representative of unemployed individuals receiving federal assistance. Last, it is assumed that the variance accounted for during statistical analysis is due to the therapeutic intervention and not some other confounding variable.

General Research Questions

- GRQ 1: Will engaging in cognitive behavior therapy improve one's vocational identity?
- GRQ 2: Will engaging in cognitive behavior therapy help identify vocational satisfaction?
- GRQ 3: Will engaging in cognitive behavior therapy increase self-efficacy?

Delimitations

This study addresses only those who are willing to participate. It will look at only SSI/SSDI recipients who receive benefits counseling and are enrolled in a vocational rehabilitation program. This study did not reach some potential SSI/SSDI recipients due to its limitations on the subjects of the study.

Definitions and Operational Terms

For purposes of this study the following operational definitions will apply:

1. *Vocational Identity*

Is “a clear and stable understanding of one’s career goals, interests, personality, and talents” (Yanchak, Lease, & Strauser, 2005, p. 133). For purposes of this study, vocational identify will be examined using the My Vocational Situation (MVS; Holland, Daiger, & Power, 1980).

2. *Self-Efficacy*

Self-efficacy is described as one’s perceptions of their abilities to organize and execute courses of action needed to attain designated types of performances (Bandura, 1986). Self-efficacy is a psychological notion that beliefs are one’s ability to mobilize the cognitive resources, motivation, and actions to meet demands of life’s situations (Harrison, Rainer, Hochwarter, & Thompson, 1987).

3. *Social Security Recipient*

Social Security recipient is a person who is deemed disabled by the Social Security Administration (SSA). These individuals have significant disabilities that keep them for securing gainful employment.

4. *Vocational Satisfaction*

One’s ability to make a clear decision about one’s career based on information that has been collected from vocational assessments and the vocational counseling process.

5. *Cognitive Behavior Therapy*

Cognitive behavior therapy is an integrated counseling approach to human problems that combines therapeutic techniques from cognitive therapy and behavior therapy. This approach maintains that human behavior and lifestyle is shaped by environmental stimuli, but how an individual responds to such stimuli is largely determined by how one perceives and interprets the influence of the stimuli. Thus, the goal of cognitive behavior therapy is to change negative behavior by reconstructing how individuals negatively perceive psychosocial stressors (Beck & Weishaar, 2005; O'Donohue & Fisher, 2003; Wilson, 2005).

6. *Social Security Disability Insurance*

(SSDI) is a payroll tax funded Federal insurance program provided by the Federal Government. This program is managed by the Social Security Administration. It is designed to provide income to individuals who cannot work due to a disabling condition (Social Security Administration, 2013).

7. *Social Security Supplemental Income (SSI)*

SSI is a Federal supplement program funded by general tax revenues, not Social Security taxes. It is designed to help Blind and disabled people, who have little or no income. It is developed to meet basic need such as, food, shelter and clothing for this population.

Summary

With the growing number of persons added to the social security rolls each year plus, the millions of tax dollars that are spent on interventions that do not reduce the growing number disability cases each year, it is of the utmost importance that different interventions be used to combat this problem. Counseling is reported in the literature, but it does not clearly state that a

licensed or certified counselor is providing the much-needed counseling. Interventions such as cognitive behavior counseling can help SSI/SSDI recipients combat the self-defeating irrational thought process they have when they explore their options for long-term gainful employment in the least restrictive integrative setting of work. The numerous people who will gain from this study can only be estimated. When we as a nation see people reaching out for help and not getting the appropriate services, we need to take a step back and revisit the reasons we develop programs to help people. A profession such as the counseling profession must take the initiative to involve the appropriate professional organizations to promote and develop programs for such agencies as the Social Security Administration. Many studies have been conducted on the changes needed to be made to Social Security. The studies do not support the value of counseling from a licensed or certified counselor (LPC, CRC). Many of the Social Security benefits counselors, do not possess the formal training needed to develop a counseling relationship, they only provide information about the SSA work incentives. With the rising number of persons added to the SSI/SSDI roles each year, it should be expected that the counselors be trained as counselors that can provide interventions. It takes many years to master the art of developing a helping relationship with an individual in need. Many of the vocational rehabilitation counselors do not hold a counseling license or certification as a counselor. When human behavior is in question, it is taken for granted that the people SSA hires for the counseling positions know how to address human behavior. When a counseling relationship is developed, the persons in need of services will reach out and give what they can to the process. It is then up to the professional to be able to take all of the information that is gathered and help the individual reach their goals. If a counselor does not know what to do with information given, the person in need is the one who misses out on their potential as a human being. Counselors must be aware of the value of their

position; consumers reach out with their desires, wishes, and most of all, human dignity and openness to their lives. If people have to wait until they are 68 then 70 before they can retire, there needs to be some intervention to this national problem. With issues such as the rising number of disability cases, the population living longer, and people are requiring more medical services, professionals are forced to take action on these issues of national importance. Many counselors dealing with people do not understand the importance of their positions; programs such as, SSA work incentives, will not be effective unless change is made to the system. It is the job of the researcher to find the answers to these questions. Can cognitive behavior therapy improve the vocational identity of social security recipients enrolled in a state vocational rehabilitation program? Does engaging in cognitive behavior therapy in addition to vocational counseling improve one's vocational identity better than just vocational counseling alone? And, will engaging in cognitive behavior therapy increase self-efficacy?

This study provides the answers to these questions both empirically and ethically. All cautions were taken to promote the highest standard of research to enable this population to move into the future with a higher standard of living and to be able to pursue the American dream.

CHAPTER TWO

Literature Review

Chapter two is an overview of the relevant literature to support this study. In addition, this chapter focused on vocational identity, self-efficacy, vocational satisfaction, vocational rehabilitation, current rehabilitation counseling methods, and the need for cognitive behavioral techniques integrated into the rehabilitation counseling realm.

This review focused on Social Security recipients and the barriers they face when they seek full-time gainful employment. It also reviewed material to support the need to measure vocational identity, self-efficacy, and vocational Satisfaction. The literature collected was found in books, dissertations, and journal articles.

The databases used to locate articles and dissertations were Ebsco Academic Search Premier, Google Scholar, ProQuest Direct and WorldCat. Key word and phrases used to search these databases were: Self-Efficacy, Cognitive Behavior, Cognitive Behavioral Counseling, Benefits Counseling, Rehabilitation Counseling, Social Security, Vocational Identity, Vocational Rehabilitation, Vocational Satisfaction, Career Choice, and Vocational counseling.

This chapter will provide a review of the empirical literature that is relevant to this study. The following areas have been reviewed and particular attention is centered on these areas. (a) vocational identity; (b) self efficacy; (c) vocational satisfaction; (d) cognitive behavior therapy; (e) Social Security; (f) Vocational rehabilitation; (g) Instruments used; (h) Summary. The literature reviewed in this chapter supports the need for this study and the need for future study in the area of vocational counseling in general. The areas of attention were chosen very carefully to support this study.

Vocational Identity

Vocational identity is a psychological notion used to describe an individual's awareness of their career interests, goals, skills, and talents (Holland, Daiger & Power, 1980). The definition of Vocational Identity is the possession of a clear and stable picture of one's goals, interests, personality, and talents. Originally predicted to lead to untroubled decision-making and confidence in making good vocational decisions, the construct has been found to correlate positively with nearly all desirable vocational outcomes and negatively with nearly all undesirable ones (Holland, Daiger, & Power, 1980). Many researchers use vocational identity as a variable whenever they are studying career development, career decision making, vocational undecidedness, career indecision, career search, career choice, and career efficacy. Vocational identity is critical for the development of career tasks (Stern, Norman, & Zevon). Vocational identity is also referred to as the development of a clear picture of one's interests, goals and talents positively linked to a coherent and stable sense of self (Rees, Luzzo, Gridley & Doyle, 2007).

This study will use the realistic investigative, artistic, social, enterprising, and conventional (RIASEC) theory typology model and theory of career counseling developed by (Holland, 1997). Each category is described as personality and work environment types: Investigative; practical, physical, hands-on, tool-oriented. Artistic: analytical, intellectual, scientific, explorative. Social: cooperative, supporting, helping, healing/nurturing. Enterprising: competitive environments, leadership, and persuading. Conventional: detail-oriented, organizing, and clerical. Many assessment and career inventories use this typology to identify certain personality types and match them with career types. This typology helps career counselors and

job seekers develop career goals that match the personality type of an individual with a compatible work environment.

According to Holland (1997) there are six personality and career types: realistic, investigative, artistic, social, enterprising, and convention (RIASEC). Holland postulated that an individual's personality that is matched to their career environment will have vocational satisfaction and will have their vocational identity. There are six areas that describe and categorize individual and environmental interest. These areas are broken down into six combinations of realistic, investigative, artistic, social, enterprising, and convention types. From these types codes are assigned. This model will allow the possibility of 720 different personality patterns (Holland, 1997). Reardon and Bullock (2004) reported that they supported the theory and typology of Holland's work on career counseling.

As reported by Armstrong and Vogel (2009), vocational identity is a component of an alternative model where both self-efficacy and vocational interest are valued as the two main ingredients of vocational identity. Their study also reports that measures self-efficacy and interest are positively correlated. They report that the higher the level of interest one has in a certain area the higher their confidence will be to perform well in their chosen area of interest.

Career Development

Szymanski and Hershenson (1998) and Szymanski, Hershenson, Enright, and Ettinger (2003) view vocational development as a lifelong behavioral and psychological process that consist of four primary phases. The first phase is the development of work related behaviors. Work related behavior is also known as work personality. Work personality allows a person to meet the psychological demands of the workplace. Examples of these psychological demands are: the ability to positively interact with co-workers and supervisors, punctuality, and on time

behaviors (Strauser, Waldrop, & Ketz, 1999). The second phase is to develop vocational identity; this allows the individual to develop interests, skills, talents, and goals (Holland, Daiger & Power, 1980). The third phase is when an individual explores and engages in an effective career decision making process to develop work environments that match their vocational identity (Reardon & Bullock, 2004). The fourth phase is where the individual develops their ability to effectively seek employment resulting in securing employment that matches their personality type.

Self-Efficacy

When SSI/SSDI recipients are working with counselors to obtain employment Self-efficacy is very important. One's perceived ability to obtain employment is very important when navigating the multi faceted world of work. Albert Bandura described self-efficacy as people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances (Bandura, 1986). Self- efficacy is referred to as one's ability to mobilize the cognitive resources, motivation, and courses of action necessary to meet the situational demands (Harrison, Rainer, Hochwarter, & Thompson, 1997). Self-efficacy is also viewed as self-judgments of how well a person can perform courses of action essential to deal with certain situations (Kihlstrom & Harckiewicz, 1990). This concept will illuminate a person's future belief that he or she will be able to perform specific and particular actions related to the world of work. These cognitive beliefs are crucial for the delivery of performance and motivation. Goal attainment is of particular interest due to the fact that counselors write goals for their clients and success is based on the completion of these goals. Self-efficacy refers to confidence that controls outcomes, and is essential for goal attainment (Bandura, 1986). People often will not be motivated to complete a task unless they believe they can achieve the outcome,

even if they have an attractive compensation. The belief in one's ability to complete an outcome is the key for successful goal attainment (Schunk, 1991). Self-confidence is a psychological construct that is taken for granted many times; however, social learning theorists use the term self efficacy in their research and writings (Bandura & Locke, 2003).

People must make decisions about their lives and what course of action is in their best interest. Making decisions about career choice can lead to lifelong pain and suffering for persons with disabilities. Acting on misjudgments of personal efficacy can produce negative consequences; however, accurate assessment of a person's own capabilities can give them greater chances of making appropriate decisions (Vasta, 1989). Self-efficacy affects motivation, thinking and self-debilitating ways of self-enhancing (Bandura & Locke, 2003). Self-efficacy refers to what a person believes he or she can do on a particular task (Mitchell, Hopper, Daniels, Geprge-Falvy, & James, 1994).

According to Vasta (1989) self-efficacy is based on four principle sources of information. The four sources are: performance mastery experiences, vicarious experiences, verbal persuasion, and social influences. These areas are of relevance since this study deals with decision making and identifying with the world of work. It is appropriate to measure the self-efficacy of participants who desire to obtain or maintain gainful employment. Two studies were conducted that show significant results in the increase of self-efficacy.

One study conducted by Mitchell, Hopper, Daniels, George-Falvy, and James (1994) found that by stress and punishment of performance, the levels of self-efficacy go down significantly. Their research sampled 110 students from a university in the northwestern part of the United States. The sample consisted of (56 men and 54 women). The participants completed seven trials of very difficult air traffic controller duties in job performance which was measured

by points added by the number of planes landed. Points were subtracted by missing the desired number of successfully landed planes. During the duration of the trials, self-efficacy, expected performance, goals, and the degree to make certain decisions requiring more or less cognitive processing assessments were measured. Results from this study showed that self-efficacy decreased when cognitive processes were made during making decisions and performing on the job task. Self-efficacy was found to be a very good predictor of job performance.

Vocational Satisfaction

Although employment satisfaction is not often fully determined among either working class individuals or those individuals with disabilities, we are aware through studies of intrinsic motivators that work activities that are self regulated tend to lead to greater worker satisfaction and positive experiences (Blustein, 2009). A study by Maree (2000), found that worker morale is increased by greater participation. Furthermore, this was found to be beneficial to all stakeholders involved in the employment of the individual, not just the employee. Past research has shown that there is a relationship between choice and employee satisfaction. If individuals are satisfied with their jobs, they are more likely to remain in their positions. Therefore, jobs that are congruent with vocational choice are more practical since the individual will remain employed in the position (Holland, 1992).

Consumer choice and self-determination was not mandated by federal legislation as a part of the vocational rehabilitation process until fairly recently. The Rehabilitation Act Amendments of 1992 mandated self-determination. It specifically states that the consumer should be actively involved in identifying and selecting their own vocational goal (Beveridge & Fabian, 2007). This 2007 study also supports the importance of consumer choice and its success with the process of vocational rehabilitation. Furthermore, it points out past research in the field of vocational

psychology that lends support to a strong relationship between individual choice of goals and the performance in the individual's job. The Rehabilitation Act Amendments of 1998 further state that:

Individuals who are applicants for such programs or eligible to participate in such Programs must be active and full partners in the vocational rehabilitation process, Making meaningful and informed choices during assessment for determining Eligibility and vocational rehabilitation needs; and in the selection of employment Outcomes, entities providing such services, and the methods used to secure such services. [section 100(a)(3)(c)].

There is a relationship between informed consumer choice, job satisfaction, and employment outcomes. Vocational rehabilitation counselors view each consumer individually based on needs, interests, and the effect the disability has on the individual.

Hagen-Foley, Rosenthal, and Thomas, (2005), found that consumer perceptions of informed choice were significantly related to greater satisfaction with the services that they received.

Those who reported greater perceived choice also requested significantly more services.

Furthermore, this study found that informed choice is significantly related to satisfaction with both vocational counseling services and job outcomes. This indicates that informed choices will lead to greater job satisfaction which in turn will increase the potential that the individual consumer involved will retain the employment.

Employment satisfaction is one major portion of life satisfaction in general. One recent study looked at life satisfaction among people with progressive disabilities and found that the best predictors of life satisfaction in this group of individuals are: acceptance of the disability, hope, spiritual well being, age, sex, marital status, and employment status. Employment status is

important to the well being of persons with disabilities in a number of ways. The most obvious is economic necessity. A lack of employment can also lead to isolation, low self-esteem, and depression (Chen, & Crewe, 2009).

Since it has been established that individuals will perform better in jobs that they choose, and since it is mandated that they should make job related goal choices, it is necessary to assess their skills and interests prior to job placement (Matsui & Tuskamoto, 1991). To gain a better understanding of worker satisfaction, career related assessment tools are utilized and provide scientifically based insight into optimal job placement for individuals based on the types of work that would better fit their needs. These needs include: abilities, aptitudes, interests, personality, values, motivation, learning styles, and temperament. The assessment of all of these areas is important since individuals respond best when many dimensions of the environment are analyzed prior to job placement (Gilbert, Sohi, & McEachern, 2008). These researchers introduced a multidimensional tool to accomplish this task. It is the Work Preference Indicator (WPI). It is designed to aid individuals in making choices that are more informed and to give them a better understanding of which work environments may be better suited for their needs.

Since choice is now deemed important for consumers in maintaining employment, schools now are looking at individual choice as early as the elementary years. Vocational counselors work with children, both with and without disabilities, to help them understand their individual strengths and interests. In cases where individuals are diagnosed with a disability as children, the best vocational training begins while the child is still in elementary school. Early intervention helps these students develop skills that in turn help them maintain vocational satisfaction when they become employed as adults. The skills that should be developed while the individual is still in school are as follows: goal setting, career interest and identification,

transferable skills, and decision making skills. Decision-making skills are of the utmost importance since these skills help persons with disabilities in their future job satisfaction. Decision-making skills are also important to all other aspects of life satisfaction (Wadsworth, Milson & Cocco, 2004).

Cognitive Behavior Therapy

Cognitive-behavioral therapy (CBT) is a type of counseling that focuses on modifying certain thoughts and behavior patterns to control the symptoms of a condition. Cognitive-behavioral therapy is used to treat a variety of problems, including stress, depression, anxiety and panic disorders, eating disorders, ongoing chronic pain, and chronic fatigue syndrome (Beck, 2005). Cognitive Behavior Therapy (CBT) has been adapted for various populations from preschool children to the elderly and is used in individual, couples, family, and group formats (Beck, 1997). Cognitive behavioral therapy attempts to identify, confront, and change patterns of negative thinking.

Wilday and Dovey examine cognitive behavior therapy (CBT) in their 2005 study of employee difficulties. The difficulties are due to stress and other psychological difficulties. In this study they examined the following: the potential impact of sickness absence, the lack of benefit of employment, the development of the sick role behavior, and avoidant coping. According to these authors, research demonstrates a cycle of maintenance between anxiety and depression. Anxiety is maintained when an individual perceives any situation as threatening. After an employee experiences stress on the job, followed by absences due to illness and /or anxiety, he or she experiences a sense of relief. However, thoughts of returning to work produce stress and anxiety for this individual since sickness is an acceptable reason to avoid work, the individual with anxiety may develop a physical illness. He or she would also avoid other outside

activities. It follows then, that anxiety can give rise to isolation followed by depression. The individual's self esteem is lowered due to a perception of the view that others may have of him or her.

Cognitive behavioral treatments have been found to be helpful in both individual and group treatments for individuals with major depression and anxiety disorders. These two disorders are the most prevalent of all psychiatric disorders in the United States (Johnson, 2010). Counselors who seek to enable them to live productive lives now think of individuals with psychiatric disorders in a different light. They are now expected to have social lives, friendships, and employment opportunities. Employment, in fact, is considered beneficial to their mental health (Corrigan, Mueser, Bond, Drake, & Solomon).

Patients with schizophrenia and schizoaffective disorder were the participants in one study conducted in 2005. In this study the Cognitive Behavioral approach was utilized in the vocational rehabilitation setting in order to help clients put aside their irrational fears associated with work. Interventions were devised to help these individuals overcome such difficulties as self defeating thoughts and negative symptoms, such as avoidant behaviors and poor social functioning. The goals of the intervention were to achieve the following:

1. Assist the participants in identifying potential difficulties at work.
2. Give the participants positive reinforcement concerning social accomplishments.
3. Provide a bridge to the last session.
4. Assess how well the participants understood the didactic material, and to reinforce its concepts.

Didactic presentations were given to these individuals. An example of these lessons would be, "coping with anger." The CBT model was used to define all things discussed. Gains

reported in this study included: learning to evaluate thoughts, and to increase focus on positive, rational thoughts. Also include was how to engage in positive activities and how to monitor jumble thinking, in order to take breaks to halt the stress cycle (Davis, Lysken, Lncaster, Bryson, & Morris, 2005).

The vocational rehabilitation counselor of today must view his or her job with a broader perspective. The scope of services has expanded to involve medical, vocational, psychological, and advocacy. The counselor must be equipped to gauge the probable outcomes of given services. For this reason the counselor must be able to access information from a variety of fields, such as business, psychiatric, psychological, and the health related fields (Chan, Rosenthal, & Pruet, 2008).

Vocational Rehabilitation

The Rehabilitation Services Administration (RSA) is a Federal agency that oversees grant programs that help individuals with physical or mental disabilities to obtain employment and live more independently through the provision of such supports as counseling, medical and psychological services, job training and other individualized services.

RSA's major Title I grant program provides funds to state vocational rehabilitation (VR) agencies to provide employment-related services for individuals with disabilities, giving priority to individuals who are significantly disabled. Arkansas Rehabilitation Services is a state agency that works from RSA Title I funding to help the individuals go to work. Ten vocational rehabilitation counselors were interviewed; all possessed the national certification for rehabilitation counselors (CRC). When asked how they met the needs of SSI/SSDI clients all counselors responded with the statement of vocational counseling and referral to a SSA benefits counselor. These counselors were asked what theoretical framework they used to base their

counseling. Two responded person centered, and the rest did not know. All counselors were asked what techniques were used to help this specific population; all 10 counselors stated that they used self-disclosure as a tool to help these clients better their situation. When asked about cognitive behavior counseling techniques, all 10 could not remember any of the cognitive behavior techniques they learned in their counseling theory class. Certification for a rehabilitation counselor is a mix of core course work and a master's degree from an accredited university. A passing score is required in two areas of a certification exam. One area is counseling and the other is disability related (CCRC, 2013). Problems that stem from state agencies are that not all of the counselors are certified. Only a portion of the counseling staff is certified. Vocational counseling was mentioned as a method to help the return to work process, but the research did not focus on the type of counseling that was provided; it just stated vocational counseling. Reports from the Disability Advisory Council concluded that the current vocational rehabilitation approach has little impact for reducing the SSI/SSDI rolls. Research conducted in the early 1990s stated that counseling did help beneficiaries in the return to work process, but they did not specify the type of counseling provided "Project staff provided work adjustment counseling, and career counseling. Beneficiaries also participated in individual vocational counseling"(Shrey, Bangs, Mark, Hursh, & Kues, 1991). Vocational counseling was mentioned as assisting persons with disabilities to find assistance for many problems they have with day to day activities (Alston, Harley, & Lenhoff, 1995). A study looking at the importance of work and the person's wellbeing discussed many variables a disabled person faces when they explore the idea of returning to work. Most of the people in the study desired to work. It was stated that work was a fulfilling element in their lives. The study failed to recognize any aspect

of counseling as a means for intervention. It solely looked at the elements the person faces when the return to work (Reif, Horgan, Ritter, & Tompkink, 2004).

Work Related Barriers

Returning to work after becoming disabled carries a multi faceted emotional overload for persons who receive Social Security benefits. There is a need to explore the underlying issues that surround the thought process these individuals undergo when they start their long journey into the world of work. Irrational thinking about one's ability to work in a competitive job market can interfere with the ability of one's desire to be a part of the world of work. Believing in one's ability to work competitively is a major factor in the process of working. Self defeating thoughts such as "I cannot be as productive as I once was" or the employer will think of me as a "sympathy case" are common. Cases where persons with disabilities who receive Social Security benefits have gone to work and have been successful in their quests for long-term employment in a competitive work force will be analyzed. Another area of concern for these individuals is the need for individual counseling. Counseling gives the clients an outlet to vent their fears and concerns related to going back to work (Lenox & Subich, 1994). Do these individuals actually take part in the process of counseling by a professional that has been trained to get a person to open up and share their problems?

General Background Information

With over a million people added to the Social Security rolls each year, 48 million people are currently receiving SSI/SSDI (Marini, 2001). In one study, it was found that only 50% of all SSI/SSDI recipients seek vocational rehabilitation services, and usually these persons seek services because of fear they will be dropped from the roles of SSA (Shrey, Bangs, Mark, Hursh & Kues, 1991). Out of the 50% of those who seek services to return to work, only about 5%

actually are dropped from the SSA roles, and out of that 5% many beneficiaries drop from the roles due to death (Roessler, 2005). A more accurate number of beneficiaries who return to work full-time are less than 2% B. Gray (personal communication, March 13, 2005). In an effort to increase the less than 1% return to work statistics of beneficiaries one study looked at this problem but did not touch on the fact that individual counseling can be a major breakthrough in helping these individuals go to work (Marin, 2001). Findings from Roessler (2001) stated that the greatest fear for returning to work was the loss of medical benefits.

Job clubs and Supported Employment

Job clubs are considered a means of intervention by researchers to help SSA lower the growing SSI/SSDI rolls. Consumers of the programs receive job skills that will help them maintain employment throughout the person's working years. The job clubs are designed to give the participants job readiness skills such as interviewing, job application, and appearance training. This type of training lasts about one week, or 20 hours; most is done in a large group (Roessler, 2002).

Supported Employment

Supported Employment for clients with mental illness was also mentioned as a means of intervention. There was no evidence that Supported Employment worked more effectively on consumers who are mentally ill verses those who were not (Marrone & Gold, 1994). Mental health consumers report that they have often been turned down for jobs for which they were qualified on the basis of their psychiatric illness. Somewhat surprisingly, however, the positive symptoms of schizophrenia have not been strongly or consistently associated with poor vocational outcomes. It is known that many people with positive symptoms of schizophrenia are able to work, perhaps because they are able to shut out positive symptoms while on the job.

Advice that is given to these individuals is “don't talk about your delusions on the job”; this may in fact have some relevance (Bond & Meyer, 1999). Some work incentives that have been developed by the Social Security Administration are the Ticket to Work incentives. This ticket allows a person to go to work on a trial basis to explore their abilities to remain employed on a full-time basis (Social Security Administration, 2013). The sheltered workshop is a work place where a client is paid based on the work they produce, not an hourly wage. The workshops received a bad name because clients would go the workshop and not produce any product. It was also a form of babysitting the disabled client (Rosen, Bussone, Dakunchak & Cramp, 1993).

Job Coaches

Job coaching is a major concept of the supportive employment program. The job coach is designed to assist the disabled client learn a new job, stay with the client on the job and eventually break free once the client is capable of performing all the necessary tasks of the job. The problem with the job coach is that very little training is required to become a job coach (Rosen & Bussone, 1993). Many times an employer will not allow a second person to do the work of one.

Social Security

Throughout the ages societies have had concerns of economic security. People in these societies have had concerns of the uncertainty of employment. Illness, injury, death, and disability were causes for people to rely on other means of financial security, such as, relying on family members to care for people who were unable to work. In Ancient Greece, the Greeks realized the need for economic security and saved and stockpiled olive oil to secure their financial security. In Medieval Europe the Feudal system was the basis for economic security. Landowners relied on Serfs to supply labor for the Feudal Lords that supplied them with

financial security as long as there was a steady supply of Surfs to work the land. Likewise, the Surfs relied on the Lords to supply them with a means for financial security by working for the Lords. As societies grew the need for financial security grew. Organizations were developed during the Middle-Ages called guilds, or friendly societies. These Guilds were made up of individuals from a common trade or business. The Guilds protected the workers by regulating work hours and production. The guilds were the forerunners for the modern labor unions. By the time of the Industrial Revolution, Friendly Societies and Fraternal Organizations grew stronger and offered workers life insurance. Early Fraternal Organizations in the United States that are still active today are: The Freemasons, The Odd Fellows, The Benevolent and Protective Order of The Elk's, The Loyal Order of Moose, and The Fraternal Order of Eagles.

On August 14th 1935 Franklin D, Rosevelt the President of the United States, signed the Social Security Act into law. The new law provided unemployment coverage, old-age assistance, and aid to dependant children; grants for Medicare were available to states that participated in these programs. Disability benefits and Medicare as we know it today was not part of this first act. In 1954 SSA imitated the Disability Insurance program. This program allowed benefits for persons 50 to 64 years of age. President Eisenhower signed a law that allowed benefits to disabled workers of any age.

President Nixon identified a need to reform welfare systems and SSA took responsibility of Adult categories of welfare by creating Supplemental Security Income (SSI) in 1972. The growth of the two programs has been enormous from 1937 the 2008 for SSDI and 1974 to 2008 for SSI. In 1937 there were 53,236 beneficiaries who received 1,278,000 dollars. In 2008 the number of beneficiaries was 50,898,244 receiving 615,344,000,000 dollars. These numbers show the enormous growth that the SSDI program has seen. In 1974 SSI awarded 5,096.813,000

dollars to 3,966,064 beneficiaries. In 2008 the amount spent was 43,040,000,000 dollars to 7,520,501 beneficiaries (SSA, 2013).

Social Security Work Incentives

Research has shown that these individuals can benefit from Social Security benefits counseling (Tremby, Smith, Haiyi, & Drake, 2004). This type of counseling in most cases has very little or no counseling skills involved.

Over 7.1 million persons were added to the disability SSA roles in 1992, an increase of 50% from the 4.7 million persons in 1992. Only half of 1% of the population was dropped from the roles because of gainful employment (Honnycut & Milliken, 2011). SSA has made an effort for reducing this staggering number of disabled persons by work incentives such as, the incentives in the ticket to work. The ticket to work was signed into law December 17th, 1999, by President Clinton. These incentives allow a person receiving benefits to keep their benefits while they are receiving vocational training. Recent incentives are targeted towards employers. Employers get up to \$2,400 per hire in first-year tax credits. SSDI and SSI claimants receive continued medical benefits for up to 8.5 years. They also are allowed a nine-month trial employment period with continuing disability benefits, and will get expedited reinstatement of disability benefits if they can't continue to work. Employment networks that help people with disabilities land jobs will receive up to \$19,000 per hire in commissions (Mead, 2002).

SSDI Work Incentives

Special rules make it possible for people with disabilities receiving Social Security or Supplemental Security Income (SSI) to work and still receive monthly payments and Medicare or Medicaid. Social Security calls these rules work incentives. Incentives include the ability to earn up to \$780.00 per month without loss of benefits. A person can go to work on a trial work

basis where the person can work full-time without losing any of their benefits including their entire monthly SSDI check. They can continue on the trial for nine months, and then go into an extended period of eligibility where the person can at any time stop working with no threat of losing their benefits. The extended period of eligibility runs for 36 months after the trial work period ends (Social Security Administration, 2013).

SSI Work Incentives

The incentives are similar, except for the dollar amount that can be earned. The maximum an individual can earn is \$545.00 per month. The individual cannot have more than \$2000.00 in savings at any time. SSI recipients have an incentive called the PASS plan. This is a plan for achieving self-support. The plan encourages a person to set aside money for things such as, an automobile, or living expenses. In order to access this plan the person must have a plan of employment developed by an employment network, and have clear employment goals. The plan is reviewed on a bi-annual basis. Both SSI/SSDI recipients can benefit from these incentives (Roessler, 2002). With SSA awarding \$23 million dollars to 117 organizations, cognitive behavior counseling was never mentioned as a means necessary to combat the growing number of SSI/SSDI cases. Developing incentives geared toward finding the sources of the problem at hand is necessary to help these individuals reach their maximum Quality of life. Well-trained benefits specialists are mentioned, but some states only require a high school diploma to become employed as one. Training is limited to the SSA guidelines for work incentives for this population (Smith, Webber, Graffam, & Wilson, 2004).

Ticket to Work

The Ticket to Work and Work Incentives Improvement Act of 1999 was enacted on Dec. 17, 1999. This law increases beneficiary choice in obtaining rehabilitation and vocational

services to help them go to work and attain their employment goals; it removes barriers that require people with disabilities to choose between health care coverage and work; and assures that more Americans with disabilities have the opportunity to participate in the workforce and lessen their dependence on public benefits. Qualified Social Security and Supplemental Security Income (SSI) recipients receive a ticket in the mail. They may use their ticket to obtain vocational rehabilitation, employment or other support services from an approved provider of their choice to help them go to work and achieve their employment goals. The Ticket to Work Program is voluntary. The program was phased in nationally over a three-year period. During the first phase in 2002, SSA distributed tickets in the following 13 States: Arizona, Colorado, Delaware, Florida, Illinois, Iowa, Massachusetts, New York, Oklahoma, Oregon, South Carolina, Vermont and Wisconsin. During the second phase, in November 2002 through September 2003, SSA distributed tickets in the following 20 States: Alaska, Arkansas, Connecticut, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, South Dakota, Tennessee, Virginia and in the District of Columbia. During the third phase, in November 2003 through September 2004, SSA distributed tickets in the following 17 States: Alabama, California, Hawaii, Idaho, Maine, Maryland, Minnesota, Nebraska, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Utah, Washington, West Virginia, Wyoming, as well as in American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands (SSA, 2013). One study in particular, a group of professional counselors involved as a team helped the individuals live a better quality of life. If the study looked into what the role was of the vocational counselor it would have had more real life issues that the clients were dealing with (Vandiver, Johnson, & Chistofero, 2003).

SSI/SSDI Recipients

Fears of the Unknown

Most of the clients who have received benefits counseling and vocational counseling state that the greatest fear is loss of medical insurance (Marini, 2001). By taking a cognitive behavior counseling approach to the underlying issues involved with this population many recipients can disclose their fears to a counselor who will have the skills to build a relationship of trust. With the use of cognitive behavior counseling recipients can work on self-awareness that will promote overall quality of life. A study done by Sirvastava & Chamberlain, (2005) from Great Britain found disabled workers who desired to return to work after an injury had very similar self-defeating thoughts about returning to work. No counseling was mentioned in the return to work process and no mention of interventions of a cognitive aspect were looked at in the study that looked at low back pain and return to work (Edelssteint & Schein, 1997). Persons who suffer from substance abuse in conjunction with another disability often find it very hard to cope with life, not placing work into the equation. These individuals found anxiety and depression impacted feelings of self-worth (Greer & Walls, 1997).

Self-Defeating Thoughts

Recipients may ingrain a pattern of talking themselves out of a situation that may better their quality of life. Many times in the literature participants have self-defeating thoughts about returning to work. A study looking at attitudes of employers hiring persons with AIDS and HIV showed that many of the participants thought that employers were biased when hiring disabled persons (Kohlenberg & Watts, 2003). Many traumatic brain injured individuals from a study about returning to work had self-defeating thoughts such as, "I can't make it past the interview"

(Vandiver, Johnson, & Christofero, 2003). Workers suffering short-term disability in an industrial setting received cognitive motivational therapy had very good results from this form of treatment. The study helped injured workers face the thought of returning to work. This study showed that the intervention was quick and was carried out. Bandura's Social Cognitive Theory was the cognitive intervention used in this study (Forman & Murphy, 1996). When talking to certified vocational rehabilitation counselors about the growing number persons being added to the SSI/SSDI disability roles, they have much to say about the subject. The counselors stated that the clients for the most part did not want to go to work because they would lose their medical coverage. When asked about clients' attitudes regarding the return to work process, most of the clients want no part of returning to work. One counselor stated that one of his clients stated "why should I go back to work fulltime, the only people that will hire me is McDonalds. Then I will have to buy my medication myself and that will cost more than what I will make at my job" J. Mathis, (personal communication, April 23, 2012). Another counselor that was interviewed stated that some of her clients only want part time jobs to supplement their income because they are fearful of losing benefits. When asked about benefits counseling, this counselor stated that most of her clients do not understand the work incentives, they say, "they are not worth using" L. Miller, (personal communication, April 20, 2012). Anxiety, anger, depression, and bizarre thoughts were mentioned as emotional problems for rehabilitation clients who were going through drug treatment (Greer & Walls, 1997). In this study counseling was only mentioned as rehabilitation counseling; however, no counseling theory was mentioned, nor was the educational levels of the counselors. The term counseling is used loosely in the literature, no theory or the type of counseling is explained that is being performed on the clients.

Instruments

My Vocational Situation

My Vocational Situation (MVS; Holland, Daiger, & Power, 1980) was used in order to assess the impact that cognitive behavior therapy has on Social Security recipients' sense of vocational identity. The MVS is a 20 item self-report instrument that uses a True/False forced choice scale to assess how much vocational assistance an individual may need by pinpointing three areas of concern: lack of vocational identity, lack of information or training, and emotional or personal barriers. For purposes of this study, the Vocational Identify (VI) subscale of the MVS was used.

The VI is comprised of 18 True/False items. According to Yanchak, Lease & Strauser (2005), vocational identity is defined as "a clear and stable understanding of one's career goals, interests, personality, and talents and is operationalized through questions such as 'The jobs I can do may not pay enough for the kind of life I want'" (p. 133). A person's score is the total number of false responses, thus, higher scores denote a clearer vocational identity of a respondent. Internal consistency coefficients for the VI range from .86 to .89 (Holland, Gottfredson & Power, 1980).

Self Directed Search (SDS)

Self Directed Search (SDS) Form E was used to measure vocational satisfaction. This form was used because it is for individuals with limited reading skills. This form was chosen due to the uncertainty of the reading skills of the sample. This form is appropriate for adults with limited reading skills. The (SDS) consists of 198 items that rate competencies and preferences for activities and occupations. The results are in the form of a two letter code describing an

occupational personality. The (SDS) is used and designed to measure vocational activities, competency and self estimates regarding vocational choice. Internal consistency coefficients ranged from .72 to .92 for the different scales, with coefficients from .90 to .94 for the summary scale. Test-retest reliability for a very small sample yields coefficients of .73 and has reliability coefficients of .76 to .89 over 4 to 12 weeks. Validity is examined by reviewing summary scale inter-correlations and assuring that they fit the theoretical model (Brown, 2004).

Generalized Self-Efficacy Scale (GSE)

Generalized Self-Efficacy Scale (GSE) was be used to measure self-efficacy. The (GSE) is used and designed to measure and asses optimistic self-beliefs used to cope with many of the demands of living (Schwarzer & Jerusalem, 1995). The assessment uses a scale that consists of 10 items that are self administered. The time it takes to complete the assessment is four minutes on average. Participants were asked to respond to each item on the assessment. The assessment uses a 4-point Likert type scale ranging from “not at all true” to “exactly true.” Scores will range from 10 to 40. Cronbach alphas ranged from .76 to .90. Criterion-related validity is reported as positive coefficients with favorable emotions, dispositional optimism, and work satisfaction. Reports of negative coefficients are found with depression, anxiety, stress, burnout, and health complaints (Schwarzer & Born, 1997). This assessment has been used in many research studies where the alphas produced internal consistency between .75 and .91 respectively.

To measure the results of self-efficacy for general research question number three the Generalized Self-Efficacy Scale (GSE) was used. The GSE was developed for the general adult population. It consists of 10 items that are self administered and takes less than 10 minutes to complete. A 4-point scale collects the responses and the responses are added together to provide a final score ranging from 10 to 40. The GSE was developed to assess the general sense of

perceived self-efficacy with its goal of predicting the ability to cope with daily hassles and adapting after experiencing multiple stressful events (Schwarzer & Jerusalem, 1995). The scale was designed by Matthias Jerusalem and Ralf Schwarzer in 1981. It was originally a 20 item scale however; it was later revised to an improved 10 item scale adapted into 26 other languages other than English. The GSE has been used over a thousand times in multiple countries and languages. For over twenty years the GSE has been used in many foreign countries. It is also able to predict adaption to life changes and quality of life (Schwarzer & Jerusalem, 1995).

The psychological notion of perceived self-efficacy is that a person believes that they can perform basic to difficult tasks; cope with stressful situations, and the ability to interact in multiple social situations. Perceived self-efficacy incorporates effort investment, goal-setting, persistence when presented with obstacles, and the ability to bounce back from setbacks. Perceived self-efficacy is an operative construct and related to subsequent behavior. Since it is related to subsequent behavior, it is appropriate for clinical use (Schwarzer & Jerusalem, 1995).

Summary

Problems stemming from the literature are that there is no clear counseling theory being used for this population. Only benefits and vocational counseling are mentioned in the literature. With an increase of over 1 million persons added to the disabilities rolls each year it is imperative that the counseling profession look deeply into this national problem. Benefits counseling done by people who only give out information about work incentives can hardly be called counseling. Vocational counseling is done by qualified professionals in most cases; however, it is important that the counselors be able to meet the needs of their clients and not be worried about not being able to go through a counseling process with a client. Interviews by certified counselors remind us that training is of the utmost importance when dealing with human

behavior. There are many work incentives, but if the SSA disability roles are increasing each year and millions of dollars are being spent on intervention why are we not seeing a decrease in the number of people added to the world of disability. Much of the literature points out that the intense one on one interaction they receive from the benefits specialist does help the individuals in their quest for employment. If long-term counseling could be provided in concert with a vocational training program the client may benefit. Programs that integrate components of counseling done by a licensed counselor, vocational rehabilitation services, and Social Security benefits counseling could be a breakthrough in the area of social security disability. From the review of the literature Social Security recipients can benefit from cognitive behavior counseling. It has been determined that counseling does indeed help the process of returning to work. If specific counseling lead by grounded counseling theory is used in the return to work process clients can only benefit from their experience. If counselors take into account the human factor in all these concepts and thoughts of who to reduce the SSA disability roles. We must keep in mind that the people we are dealing with are very fragile and are in dire need of another human reaching out to help them through a tough time in their life. Through the counseling process these individuals can receive humane treatment where they can build a relationship with a counselor that is concerned about their welfare. They will be able to learn new skills that they never thought they could learn, and most of all they will be complete people. The profession of counseling can be a life saving intervention if used properly. With the formal training and the proper licensure of certification counselors can learn the art of helping people. As Professionals we should be able to differentiate between talking to someone and a counseling process driven by counseling theory. It is very sad that government agencies have not looked at the benefits that can come from employing competent professionals who dedicate their work to helping people.

CHAPTER THREE

Method

This chapter will provide the methodology used to study and answer the research questions. The chapter will also detail the procedures that this study uses in order to investigate the effect that cognitive behavior therapy has on improving the vocational identity, vocational satisfaction, and self-efficacy of Social Security recipients enrolled in a vocational rehabilitation program. Explanations of each area in this chapter are as follows: research design, hypotheses, procedures, participants, variable list, data collection, intervention, instruments, general research questions, statistical treatment, limitations, and the summary.

Research Design

This study uses an experimental design referred to by O'Rourke, Hatcher, and Stepanski (2005) as a repeated measures design. The defining characteristic of this design is the fact that participants provide multiple observations, or repeated scores, on a particular criterion usually at pre-treatment and post-treatment. Similarly, this design is called a within-subjects design, because participants are not compared to each other, rather they are grouped together and their repeated scores are compared over time. In this study, the single group will be observed subsequent to the treatment in order to measure change in the group (Cook & Campbell, 1979). A one group pretest–posttest and follow up design will be employed in this study to observe the single group at three points of time. The first, before the intervention is introduced to the group, the second, after the intervention is completed, and the third will take place as a follow up measure to analyze long-term effects of the treatment. Measures on the dependant variable are presumed to be the result of the intervention. By using this design there will be no need for a control group. Advantages to this design are findings for further research with this population,

and the ability for researchers to conduct research in a cost effective manner. Disadvantages of this design are threats to internal and external validity (Cook & Campbell, 1979). This design does not employ the use of a control group therefore; it is difficult to assess the significance of the dependant variable. The measured outcome could be maturation, regression towards the mean, or historical changes not associated with the intervention (Cook & Campbell, 1979).

For purposes of this study, the within-subjects group consisted of Social Security recipients enrolled in a vocational rehabilitation program. Pre-treatment measurements of vocational identity, vocational satisfaction, and self-efficacy were taken during the first session of the first week. This group received standard vocational counseling with measurements of vocational identity and vocational satisfaction, and self-efficacy taken before treatment to provide pre-treatment data. The second measure was taken eight weeks after the intervention had been introduced to the participants, this measure was the post-treatment. The intervention consisted of eight sessions of cognitive behavior therapy, which intends to reconstruct irrational beliefs about their vocational identity, vocational satisfaction, and self efficacy. Following these sessions, one additional measurement was taken eight weeks after the intervention had been completed. This measure was used to assess the impact that the cognitive behavioral intervention had on vocational identity, self-efficacy, and vocational satisfaction when compared to baseline and post-vocational treatment scores. This measure was analyzed for long-term effects the intervention has on the participants. The independent variable for this study was CBT. The dependant variables were vocational identity as measured by *My Vocational Situation*, vocational satisfaction measured by *The Self Directed Search (SDS)*, and self-efficacy measured by the *Generalized Self-Efficacy Scale (GSE)*.

Hypotheses

The hypotheses of this study focused on the improvement of the population of Social Security recipients' vocational identity, vocational satisfaction, and self-efficacy.

Specific Research Hypothesis 1. There will be a significant difference between or within baseline, pre-treatment, and post-treatment measures for vocational identity in social security recipients who participate in an eight week CBT counseling program.

General Research Question 1. Does participating in a CBT counseling program increase the vocational identity for Social Security recipients? An analysis of variance (ANOVA) was used to determine if a difference exists within or between baseline, pre-treatment, and post-treatment scores on the vocational identity variable. Alpha levels were set at .05 with p-values of less than .05 or less indicating a statistical significance difference in levels of vocational identity.

Specific Research Hypothesis 2. There will be a favorable measurable outcome within baseline, pre-treatment, and post-treatment measures for vocational satisfaction in social security recipients who participate in an eight week CBT counseling program.

General Research Question 2. Does participating in a CBT counseling program increase one's awareness of the vocational satisfaction for Social Security recipients? A nonparametric analysis was used to determine if a difference exists within or between baseline, pre-treatment, and post-treatment scores on the vocational identity variable. Alpha level was set at .05 with p-values of .05 or less indicating a statistical significance difference in levels of vocational satisfaction.

Specific Research Hypothesis 3. There is a significant difference between or within baseline, pre-treatment, and post-treatment measures for Self-efficacy in social security recipients who participate in a four week CBT counseling program.

General Research Question 3. Does participating in a CBT counseling program increase the Self-efficacy for Social Security recipients? An analysis of variance (ANOVA) was used to determine if a difference exists within or between baseline, pre-treatment, and post-treatment scores on the vocational identity variable. Alpha levels were set at .05 with p-values of .05 or less indicating a statistical significance difference in levels of self-efficacy.

Procedures

Eight certified vocational rehabilitation counselors working for a state vocational rehabilitation agency in the mid-south provided the intervention for the sample. These counselors were selected to administer the intervention due to their background of being known for using the theory and techniques of CBT, and they were all grounded in the framework of CBT. All counselors were strong believers in the techniques being used in the study, plus they used the techniques as part of their counseling practice. These counselors presented workshops on CBT techniques at state conferences and local training sessions. Due to the characteristics mentioned, these eight counselors were recruited for this study. All counselors were instructed to administer and score the instruments *My Vocational Situation*, the *Self Directed Search (SDS)*, and the *Generalized Self-Efficacy Scale (GSE.)* Four weeks prior to the start of the study; all eight counselors took part in a six hour seminar to learn the procedure of administering the instruments and the intervention of CBT. They were trained to provide cognitive behavioral therapy techniques. These techniques consisted of: in vivo desensitization, reinforcement, thought stopping, and guided imagery. All participants were receiving Social Security benefits during the research study. A total of 40 participants were selected for this study. Each of the eight certified counselors had five participants to work with. During each individual counseling session the

counselor providing the CBT techniques, provided all CBT techniques to their participants during each session.

Individuals participating in this study were selected from a pool of Social Security recipients seeking vocational rehabilitation services to seek or return to fulltime gainful employment.

Sampling Procedures

Cluster sampling was used to select participants for this study because the population is scattered over the entire mid-south. The cluster was formed in four state vocational rehabilitation field offices in the mid-south. The sample consisted of 40 participants selected at random from individuals meeting the criteria of being a non-working SSDI or SSI recipient, at least 18 years of age, desire to become employed fulltime, and agree to receive benefits counseling from a Social Security benefits specialist. Cluster sampling was used to select the individuals participating in the study. The population will be clustered using a natural occurring geographical boundary. The sample was randomly selected from the cluster. The randomization was conducted by including all persons in the cluster. Then, the individuals meeting the criteria for selection were assigned a number by the seventh number in their state issued identification card. This identification card was either a state driver's license or a state issued identification of any kind. Using a random number chart, the sample was selected.

Given the difficulty to effectively measure statistical significance with a small sample size, a power analysis was calculated in order to evaluate an appropriate sample size. Power analyses are important especially in this case because it will determine if sufficient power exists for specified values for levels of significance.

Participants

Participants were selected from a population of SSDI and SSI recipients in the mid-south who are unemployed adults and desire to become gainfully employed. All participants agreed to eight counseling sessions over an eight-week period. All participants agreed to meet with a benefits counselor for information regarding the Social Security Incentives for becoming employed. No one was excluded from the study if they meet the criteria for the study.

Participants consisted of vocational rehabilitation consumers from four vocational rehabilitation field offices in the mid-south. They were all applicants for vocational rehabilitation counseling services in the beginning stages of their rehabilitation programs. Participants were all unemployed at the time of application. Participants stated that they wished to become gainfully employed and be financially self-reliant. Eight certified rehabilitation counselors (CRC) provided the vocational counseling and the CBT techniques during each counseling session.

Variable List

The following variables were used during data analysis in order to determine the level of impact that the rehabilitation counseling and cognitive behavior therapy had on the vocational identity, vocational satisfaction, and self efficacy of Social Security Recipients.

Cognitive Behavior Therapy

Cognitive behavior therapy was the intervention for this study and it is the independent variable for the study. CBT is an integrated counseling approach to human problems that combines therapeutic techniques from cognitive therapy and behavior therapy. This approach maintains that human behavior and lifestyle is shaped by environmental stimuli, but how an individual responds to such stimuli is largely determined by how one perceives and interprets the influence of the stimuli. Thus, the goal of cognitive behavior therapy is to change negative

behavior by reconstructing how individuals negatively perceive psychosocial stressors (Beck & Weishaar, 2005; O'Donohue & Fisher, 2003; Wilson, 2005).

Vocational Identity

Vocational Identity was one of the dependant variables used in this study. Is “a clear and stable understanding of one’s career goals, interests, personality, and talents” (Yanchak, Lease, & Strauser, 2005, p. 133). For purposes of this study, vocational identify was examined using the My Vocational Situation (MVS; Holland, Daiger, & Power, 1980). The results are as follows: profound lack of vocational identity 0 to 6, moderate lack of vocational identity 7 to 12, minimal lack of vocational identity 13 to 18

Vocational Satisfaction

The notion of congruence between personality type and vocational type is the theory behind vocational satisfaction (Holland, 1966). Being psychologically grounded in one’s vocation is a piece of the overall psychological health (Adler, 1979). Studies suggest that there is a need for congruence between vocational interest and work environment; plus, one needs to have a high degree social interest to have high levels of vocational satisfaction (Amerikaner, Elliot, & Swank, 1988).

Self-Efficacy

Self-efficacy is described as one’s perceptions of their abilities to organize and execute courses of action needed to attain designated types of performances (Bandura, 1986). Self-efficacy is a psychological notion that beliefs are one’s ability to mobilize the cognitive resources, motivation, and actions to meet demands of life’s situations (Harrison, Rainer, Hochwarter, & Thompson, 1987).

Social Security Recipient

Social Security Recipient is a person who is deemed disabled by the Social Security Administration (SSA). These individuals have significant disabilities that keep them from securing gainful employment.

Instrumentation

My Vocational Situation

My Vocational Situation (MVS; Holland, Daiger, & Power, 1980) was used in order to assess the impact that cognitive behavior therapy has on Social Security recipients' sense of vocational identity. The MVS is a 20 item self-report instrument that uses a True/False forced choice scale to assess how much vocational assistance an individual may need by pinpointing three areas of concern: lack of vocational identity, lack of information or training, and emotional or personal barriers. For purposes of this study, the Vocational Identify (VI) subscale of the MVS was used.

The VI is comprised of 18 True/False items. According to Yanchak, Lease, Strauser, (2005), vocational identity is defined as "a clear and stable understanding of one's career goals, interests, personality, and talents and is operationalized through questions such as 'The jobs I can do may not pay enough for the kind of life I want'" (p. 133). A person's score is the total number of false responses, thus, higher scores denote a clearer vocational identity of a respondent. Internal consistency coefficients for the VI range from .86 to .89 (Holland, Daiger, & Power, 1980).

Self Directed Search (SDS)

The Self Directed Search (SDS) Form E was used to measure vocational satisfaction. This form was used because it is for individuals with limited reading skills. This form was chosen due to the uncertainty of the reading skills of the sample. This form is appropriate for adults with limited reading skills. The (SDS) consists of 198 items that rate competencies and preferences for activities and occupations. The results are in the form of a two letter code describing an occupational personality. The (SDS) is used and designed to measure vocational activities, competency and self estimates regarding vocational choice. Internal consistency coefficients ranged from .72 to .92 for the different scales, with coefficients from .90 to .94 for the summary scale. Test-retest reliability for a very small sample yielded coefficients of .73 and has reliability coefficients of .76 to .89 over 4 to 12 weeks. Validity is examined by reviewing summary scale inter-correlations and assuring that they fit the theoretical model (Brown, 2004).

The General Self-Efficacy Scale (GSE)

The General Self-Efficacy scale (GSE) was used to measure self-efficacy. The (GSE) is used and designed to measure and assess optimistic self-beliefs used to cope with many of the demands of living (Schwarzer & Jerusalem, 1995). The assessment uses a scale that consists of 10 items that are self administered. The time it takes to complete the assessment is four minutes on average. Participants will be asked to respond to each item on the assessment. The assessment uses a 4-point Likert type scale ranging from “not at all true” to “exactly true.” Scores will range from 10 to 40. Cronbach alphas ranged from .76 to .90. Criterion-related validity is reported as positive coefficients with favorable emotions, dispositional optimism, and work satisfaction. Reports of negative coefficients are found with depression, anxiety, stress, burnout, and health complaints (Schwarzer & Born, 1997). This assessment has been used in many research studies

where the alphas produced internal consistency between .75 and .91 respectively.

Data Collection

The collection of data for this study was collected by the researcher. The Institutional Review Board (IRB) confirmed that the protocol number had been assigned to this study. After receiving the information from the IRB the study began. All key personnel were informed of the study's start date. All participants received informed consent forms to fill out if they wished to participate in the study. All participants received rules and regulations to participate. All participants were counseled on the expectations of their role in the study. At this initial meeting, all participants completed the three instruments: *My Vocational Situation*, *Self Directed Search*, and *The General Self-Efficacy scale*, and a demographics form. Upon receiving the completed forms, the participants were instructed on the schedule of events to take place until the end of the study. The data for the pre-test was collected at that time.

After eight weeks of CBT intervention, the participants took a second series of assessments; they were *My Vocational Situation*, *Self Directed Search*, and *General Self-Efficacy scale*. These data were used as the post-test. At the end of the eight weeks, and after the data were collected, the participants were instructed that the end of the intervention was when they took the assessments. Participants were instructed to inform their counselors of the end of the study. Emails were sent to all counselors participating in the study, that the intervention be stopped. Career counseling and or job development was used until the follow up data was collected. Eight weeks after the intervention concluded, the participants completed a third series of assessments. These assessments were completed 16 weeks after the collection of the pre-test data. These data were collected and placed in a locked filing cabinet behind a locked door to safeguard these data from becoming corrupted. All data were accounted for using this procedure.

Statistical Treatment

In order to test the effect that the intervention of cognitive behavioral techniques in counseling sessions had on Social Security recipient receiving CBT interventions, a repeated measures analysis of variance (ANOVA) was used for analyzing vocational identity and self-efficacy. This statistic showed how the participants' scores on vocational identity, and self-efficacy changed over time. A Chi Square statistical test was used to determine goodness of fit for the categorical data collected from measures of vocational satisfaction.

A one way (ANOVA) repeated measures analysis using contrasts of pre-treatment measures and post-treatment measures to determine if there is significant short term differences between these two measures. Contrasts of pre-treatment and follow-up two months after post-treatment measures will determine if there is long-term significant difference between these measures. Contrasts between post-treatment measures and follow-up measures were analyzed to determine if measures are not significantly different to determine if scores are maintained after treatment. This was the appropriate statistical analysis to use when two or more means are measured to find differences within and between the means (Kirk, 2009). Descriptive statistics were used to provide measures of central tendency and measures of variability. Means and standard deviations for subscale scores and total scores were computed for vocational identity, and self-efficacy. An A Priori test was used to determine the appropriate sample size with a power estimate of .95. Given the difficulty to effectively measure statistical significance with a small sample size, a power analysis was calculated in order to evaluate an appropriate sample size. Power analyses are important especially in this case because it determined if sufficient power exists for specified values for levels of significance. Effect size was also a statistical measurement that was taken into consideration. The effect size that will be calculated provided

the researcher with valuable information about the effectiveness of the treatment. The analysis of the data was computed using version 12.0 of the Statistical Program for the Social Sciences Analysis (SPSS) software with the level of significance set at .05 for testing the research hypotheses.

Limitations

Many limitations needed to be addressed in this study. First, the sample, the sample was small; therefore, it is difficult to generalize to the population. Second, the sampling techniques used did not yield a sample that can represent the true population. The cluster sample was used to help diversify the sample; however, it did not include some races of people the researcher wished for. Third, all participants were already part of a rehabilitation program; therefore, the population of people that would benefit was greatly reduced. These limitations make it difficult to generalize to the population. Further study should include larger samples and more rigorous sampling techniques.

Summary

Chapter three provides information on the methods of research used in this study to find answers to the research questions posed. The research design, a repeated measures design was used to find the answers to the research questions developed for this study. The hypotheses for the study were identified to give the study a framework. General research questions were developed along with the hypotheses. Procedures were developed to lay the groundwork for the study. Procedures for the study are discussed to provide a general protocol for all persons involved in the study. Sampling procedures of cluster sampling were used in the study in order to gain access to appropriate participants. The variable list was identified. Independent and dependent variables were discussed in detail in order for the study to be replicated in the future.

The independent variable, CBT is discussed and outlined; definitions for each area of the variable are discussed. The dependent variables of vocational identity, vocational satisfaction, and self-efficacy, all have been presented with the reliabilities and validities from the instruments in order to measure the results accurately in the instrumentation section. Data collection procedures were carefully thought-out to ensure that proper techniques were established and to protect the data from corruption. The statistical procedures were developed to analyze the data in the most affective efficient manner. An ANOVA was used to analyze the data for vocational identity and self-efficacy to determine if significant results were found; therefor, if the data reveals significant results, the null hypothesis can be rejected. A Chi Square analysis of the dependent variable vocational satisfaction was used due to categorical data on a nominal scale. The Chi Square statistical analysis was used to determine goodness of fit for the categorical data. Limitations to the study were addressed, and the researcher determined that sample size, sample techniques, and diversity were all limitations that reduced the generalizability of the study

CHAPTER FOUR

Results of the Study

Chapter five reports the results of the areas listed: (a) demographic descriptive statistics, (b) instrumentation scoring, (c) analysis of data, (d) research hypotheses results, (e) Summary.

Demographic Descriptive Statistics

Forty participants were sampled ($n=40$), all were selected by random selection from case loads of rehabilitation counselors from the Midwest. All 40 participants completed the eight week Cognitive Behavior Intervention program. All 40 participants completed the follow-up assessments to complete all areas of the study. There were both male and female participants in the study. The study consisted of 13 male participants and 27 female participants. Participants age ranges were between, 24 to 63. The mean age of the participants was 40.84 with a standard deviation of 11.460. The participants were categorized into nine classes with intervals of five years. One participant was between 20 and 24 years of age; five participants were between 25 and 29 years of age; six participants were between 30 and 34 years of age; and nine participants were between 35 and 39 years of age, Four participants were between 40 and 44 years of age; seven participants were between 45 and 49 years of age; four participants were between 50 and 54 years of age, three participants were between 55 and 59 years of age; and one participant was between 60 and 69 years of age. Ethnic backgrounds included: African-American ($n = 20$); Caucasian ($n = 9$); Hispanic and Multi-racial ($n = 6$); Native American ($n = 5$). The majority of participants were not college educated (95%), 38 participants had high school diplomas or there equivalent, one had an associate's degrees. The remaining one had no formal education. The most common reason for not working was being afraid of working. Participants who volunteered

for this study, volunteered because they wanted to improve their self-worth, find a lasting career, and to have a secure future. This study included improved self-worth, improved insight on working, improved outlook of their future, and an improved vision of their future. See Table 4.1 for demographic descriptive statistics of participants.

Table 4.1

Descriptive Statistics of Participants

Characteristic	Count	Percentage
Age		
20-24	1	2.5
25-29	5	12.5
30-34	6	15.0
35-3	9	22.5
40-44	4	10.0
45-49	7	17.5
50-54	4	10.0
55-59	3	7.5
60-64	1	2.5
Total	40	100.0

(Table continues)

Table 4.1 (continued)

Gender

Male	13	32.5
Female	27	67.5
Total	40	100

(Table continues)

Table 4.1 (continued)

Ethnicity

African American	20	50.0
Caucasian	9	22.5
Hispanic	6	15.0
Native American	5	12.5
Total	40	100.0

(Table continues)

Table 4.1 (continued)

Education

Associate's Degree	1	2.5
High School	38	95.0
No Formal Education	1	2.5
Total	40	100.0

(Table continues)

Table 4.1 (continued)

Reasons That Prevented Employment in the Past

Afraid of Working	20	50.0
Afraid of Being Fired	16	30.0
Loss of Insurance	4	20.0
Total	40	100.0

(Table continues)

Table 4.1 (continued)

Number One Reasons for Participating

Find a Lasting Career	38	95.0
Financial Independence	36	90.0
Secure Future	34	85.0
Improve self-worth	23	57.5

Note: Participants chose more than one reason for participating.

Cognitive Behavior Counseling

A total of eight counseling sessions were attended by the 40 participants, who met with one of the eight counselors for one hour sessions. Each participant received CBT intervention techniques that include: In vivo desensitization, reinforcement, thought stopping, and guided imagery. In vivo desensitization consisted of taking the participant to a job site that was similar to the vocational goal. The technique is designed to help the participants believe and change his or her thoughts about performing the job; therefore, the participants will have a new cognition that they will be able to perform the job. Reinforcement is a CBT technique that is used to help

the participants move through the counseling process. Counselors used this technique to encourage the participants to see the process through until the end. Encouragement and letting the participants know that they are doing the right thing by coaching, cheerleading, and verbally telling the participants that they are doing a great job was used throughout the process for each of the 40 participants. Thought stopping is a CBT technique designed to help the participants reconstruct thoughts by the use of an image of a big stop sign. When the participants are thinking irrationally about working, they simply say the word “stop” and envision a big red stop sign. This will allow the participants to think rationally about their employment goals. Guided imagery will allow the participants to see themselves at a job site working and developing their career. With the help of their counselor they can see themselves interviewing and getting the job they desire. They can also see themselves years from now becoming an expert at what they do.

Instrumentation Scoring

Scoring the My Vocational Situation Scale

My Vocational Situation Scale (MVS) provides three subscale scores for each participant: a) Vocational Identity; b) occupational Information; and c) Barriers to Employment. The MVS contains 20 questions; 18 true false questions for the vocational identity scale. The occupational information scale is found by the number of “no” responses to the four statements in question 19. The barriers scale is found by the number of “no” responses to the four statements in Item 20. The three subscale items are not reported due to the fact that those measures were not considered as dependant variables. Appendix E. Table 4.3 provides the items in the Vocational Identity subscale. This subscale provides the participant with a clear and stable picture of their goals, interests, personality, and talents. High scores on this subscale provide the participants to make decisions about their future with confidence in an ambiguous world.

Appendix E provides the items in the Occupational Information subscale. This subscale provides the participant with the opportunity to develop a need for vocational information. Counselors can provide this information based on the need of the individual. Counselors provided the items in the Barriers subscale. This Subscales helps the participant to observe external obstacles to their chosen vocational goal.

Scoring the General Perceived Self-Efficacy Scale

The General Perceived Self-Efficacy Scale (GSE) is made up of a total of 10 questions, which are presented in Appendix F. Appendix F provides each question in the GSE. Each question pertains to an individual's perception on how successful they can perform a particular task. Participants with high scores on this scale have an understanding that they can be successful on tasks they will encounter in daily life activities.

Scoring the Self-Directed Search

The Self Directed Search, Form E is made up of a total 198 items that rate vocational preference and occupational choice. A two letter code is provided after a calculation of the 198 items on the SDS that match the Holland RIASEC model of vocational personality. The first letter of the two letter code was used to determine the area of vocational interest for each participant. The first letter indicates the strongest area of vocational interest. Participants' scores were calculated and the highest scores for the six Holland categories were selected for the first letter of the two letter code. The next highest score indicated the second letter was used to determine the second area of vocational interest, which is the second letter of the vocational code. The first letter of the code was used to determine the participants' vocational category. The second letter code was the secondary vocational category. Participants' scores were categorized into the six Holland occupation categories and the percentage of participants for each Holland

category is reported. Table 4.5 provides detailed statistical information concerning the data reported from the Self-Directed Search.

Analysis of Data

The data analyzed was quantitative in nature and was obtained from the My Vocational Situation Scale (MVS) and the General Perceived Self-Efficacy Scale (GSE). A pretest was administered to 40 participants between 24 and 63 years of age who were not employed and sought vocational counseling to help them improve their chances to become gainfully employed. Forty, 100% of the total sample of participants completed the intervention through the posttest and follow-up which lasted for 16 weeks. The raw scores were extracted from the MVS, SDS, and GSE scales and analyzed by the Statistical Program for the Social Sciences (SPSS), version 12.0.

The ANOVA statistical test for analyzing the means of two or more groups is correct statistical test used in the social sciences. A one way ANOVA was the statistical method used to analyze data that was extracted from the MVS and the GSE. This test was used to determine if there was a significant difference in the means of the three measurements at pretest, posttest, and follow up. The means were gathered from the 40 participant's means from the Vocational Identity scale of the MVS, and Self-Efficacy from the GSE scales.

The Chi Square statistical test was use to determine the goodness of fit for the Self-Directed Search instrument. This test was used to find statistical significance between the observed scores and the expected scores on the categorical data extracted from the Self-Directed Search.

Table 4.2 provides the number of items on each scale and reliability estimates (Chronbach's alpha) for each of the instruments scores from the scales. The decision whether to use the analysis or drop it from the study was also included by use of this information.

Table 4.2

Instrumentation Reliability of Scales

Scale	Items	r.
Vocational Identity	18	.86-.89
Self-Efficacy	10	.76-.90
Vocational Satisfaction	198	.72-.92

Chronbach's Alpha reliability measures included .86-.89 for Vocational Identity and .76-.90 for Self-Efficacy, .72-.92 for Vocational Satisfaction.

Results

Developing vocational identity, vocational satisfaction, and self-efficacy can be difficult for persons with disabilities who have not worked or have been unemployed for a long period of time due to a disability. Many consumers seek vocational rehabilitation to help them find careers. Vocational rehabilitation counselors do not traditionally offer interventions to combat irrational thoughts concerning the return to work or beginning a new career. The variables that have been analyzed in this study will offer any counselor working with individuals a new method to treat irrational thoughts about the world of work.

Research Question 1 Findings

General Research Question 1. Does participating in a CBT counseling program increase the vocational identity for Social Security recipients?

Specific Research Hypothesis 1. There will be a significant difference between or within, pre-treatment, post-treatment, and follow-up measures for vocational identity in Social Security recipients who participate in an eight week CBT counseling program. An analysis of variance (ANOVA) was used to determine if a difference exists within or between pre-treatment, post-treatment, and follow-up scores on the vocational identity variable. Alpha level was set at .05 with p-values of less than .05 or less indicating a statistical significant difference in levels of vocational identity. The mean difference within groups and between groups yielded results for the posttest ($M = 8.675$, $SD = 2.867$), posttest results ($M = 12.0$, $SD = 2.617$), and follow-up results ($M = 11.667$, $SD = 2.775$) (see table 4.7) $p = .0001$ was significantly different. Specific research hypothesis one was significant; therefore the null hypothesis was rejected. A medium effect size was calculated using Cohen's d ($d = .51$). A post hoc test was run to find the exact location of the significance. A Tukey HSD pair wise comparison test was conducted and the results found that there was a significant difference in the means of the pretest and the posttest; however, there was not a significant difference between the posttest and the follow-up. Means dropped by a score of 1.35 during the eight weeks after the intervention was concluded. Therefore, the intervention had lasting results at eight weeks past pretest (see table 4.3). Table 4.3 provides an illustration of all the variables analyzed separately to determine significant differences between and within the participant's pretest, posttest and follow-up scores on the My Vocational Situation (MVS). Significant differences were found between the pretest and posttest scores on MVS scales.

Table 4.3

ANOVA Table-Vocational Identity

	Sum of Squares	df	Mean Square	F	p
Between Groups	284.166	2	142.083	17.688	.0001
Within Groups	781.134	117	6.676		
Total	1065.300	119			

Note: $N = 40$ for all variables. Scores ranged from 1.0 to 18.0 for pre MVS; 8 to 18 for post MVS; 8 to 18 for follow up. Effect size = $d .51$, $p = <.0001$

Findings for Research Question 2

General Research Question 2. Does participating in a CBT counseling program determine the vocational satisfaction for Social Security recipients?

Specific Research Hypothesis 2. There will be a significant difference between observed scores and expected scores for baseline, pre-treatment, and post-treatment measures for vocational satisfaction in social security recipients who participate in an eight week CBT counseling program. A non-parametric statistical analysis was used to determine if a difference exists within or between baseline, pre-treatment, and post-treatment scores on the vocational identity variable. Alpha levels were set at .05 with p-values of .05 or less indicating a statistical significance difference in levels of vocational satisfaction ($X^2=1.626$, $p=.9984$, $CV=18.307$) (see table 4.5). The Chi Square test of significance indicates that there is no statistical difference in the three measures of vocational satisfaction. This however, indicates that those who found a vocation category on the six Holland vocational personality model were able to be satisfied with their career choice, thus a clear indication of vocational satisfaction. If there were significant

differences in the expected and observed scores of vocational satisfaction, participants would have changed their mind during the follow-up measures of vocational satisfaction. The differences between observed scores and expected scores did not produce significant results (see table 4.5).

Table 4.4 provides an illustration of all the variables analyzed separately to determine significant differences between and within the participant's pretest, posttest and follow-up scores on the Self Directed Search (SDS). Significant differences were not found between the pretest, posttest and follow-up scores on SDS scales.

Table 4.4

RIASEC-Table Vocational Satisfaction

Theme	Code	Interests	Work Activities	Potential Skills	Values
Realistic	R	Machines, computer networks, athletics, working outdoors	Operating equipment, using tools, building, repairing, providing security	Mechanical ingenuity and dexterity, physical coordination	Tradition, practicality, common sense
Investigative	I	Science, medicine, mathematics, research	Performing lab work, solving abstract problems, conducting research	Mathematical ability, researching, writing, analyzing	Independence, curiosity, learning
Artistic	A	Self-expression, art appreciation, communication, culture	Composing music, performing, writing, creating visual art	Creativity, musical ability, artistic expression	Beauty, originality, independence, imagination
Social	S	People, team work, helping, community service	Teaching, caring for people, counseling, training employees	People skills, verbal ability, listening, showing understanding	Cooperation, generosity, service to others
Enterprising	E	Business, politics, leadership, entrepreneurship	Selling, managing, persuading, marketing	Verbal ability, ability to motivate and direct others	Risk-taking, status, competition, influence
Conventional	C	Organization, data management, accounting, investing, information systems	Setting up procedures and systems, organizing, keeping records, developing computer applications	Ability to work with numbers, data analysis, finances, attention to detail	Accuracy, stability, efficiency

Table 4.5

Chi Square-Table Vocational Satisfaction

Vocational Satisfaction	R	I	A	S	E	C	X^2	p	
Pre Treatment	12 (10.6)	9 (9)	2 (2.3)	7 (7.3)	4 (4.3)	6 (7.3)	1.626	.9984	
Post Treatment	10 (10.6)	8 (8)	2 (2.3)	7 (7.3)	5 (4.3)	8 (7.3)			
Follow Up	10 (10.6)	7 (8)	3 (2.3)	8 (7.3)	4 (4.3)	8 (7.3)			
Degrees of Freedom	10								

Note: $N = 40$, $P = .9984$ for all variables. Scores ranged from pre SDS, post SDS and for follow up.

Findings for Research Question 3

General Research Question 3. Does participating in a CBT counseling program increase the Self-efficacy for Social Security recipients?

Specific Research Hypothesis 3. There is a significant difference between or within baseline, pre-treatment, and post-treatment measures for Self-efficacy in social security recipients who participate in an eight week CBT counseling program. An analysis of variance (ANOVA) will be used to determine if a difference exists within or between baseline, pre-treatment, and post-treatment scores on the vocational identity variable. Alpha level were set at .05 with p-values of .05 or less indicating a statistical significance difference in levels of self-efficacy. The mean pretest self-efficacy, as suggested by the results ($M = 2.42$, $SD = .61$), was statistically significantly different from the mean posttest self-efficacy and the follow up ($M = 3.34$, $SD = .67$), ($M = 3.31$, $SD = .574$) (see table 4.7), $p = .0001$. A medium effect size was calculated using Cohen's d , ($d = .58$). Specific research hypothesis three was found to be significant (see table 4.6).

Table 4.6 provides an illustration of all the variables analyzed to determine significant differences between and within the participant's pretest, posttest and follow-up scores on the General Perceived Self-Efficacy Scale (GSE) scales.

Table 4.6

ANOVA Table-Self-Efficacy

	Sum of Squares	df	Mean Square	F	p
Between Groups	19.905	2	9.953	97.194	.0001
Within Groups	11.981	117	.102		
Total	31.886	119			

Note: N = 40 for all variables. Scores ranged from 1.0 to 4.0 for pre GSE; 1.0 to 4.0 for post GSE; 2.0 to 4.00 for follow up. Effect size = d .58, p = <.0001

Table 4.7

Means and Standard Deviations: Standard Deviations in Parenthesis

	Means Pre-test	Standard Deviations Post-test	Follow-up
Vocational Identity	8.675, (2.867)	12.000, (2.617)	11.667, (2.775)
Self Efficacy	2.420, (0.610)	3.341, (0.670)	03.31, (0.574)

Note: N = 40 for all variables.

Summary

This study was conducted to answer questions about CBT interventions to help participants who were not employed increase their vocational identity, vocational satisfaction and self-efficacy. A total of 40 adult men and women participated in this study. The study was conducted to determine if the independent variable Cognitive Behavior Counseling (CBT) had an impact on the dependent variables of vocational identity, vocational satisfaction, and self-efficacy. Participants engaged in eight weeks of CBT counseling. All 40 men and women met the criteria to participate in the study. The participants ranged in age between 24 and 63 years of age, and all of them completed the study with a mean age of 40.84. The participants were very diverse with African American participants making up the majority with 50% ($n = 20$), Caucasian 22.5% ($n = 9$), Hispanic 15% ($n = 6$), Native American 12.5% ($n = 5$) (see table 4.1). The educational levels of the participants ranged from associate degree to no formal education. Ninety-five percent, 38 had high school educations, one participant had an associate's degree and one was a high school drop-out who never received a General Education Diploma (GED). The reasons participants gave for participating in the study included: find a lasting career, financial independence, secure future, and improved self-worth.

The My Vocational Situation, The Self Directed Search, and the General Perceived Self-Efficacy Scale were used to collect data from participants in the study. Reliability of the MVS, SDS, and GSE Scales were determined by the Cronbach's alpha coefficient which indicated the scales were highly reliable instruments when measuring, Vocational Identity, Vocational Satisfaction, and Self-Efficacy.

My Vocational Situation was used to measure participants' level of vocational identity before, after, and at an eight week follow-up after they participated in an eight-week CBT

counseling intervention. Results of the analysis indicated the level of vocational identity was higher after participation in eight-weeks of treatment; however, these gains were not statistically significant.

The Self Directed Search was used to determine the vocational satisfaction of the participants. Measurements of vocational satisfaction were taken before, after, and at eight weeks after the intervention of CBT counseling has stopped. Results of the analysis were that there were no significant differences between observed scores and expected scores for vocational satisfaction.

The General Perceived Self-Efficacy Scale (GSE) was used to measure the participants' level of Self-Efficacy before, after, and eight weeks post treatment to measure the effect of the treatment. Results of the analysis indicated the level of Self-Efficacy was higher after participation in the eight-week counseling intervention. The gains are statistically significant at the 5% alpha level. A discussion of the results and implications of the study are discussed in chapter five.

CHAPTER FIVE

Summary, Conclusions, and Implications

This chapter provides a summary of the study which was conducted to answer three research questions and to analyze data extracted from three instruments given at three different periods of time. The statement of the problem is addressed, the procedure of the study, specific research hypotheses, conclusions and discussions, implications, implications related to the method, research design, statistical conclusions, and suggested future research are included in this chapter.

Statement of the Problem

There is a number of persons added to the Social Security rolls each year, it is imperative that studies be conducted to reduce the burden to the United States taxpayer. Many soldiers returning from combat suffer from a variety of disabling conditions including loss of vocational identity. This study focused on the underlying issues surrounding one's vocational identity, one's ability to make clear vocational choices, and one's self-efficacy. Many individuals will live a lifetime of poverty if they continue to support themselves by means of Social Security Benefits. Many stigmas are associated with unemployment and receiving Federal monetary assistance. Social isolation, self-defeating thoughts, beliefs that self-worth is unachievable, and a host of other self-defeating beliefs are possible. Providing Cognitive Behavioral Therapy (CBT) can help individuals' self-improvement through cognitive restructuring. Many individuals, as well as many disciplines of human services will benefit from the finding of this study. Small communities along with large metropolitan areas can receive stimulus to their economic problems if disabled individuals find gainful employment.

Procedure

This study provided the counseling profession with scientific based evidence for the use of cognitive behavioral therapy (CBT) for persons with disabilities to increase their vocational identity, vocational satisfaction, and self-efficacy. This research determined if these variables contribute to persons with disabilities obtaining gainful employment as a result of CBT interventions. The sample for this study consisted of 40 persons with disabilities receiving Social Security Supplemental Income (SSI) or Social Security Disability Insurance (SSDI) who were enrolled in a vocational rehabilitation program where the overall goal for the plan of treatment is gainful employment. The sample was taken in a mid-western part of the United States. There were eight certified vocational rehabilitation counselors providing an intervention of CBT to 40 participants enrolled in the vocational rehabilitation program. The intervention mentioned was given to the participants over an eight week period. The research design that was used is a repeated measures design, taking measures at three different times, a pre-treatment measure, a post-treatment measure after eight weeks of CBT intervention, and a follow up measure eight weeks after post-treatment measures. The post-treatment measure provides information for short-term changes. The third measure provides information on long-term effects. The instruments that were used included, *My Vocational Situation* (MVS), the *Generalized Self-Efficacy Scale* (GSE), and the *Self Directed Search* (SDS), The SDS measured vocational satisfaction, the MVS measured vocational identity, and the GSE measured self-efficacy. The statistical treatment used to analyze data for vocational identity and self-efficacy for this study was the use of a one-way analysis of variance (ANOVA). A statistical significance alpha level was set at .05. A power analysis was conducted to evaluate the sample size being used in the study. Effect size was also evaluated to determine the effect of the study. A Chi Square statistical analysis was used to

measure vocational satisfaction. Threats to internal and external validity were controlled by sampling techniques, and controlled administration of the intervention. The variables for this study consist of CBT intervention as the independent variable, and three measures from the MVS, SDS, and the GSE as the dependent variable. All other variables such as, gender, age, race, and socio economic status, were analyzed and reported.

Specific Research Hypotheses

After a review of the relevant literature, there was insufficient information on the use of counseling techniques to combat irrational thoughts about going to or returning to work for persons with disabilities. Cognitive behavior counseling is an ideal treatment because it focuses of restructuring one's thoughts and replacing them with new ones. There were three specific research hypotheses used in this study to help persons with disabilities change their irrational thoughts about the world of work.

Specific Research Hypothesis 1. There will be a significant difference between or within baseline, pre-treatment, and post-treatment measures for vocational identity in social security recipients who participate in an eight week CBT counseling program. The result of this hypothesis was that there was statistical significance found between the means of the pretreatment measures and the post-treatment measures on the *My Vocational Situation* Vocational Identity Scales. An ANOVA hypothesis test was used to test the means of the three groups: pre-treatment, post-treatment, and follow-up. The results of this test yielded an F value of 17.688. A p value was calculated, and the results found were the probability of making a type one error was less than 1%, therefore the null hypothesis was rejected indicating statistical significance. A Tukey post hoc test was used to determine where the significance was. After the Tukey test was administered, the

significance was found between pre-treatment and post treatment. The test also indicated that there was no statistical significance between the post-test and the follow-up measures indicating that the results from the post-test were maintained over time.

Specific Research Hypothesis 2. There will be a significant difference between or within pre-treatment and post-treatment measures for vocational satisfaction in social security recipients who participate in a four week CBT counseling program. A Chi Square statistical hypothesis test was used to test the categorical data extracted from the three measures of: pre-treatment, post-treatment, and follow-up on the *Self Directed Search* scales. This instrument was used to measure vocational satisfaction. The scale provided a two letter code based on John Holland's vocational personality theory. The first letter of the code was used to determine each participant's vocational interest category. The categories are as follows: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional. After the Chi Square test was conducted, the test yielded results that were not found to be statistically significant at an alpha level of 5%. There were no changes in the group's means on their vocational satisfaction; therefore, there was no need to perform any post hoc testing.

Specific Research Hypothesis 3. There is a significant difference between or within baseline, pre-treatment, and post-treatment measures for Self-efficacy in social security recipients who participate in an eight week CBT counseling program. The results found from this hypothesis are that there is statistical significance between the three group's means using measures from the General Self-Efficacy Scale. An ANOVA was the statistical hypothesis test used to test the measures of pre-treatment, post-treatment, and follow-up measures of self-efficacy. When the results yielded an F value of 97.194, the

null hypothesis was rejected. P values were calculated and the result was a value of less than 1%. This indicates that there is a less than 1% chance of making a Type I error.

After this analysis, the researched made the decision to reject the null hypothesis and report that there was statistical significance found between and within the three groups. A post hoc test, Tukey, was administered to determine where the group means were different. The Tukey post hoc results showed that the significant difference was between the pre-treatment and the post-treatment measures and not between the post-treatment and the follow-up measures; this indicates that the difference in the means were due to the treatment and that the results were maintained over time.

Conclusions and Discussions

The conclusion and discussion concerning this study are: can CBT techniques be used in conjunction with standard vocational rehabilitation counseling? Through a rigorous study that was carefully thought out, significant results were produced for vocational identity and self-efficacy through the use of CBT techniques for the sample of participants. The purpose of the study was to help identify barriers for persons with disabilities and to help break through the barriers through research. By using CBT techniques, 40 participants of this study increased their vocational identity and their self-efficacy. Results of the vocational satisfaction measures were reported by the use of a Chi Square statistical analysis. Many factors exist in the outcome for the three variables measured. Motivation to receive the treatment was that the participants already had a relationship with their rehabilitation counselor and there were vocational goals and objectives that in many cases help the rehabilitation consumers with daily living help. The participants were motivated due to the relationship and the thoughts that if they did not follow through, they may have some fear of losing their daily living help. This was not the case at all;

however, many people are motivated to follow through with a plan if there are incentives for them. Counselors who provided the treatment were also well aware of this incentive; however, it was not part of the study. Changes in the means over time were due to the intervention of the CBT techniques, but some areas to look at in the future are that all the participants received benefits counseling from a SSA trained benefits counselor. Future studies should recognize that the benefits counseling should be measured as a control group. Other factors are: loss of benefits, and consumers who actually desire to go to work fulltime. This was a requirement that the participants had to meet. All participants had to desire to go to work fulltime and know that they had work incentives due to their benefits counseling. Consumers understood that they would not lose their benefits, but they had incentives to help them return or obtain gainful fulltime employment. It is the philosophy of the counselors who provided the treatment and the supervisors and managers that an appropriate candidate for vocational rehabilitation services is a person who want to work fulltime to improve their financial and personal future. By providing a service that will increase a consumer's vocational identity and their self-efficacy, the future of reducing the SSI/SSDI rolls can be achieved.

Implications

The results of this study found significant results for two of the variables being studied. Chi Square results for the variable vocational satisfaction were reported due to the nature of the data. The data was on a nominal scale and only reported categories for employment. The data is extremely useful for counselors because it provides information about how participants feel when choosing a vocational goal.

This study provides empirical evidence that the use of CBT techniques did help consumers of vocational rehabilitation increase their vocational identity and their self-efficacy.

Many directors of state agencies do not believe that counseling should be utilized; they believe that the main theme for the counselors should be job placement. By conducting this study, there is evidence that vocational rehabilitation counselors can use the CBT techniques in conjunction with their day to day rehabilitation counseling.

Limitations Related to the Methodology

Research Design

This study uses an experimental design referred to by O'Rourke, Hatcher, and Stepanski (2005) as a repeated measures design. The defining characteristic of this design is the fact; the participants provide multiple observations, or repeated scores, on a particular criterion usually at pre-treatment and post-treatment. Similarly, this design is called a within-subjects design, because participants are not compared to each other, rather they are grouped together and their repeated scores are compared over time. In this study, the single group will be observed subsequent to the treatment in order to measure change in the group (Cook & Campbell, 1979). A one group pretest–posttest and follow up design will be employed in this study to observe the single group at three points of time, the first before the intervention is introduced to the group, the second after the intervention is completed, and the third will take place as a follow up measure to analyze long-term effects of the treatment. Measures on the dependent variable are presumed to be the result of the intervention. By using this design there will be no need for a control group. Advantages to this design are findings for further research with this population, and the ability for researchers to conduct research in a cost effective manner. Disadvantages of this design are threats to internal and external validity (Cook & Campbell, 1979). This design does not employ the use of a control group therefore; it is difficult to assess the significance of the dependent variable. The measured outcome could be maturation, regression towards the

mean, or historical changes not associated with the intervention (Cook & Campbell, 1979).

For purposes of this study, the within-subjects group consisted of Social Security recipients enrolled in a vocational rehabilitation program. Pre-treatment measurements of vocational identity, vocational satisfaction, and self-efficacy were taken during the first session of the first week. This group received standard vocational counseling with measurements of vocational identity and vocational satisfaction, and self-efficacy taken before treatment to provide pre-treatment data. The second measure was taken eight weeks after the intervention had been introduced to the participants, this measure was the post-treatment. The intervention consisted of eight sessions of CBT counseling, which intends to reconstruct irrational beliefs about their vocational identity, vocational satisfaction, and self-efficacy. Following these sessions, one additional measurement was taken eight weeks after the intervention was completed. This measure assessed the impact that the additional CBT intervention had on vocational identity, self-efficacy, and vocational satisfaction when compared to baseline and post-vocational treatment scores. This measure analyzed the long-term effects the intervention had on the participants. The independent variable for this study was CBT. The dependent variables were vocational identity as measured by *My Vocational Situation (MVS)*, vocational satisfaction measured by *The Self Directed Search (SDS)*, and self-efficacy measured by the *Generalized Self-Efficacy Scale (GSE)*.

Statistical Validity

Threats to the internal and external validity of this study were examined and all measures were taken to control for extraneous variables that would compromise the integrity of the study. Careful sampling was taken into consideration so that the results could be generalized to the population. The intervention was designed so that threats such as maturation would be controlled

for. A power analysis was conducted to insure that an adequate sample size was reached. A Post hoc analysis was used to pinpoint the areas of significance once a significant difference in means was found. Chronbach's alphas were reported to provide adequate reliability within the measurement scales used.

Suggested Future Research

Replications of this study should have more advanced sampling procedures. The sample should be taken from several areas of the United States, and the sample should be large enough to generalize to the population of rehabilitation consumers in the United States. Longer treatment would be suggested for future research. A more advanced and complex research design should be used to analyze multiple variables. Controls for internal and external validity should be taken into account for future research.

Summary

Chapter five provides a summary of the study. The procedures of the study detailing the research hypotheses were outlined. The findings of the study were discussed in the conclusions section. Also discussed are the limitations to the method of the study. Implications for future research based on the ideas of this study are mentioned in chapter five as well.

The results of this study produced significant results, and therefore two of the three research hypotheses were supported. These areas of significance are increased vocational identity and increased self-efficacy. Vocational satisfaction, was not found to be significant after eight weeks of Cognitive Behavior Counseling (CBT). The results of the three areas also had high levels of stability after eight weeks of treatment with no continued treatment.

This study was not without limitations. The limitations addressed are sampling procedures, weakness of the design, threats to internal and external validity, and time

constrictions. Many more variables could have been analyzed if time allowed. There will need to be further inquiry into this area of professional counseling. Much more research will need to be conducted before agencies and independent counselors use the variables in this study to make conclusions about the vocational needs of their consumers.

REFERENCES

- Adler, K. (1979). An Adlerian view of the development and the treatment of schizophrenia. *Journal of Individual Psychology, 35*(2), 147-161.
- Alston, R. J., Harley, D., & Lenhoff, K. (1995). Hirschi's social control theory: a sociological perspective on drug abuse among persons with disabilities. *Journal of Rehabilitation, 61*(4).
- Amerikaner, M., Elliot, D., & Swank, P. (1988). Social interest as a predictor of vocational satisfaction. *Individual Psychology: The Journal of Adlerian Theory, Research & Practice, 44*(3), 316.
- Armstrong, P. I., & Vogel, D. L. (2009). Interpreting the interest–efficacy association from a RIASEC perspective. *Journal of Counseling Psychology, 56*(3), 392.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A., & Locke, E. A. (2003). Negative self-efficacy and goal effects revisited. *Journal of Applied Psychology, 88*(1), 87-99.
- Beck, A. T. (2005). *Anxiety disorders and phobias: A cognitive perspective*. Basic Books.
- Beck, A. T., & Weishaar, M. E. (2005). Cognitive Therapy. In R. J. Corsini and D. Wedding (Eds.) *Current Psychotherapies* (7th ed.). Belmont, CA: Brooks/Cole.
- Beck, A. T. (1997). The past and future of cognitive therapy. *Journal of Psychotherapy Practice*
- Beveridge, S., & Fabian, E. (2007). Vocational rehabilitation outcomes: A study on the relationship individualized plan for employment (IPE) goals and employment outcomes. *Rehabilitation Counseling Bulletin, 50*, 238-246.
- Blustein, D.L. (2009). The psychology of working. *Journal of Rehabilitation, 75*(4) 53-54.
- Bond, G. R., & Meyer, P. S. (1999). The role of medications in the employment of people with schizophrenia. *Journal of rehabilitation, 65*(4), 9-16.
- Chan, R., Rosenthal, D. A., Pruet, S. R. (2008). Evidence-Based Practice in the provision of rehabilitation services. *Journal of Rehabilitation, 74*(2), 1-3.
- Chen, R. K., Crew, N.M., (2009). Life Satisfaction among people with progressive Disabilities. *Journal of Rehabilitation, 75*(2), 50-59.

- Cook, T. D., & Campbell, D. T. (1979). *Quasi-experimentation: Design & analysis for field settings*. Chicago: Rand McNally.
- Corrigan, P.W., Mueser, K.T., Bond, G.R., Drake, R.E. & Solomon, P. (2008). *Principles and practices of Psychiatric Rehabilitation: An empirical approach*. New York: Guilford Press.
- Davis, L.W., Lysaker, P.H. & Morris, D. (2005). The Indianapolis Vocational Intervention Program: A cognitive behavioral approach to addressing Rehabilitation issues in schizophrenia. *Journal of Rehabilitation Research and Development*, 42(1), 35-46.
- Forman, P., & Murphy, G. (1996). Work values and expectancies in occupational rehabilitation: the role of cognitive variables in the return-to-work process. *Journal of Rehabilitation*, 62(3), 44-48.
- Gilbert, G. R., Sohi, R.S. & McEachern, A.G. (2008). Measuring work preferences: a Multidimensional tool to enhance career self-management. *Career Development International*, 13(1), 56-78.
- Greer, B. G., & Walls, R. T. (1997). Emotional factors involved in substance abuse in a sample of rehabilitation clients. *JOURNAL OF REHABILITATION-WASHINGTON-*, 63, 5-8.
- Hagen-Foley, D.L., Rosenthal, D. A., & Thomas, D. F., (2005). Informed consumer Choice in community rehabilitation programs. *Rehabilitation Counseling Bulletin*, 48(2), 110-117.
- Harrison, A. W., Rainer, R. K., Hochwarter, W. A., & Thompson, K. R. (1997). Testing the self-efficacy-performance linkage of social-cognitive theory. *The Journal of Social Psychology*, 137(1), 79-87.
- Holland, J. L. (1997). *Making vocational choices: A theory of vocational personalities and work environments*. Psychological Assessment Resources.
- Holland, J., (1992). A Theory of person-environment congruence. *Journal of Vocational Behavior*, 40, 158-209.
- Holland, J. L., Daiger, D. C., & Power, P. C. (1980). *My Vocational Situation*. Palo Alto, CA: Consulting Psychologists Press.
- Holland, J. L., Gottfredson, D. C., & Power, P. G. (1980). Some diagnostic scales and signs for theselection of vocational treatments. *Journal of Personality and Social Psychology*, 39, 1191–1200.
- Holland, J. L. (1966). *The psychology of vocational choice: A theory of personality types and model environments*. Waltham, MA: Blaisdell.

- Honeycutt, A., & Milliken, M. E. (2011). *Understanding Human Behavior: A Guide for Health Care Providers: A Guide for Health Care Providers*. Cengage Learning.
- Johnson, J., Rochkind, J., & Ott, A. (2010). Why Guidance Counseling Needs to Change. *Educational Leadership*, 67(7), 74-79.
- Kihlstrom, J. F., & Harackiewicz, J. M. (1990). An evolutionary milestone in the psychology of personality. *Psychological Inquiry*, 1(1), 86-100
- Kirk, R. E. (2009). Experimental design. *Sage handbook of quantitative methods in psychology*, 23-45.
- Kohlenberg, B., Watts, M. (2003). Considering work for people living with HIV/AIDS: Evaluation of a group employment counseling program. *Journal of Rehabilitation*, 69(1), 22-29.
- Lenox, R. A., & Subich, L. M. (1994). The Relationship Between Self-Efficacy Beliefs and Inventoried Vocational Interests. *The Career Development Quarterly*, 42(4), 302-313.
- Liberman, R. P. (2008). Principles and practice of psychiatric rehabilitation: an Empirical approach. *The American Journal of Psychiatry*, 165(7), 924-926.
- Maree, J., (2000). Worker participation in decision-making: who benefits? *Society in Transition* 31(2), 111-125.
- Marini, I. (2003). What rehabilitation counselors should know to assist social security beneficiaries in becoming employed. *Assessment & Rehabilitation*, 21(1), 37-43.
- Marini, I. (2001). A survey of rehabilitation professionals as alternative provide contractors with social security: Problems and solutions. *Journal of Rehabilitation*, 67(2), 36-41.
- Marrone, J., & Gold, M. (1994). Supported employment for people with mental illness: Myths and facts. *Journal of Rehabilitation*, 60(4), 38.
- Mead, N., & Bower, P. (2002). Patient-centred consultations and outcomes in primary care: a review of the literature. *Patient education and counseling*, 48(1), 51-61.
- Mitchell, T. R., Hopper, H., Daniels, D., George-Falvy, J., & James, L. R. (1994). Predicting self-efficacy and performance during skill acquisition. *Journal of Applied Psychology*, 79, 506-517.
- Mullins, J., Roessler, R., & Bellini, J. (1997). Improving employment outcomes through quality rehabilitation counseling (QRC). *Journal of Rehabilitation*, 63(4), 21-31.

- O'Donohue, W., & Fisher, J. E. (2003). Introduction. In W. O'Donohue, J.E. Fisher, and S.C. Hayes (Eds.) *Cognitive Behavior Therapy: Applying Empirically Supported Techniques in Your Practice* (pp. 1-3). Hoboken, NJ: John Wiley & Sons.
- O'Rourke, N., Hatcher, L., & Stepanski, E. J. (2005). *A step-by-step approach to using SAS for univariate and multivariate statistics* (2nd ed.). Cary, NC: SAS Institute.
- Peterson, G. W., Sampson Jr, J. P., Lenz, J. G., & Reardon, R. C. (2002). A cognitive information processing approach to career problem solving and decision making. *Career choice and development*, 4, 312-369.
- Reardon, R., & Bullock, E. (2004). Holland's Theory and Implications for Academic Advising and Career Counseling. *NACADA Journal*, 24(1), 111-122.
- Rees, A. M., Luzzo, D. A., Gridley, B. E., & Doyle, C. (2007). Relational personality theory and Holland's typology among women: An exploratory investigation. *The Career Development Quarterly*, 55(3), 194-205.
- Rosen, M., Bussone, A., Dakunchak, P., & Cramp, J. (1993). Sheltered employment and the second generation workshop. *JOURNAL OF REHABILITATION-WASHINGTON-*, 59, 30-30.
- Reif, S., Horgan, C. M., Ritter, G. A., & Tompkins, C. P. (2004). The Impact of Employment Counseling on Substance User Treatment Participation and Outcomes. *Substance Use & Misuse*, 39(13-14), 2391-2424. doi:10.1081/JA-200034661
- Roessler, R. T., Wasiak, R., McPherson, K. M., van Poppel, M. N., & Anema, J. R. (2005). A developmental conceptualization of return to work. *Journal of Occupational Rehabilitation*, 15(4), 557-568.
- Roessler, R. T., Rumrill, P. D., & Fitzgerald, S. M. (2004). Factors affecting the job satisfaction of employed adults with multiple sclerosis. *Journal of Rehabilitation*, 70(3), 42-50.
- Roessler, R. T. (2002). TWWIIA initiatives and work incentives: Return-to-work implications. *Journal of Rehabilitation*, 68(3), 11-15. Retrieved from <http://0-search.proquest.com.library.uark.edu/docview/236397020?accountid=8361>
- Roessler, R. T., Fitzgerald, S. M., Rumrill, P. D., & Koch, L. C. (2001). Determinants of employment status among people with multiple sclerosis. *Rehabilitation Counseling Bulletin*, 45(1), 31. Retrieved from <http://0-search.proquest.com.library.uark.edu/docview/213919150?accountid=8361>
- Schunk, D. H. (1991). Self-efficacy and academic motivation. *Educational Psychologist*, 26(3), 207-232.

- Schwarzer, R., & Born, A. (1997). Optimistic self-beliefs: Assessment of general perceived self-efficacy in thirteen cultures. *World Psychology, 3*(1-2), 177-190.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy Scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.
- Shrey, D.E., Bangs, S.A., Mark, L.S., Hursh, N.C., & Kues, J.R. (1991). Returning social security beneficiaries to work: A proactive disability management model. *Rehabilitation Counseling Bulletin, 34*(3), 257-273.
- Sirvastava, S., & Chamberlain, A. (2005). Factors determining job retention and return to work for disabled employees: A questionnaire study of opinions of disabled people's organizations in the UK. *Journal of Rehabilitation Medicine, 37*(1), 17-22.
- Smith, K., Wilson, C., Webber, L., & Graffam, J. (2004). Employment and intellectual disability: Achieving successful employment outcomes. *International review of research in mental retardation, 29*, 261-289.
- Strauser, D.R, Waldrop, D, & Ketz, K. (1999). Reconceptualizing the work personality. *Rehabilitation Counseling Bulletin, 42*, 290-301.
- Stern, M., Norman, S. L., & Zevon, M. A. (1993). Adolescents with cancer self-image and perceived social support as indexes of adaptation. *Journal of Adolescent Research, 8*(1), 124-142.
- Szymanski, E. M., Enright, M. S., Hershenson, D. B., & Ettinger, J. (2003). Career development theories, constructs, and research: Implications for people with disabilities. In E. M. Szymanski & R. M. Parker (Eds.), *Work and disability: Issues and strategies in career development and job placement* (2nd ed., pp. 91-153). Austin, TX: Pro-Ed.
- Szymanski, E., & Hershenson, D. (1998). Career development of people with disabilities: An ecological model. In R. Parker & E. Szymanski (Eds.), *Rehabilitation counseling: basics and beyond* (3rd. ed., 327-378). Austin, TX: Pro-Ed.
- Tremblay, T., Smith, J., Haiyi, X., & Drake, R. (2004). The Impact of Specialized Benefits Counseling Services on Social Security Administration Disability Beneficiaries in Vermont. *Journal Of Rehabilitation, 70*(2), 5-11.
- Wadsworth, J., Milson, A. & Cocco, K., (2004). Career development for young Adults with mental retardation. *Professional School Counselor, 8*(2), 141-148
- Wilday, S. & Dovey, A. (2005). All in the mind? *Occupational Health, 57*(9), 25-28.

- Wilson, G. T. (2005). Behavior Therapy. In R. J. Corsini and D. Wedding (Eds.) *Current Psychotherapies* (7th ed.). Belmont, CA: Brooks/Cole.
- Vandiver, V., Johnson, J., & Christofero-Snider, C. (2003). Supporting employment for adults with acquired brain injury: a conceptual model. *The Journal Of Head Trauma Rehabilitation*, 18(5), 457-463.
- Vasta, R. (1989). *Annals of child development*. Greenwich, CN: JAI Press Inc.
- Yanchak, K. V., Lease, S. H., & Strauser, D. R. (2005). Relation of disability type and career thoughts to vocational identity. *Rehabilitation Counseling Bulletin*, 48(3), 130-138.

APPENDIX A

TABLES

Table 4.1

Descriptive Statistics of Participants

Characteristic	Count	Percentage
Age		
20-24	1	2.5
25-29	5	12.5
30-34	6	15.0
35-39	9	22.5
40-44	4	10.0
45-49	7	17.5
50-54	4	10.0
55-59	3	7.5
60-64	1	2.5
Total	40	100.0
Gender		
Male	13	32.5
Female	27	67.5
Total	40	100

Ethnicity

African American	20	50.0
Caucasian	9	22.5
Hispanic	6	15.0
Native American	5	12.5
Total	40	100.0

Education

Associate's Degree	1	2.5
High School	38	95.0
No Formal Education	1	2.5
Total	40	100.0

Reasons That Prevented Employment in the Past

Afraid of Working	20	50.0
Afraid of Being Fired	16	30.0
Loss of Insurance	4	20.0
Total	40	100.0

Number One Reasons for Participating

Find a Lasting Career	38	95.0
Financial Independence	36	90.0
Secure Future	34	85.0
Improve self-worth	23	57.5

Note: Participants chose more than one reason for participating.

Table 4.2

Instauration Reliability of Scales

Scale	Items	r.
Vocational Identity	18	.86-.89
Self-Efficacy	10	.76-.92
Vocational Identity	118	.72-.92

Chronbach's Alpha reliability measures included .86-.89 for vocational identity, .76-.92 for Self-Efficacy and .72-.92 for Vocational Identity.

Table 4.3

ANOVA Table

	Sum of Squares	df	Mean Square	F	Sig
Between Groups	284.166	2	142.083	17.688	.0001
Within Groups	781.134	117	6.676		
Total	1065.300	119			

Note: $N = 40$ for all variables. Scores ranged from 1.0 to 18.0 for pre MVS; 8 to 18 for post MVS; 8 to 18 for follow up. Effect size = $d .51$, $p = <.0001$

Table 4.4

RIASEC-Table Vocational Satisfaction

Theme	Code	Interests	Work Activities	Potential Skills	Values
Realistic	R	Machines, computer networks, athletics, working outdoors	Operating equipment, using tools, building, repairing, providing security	Mechanical ingenuity and dexterity, physical coordination	Tradition, practicality, common sense
Investigative	I	Science, medicine, mathematics, research	Performing lab work, solving abstract problems, conducting research	Mathematical ability, researching, writing, analyzing	Independence, curiosity, learning
Artistic	A	Self-expression, art appreciation, communication, culture	Composing music, performing, writing, creating visual art	Creativity, musical ability, artistic expression	Beauty, originality, independence, imagination
Social	S	People, team work, helping, community service	Teaching, caring for people, counseling, training employees	People skills, verbal ability, listening, showing understanding	Cooperation, generosity, service to others
Enterprising	E	Business, politics, leadership, entrepreneurship	Selling, managing, persuading, marketing	Verbal ability, ability to motivate and direct others	Risk-taking, status, competition, influence
Conventional	C	Organization, data management, accounting, investing, information systems	Setting up procedures and systems, organizing, keeping records, developing computer applications	Ability to work with numbers, data analysis, finances, attention to detail	Accuracy, stability, efficiency

Table 4.5

Chi Square Table

Vocational Satisfaction	R	I	A	S	E	C	X^2	p	
Pre Treatment	12 (10.6)	9 (9)	2 (2.3)	7 (7.3)	4 (4.3)	6 (7.3)	1.626	.9984	
Post Treatment	10 (10.6)	8 (8)	2 (2.3)	7 (7.3)	5 (4.3)	8 (7.3)			
Follow Up	10 (10.6)	7 (8)	3 (2.3)	8 (7.3)	4 (4.3)	8 (7.3)			
Degrees of Freedom	10								

Note: $N = 40$, $P = .9984$ for all variables. Scores ranged from pre SDS, post SDS and for follow up.

Table 4.6

ANOVA Table

	Sum of Squares	df	Mean Square	F	<i>p</i>
Between Groups	19.905	2	9.953	97.194	.0001
Within Groups	11.981	117	.102		
Total	31.886	119			

Note: *N* = 40 for all variables. Scores ranged from 1.0 to 4.0 for pre GSE; 1.0 to 4.0 for post GSE; 2.0 to 4.00 for follow up. Effect size = *d* .58, *p* = <.0001

Table 4.7

Means and Standard Deviations

	Means Pre-test	Standard Deviations Post-test	Follow-up
Vocational Identity	8.675, 2.867	12.000, 2.617	11.667, 2.775
Self Efficacy	2.420, 0.610	3.341, 0.670	03.31, 0.574

Note: *N* = 40 for all variables.

APPENDIX B

HUMAN SUBJECTS APPROVAL



120 Ozark Hall • Fayetteville, Arkansas 72701 • (479) 575-2208 • (479) 575-3846 (FAX)
Email: irb@uark.edu

**Research Support and Sponsored Programs
Institutional Review Board**

June 10, 2010

MEMORANDUM

TO: James Quinn
Roy Farley

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 10-05-657

Protocol Title: *The Impact of Cognitive Behavior Techniques on Vocational Identity, Vocational Satisfaction, and Self-Efficacy of Persons with Disabilities Receiving SSI/SSDI Benefits*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 06/08/2010 Expiration Date: 06/07/2011

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Compliance website (<http://www.uark.edu/admin/rsspinfo/compliance/index.html>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

If you wish to make *any* modifications in the approved protocol, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 120 Ozark Hall, 5-2208, or irb@uark.edu.

APPENDIX C

INFORMED CONSENT STATEMENT

Informed Consent

TITLE: The Impact of Cognitive Behavior Therapy on Vocational Identity of Persons with Disabilities Receiving SSI/SSDI Benefits

RESEARCHER: James J. Quinn, CRC, LPC. 918-949-7075
Faculty Director; Roy C. Farley Ed.D., LPC.

Dear Participant,

Please read the following informed consent agreement carefully before you decide to participate in the study.

PURPOSE OF THE RESEARCH STUDY: The purpose of the study is to identify the impact of cognitive behavior counseling for persons with disabilities enrolled in a vocational rehabilitation setting. The results will add to research in the area of effective counseling techniques for rehabilitation counselors and mental health agency counselors.

WHAT YOU WILL DO IN THE STUDY: You will be asked to complete an eight week counseling program where you will receive cognitive behavior counseling. You will be asked to fill out a demographic form, and complete three assessments prior to the study, eight weeks after the start of the study, and eight weeks after the study.

RISKS AND BENEFITS: There are minimal anticipated risks for participation in this study. Benefits include initiating and promoting awareness of self confidence in areas of obtaining employment, positive decision making skills among participants, and contributing to research in the area of effective counseling techniques for counselors working with persons with disabilities.

CONFIDENTIALITY: Your participation in this study will be anonymous. Because of the nature of the demographic questions, it may be possible to deduce your identity; however, there will be no attempt to do so and your data will be reported in a way that will not identify you.

RIGHT TO WITHDRAW FROM THE STUDY: Your participation in the study is voluntary. You are free to refuse to participate in the research and to withdraw from this study at any time.

INFORMED CONSENT: I, _____, have read the description, including the purpose of the study, the procedures to be used, the confidentiality, as well as the option to withdraw from the study at any time. Each of these items has been explained to me by the researcher. The researcher has answered all of my questions regarding the study, and I believe I understand what is involved. My signature indicates that I freely agree to participate in this experimental study and that I have received a copy of this agreement from the researcher.

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX D
DEMOGRAPHIC INVENTORY FORM

Demographic Inventory Form

The Impact of Cognitive Behavior Therapy on Vocational Identity of Persons with Disabilities Receiving SSI/SSDI Benefits

1. Age_____
2. Gender: Male Female
2. Ethnicity:
 - a) African-American
 - b) Asian
 - c) Caucasian
 - d) Hispanic/Latino
 - e) Native American
 - f) Multi-racial or other
3. Highest level of education completed:
 - a) Less than High School
 - b) High School diploma
 - c) Associate's degree
 - d) Bachelor's degree
 - e) Master's degree
 - f) Doctoral
4. What has prevented you from working in the past?
 - a) Afraid of working
 - b) Afraid of being fired
 - c) Loss of insurance
5. What are the reasons for participating in the study?
 - a) Find a lasting career
 - b) Financial independence
 - c) Secure Future
 - d) Self-Worth

APPENDIX E

GENERAL PERCEIVED SELF-EFFICACY SCALE

GENERAL PERCEIVED SELF-EFFICACY SCALE (GSE)

INSTRUCTIONS: Please circle the degree to which you agree or disagree with the following statements:

4- Exactly True; 3- Moderately True; 2- Hardly True; 1- Not at all True

1. I can always manage to solve difficult problems if I try hard enough.
4 3 2 1

2. If someone opposes me, I can find the means and ways to get what I want.
4 3 2 1

3. It is easy for me to stick to my aims and accomplish my goals.
4 3 2 1

4. I am confident that I could deal efficiently with unexpected events.
4 3 2 1

5. Thanks to my resourcefulness, I know how to handle unforeseen situations.
4 3 2 1

6. I can solve most problems if I invest the necessary effort.
4 3 2 1

7. I can remain calm when facing difficulties because I can rely on my coping abilities.
4 3 2 1

8. When I am confronted with a problem, I can usually find several solutions.
4 3 2 1

9. If I am in trouble, I can usually think of a solution.
4 3 2 1

10. I can usually handle whatever comes my way.
4 3 2 1