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Vigdis Sveinsdottir & Gary R. Bond

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ORIGINAL ARTICLE

# Barriers to employment for people with severe mental illness and criminal justice involvement

Vigdis Sveinsdottir<sup>1</sup> , and Gary R. Bond<sup>2</sup>

<sup>1</sup>Uni Research Health, Uni Research, Bergen, Norway and <sup>2</sup>Westat, Lebanon, NH, USA

## Abstract

**Background:** People with severe mental illness (SMI) and criminal justice involvement (CJI) are able to achieve competitive employment when provided with evidence-based services, but outcomes are modest compared to studies of SMI in general.

**Aims:** To investigate barriers to employment facing people with SMI and CJI receiving employment services.

**Method:** Employment service providers assessed top three barriers to employment for 87 people with SMI and CJI enrolled in a randomized controlled trial comparing a job club program to supported employment. Main barriers were identified and differences between programs were analyzed. Associations between barriers and client background characteristics were investigated.

**Results:** The most common barriers were failure to engage and disengagement from services, followed by substance abuse. Staff from the two employment programs reported similar barriers. **Conclusions:** Engagement problems were the single most important barrier to employment across programs. Surprisingly, criminal history was rarely mentioned. This may be explained by barriers arising earlier in the process, before achieving employer contact. The results call for recognition and awareness of the importance of motivational issues as well as factors that may inhibit engagement in services, highlighting possible augmentations to evidence-based employment services that may be necessary in the rehabilitation of this patient group.

## Keywords

Severe mental illness, criminal justice, supported employment, individual placement and support, barriers

## History

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## Introduction

Despite a large and growing body of research showing that people with severe mental illness (SMI) can obtain competitive employment when provided with evidence-based employment services (Marshall et al., 2014) the unemployment rate for this group is as high as 90%, constituting the highest unemployment level of any disability group (Bond & Drake, 2014). Meanwhile, people with SMI are overrepresented in the criminal justice system (Prins, 2014). Stable employment is a critical predictor of post-release success, but people with criminal justice involvement (CJI) often have little work experience and lack work skills (Visher et al., 2005). Lacking employment services or job opportunities, ex-offenders are often released without any assistance for community living and consequently face large obstacles to reintegration upon release (Harrison & Schehr, 2004). In the United States, employment programs for ex-offenders are rare (Solomon et al., 2004), and existing programs have typically involved traditional vocational rehabilitation approaches including job clubs (Bellotti et al. 2008; LePage et al. 2013) and various pre-

vocational training programs (Anderson & Schumacker, 1986; Sabol, 2007), sometimes in combination with offers of temporary jobs or apprenticeships (Hamilton & McKinney, 1999; Redcross et al., 2012; Schaeffer et al., 2014; Uggen, 2000) or job placement services (Finn, 1998; Mallar & Thornton, 1978; Menon et al., 1992; Rossi et al., 1980; Rossman et al., 1999; Schochet et al., 2001). The effectiveness of these services is mostly unknown due to a lack of adequate evaluations (Visher et al., 2005).

The Individual Placement and Support (IPS) model of Supported Employment is an evidence-based model of employment services for people with SMI (Marshall et al., 2014). Conceptualizing employment as part of mental health treatment, IPS focuses on regular jobs in the competitive labor market and incorporates eight evidence-based principles: eligibility based on client's choice, focus on competitive employment, rapid job search, attention to client preferences, systematic job development, integration of mental health and employment services, individualized benefits counseling and individualized long-term support (Drake et al., 2012). The model has been widely implemented in the US (Becker et al., Correspondence: Vigdis Sveinsdottir Uni Research Health, Uni Research, Bergen, Norway. Tel: þ47 55 58 99 59. E-mail: vigdis.sveinsdottir@uni.no

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2014) as well as internationally (Bond et al., 2012), but only one controlled trial has examined the effect of IPS specifically for people with SMI and CJI (Bond et al., 2015). While this study showed that participants receiving IPS were over four times more successful in obtaining competitive employment than a control group receiving a traditional job club intervention (31% vs. 7%), the outcomes were modest compared to previous IPS studies of people with SMI in general (Bond et al., 2015).

Studies of various populations with mental illness indicate that common barriers to employment include symptoms of mental illness (Kukla et al., 2016; Milfort et al., 2015; Noel et al., 2017; Poremski et al., 2016), physical illness (Braitman et al., 1995; Kukla et al., 2016; Milfort et al., 2015), substance abuse (Braitman et al., 1995; Kukla et al., 2016; Poremski et al., 2016), demographic factors such as race and poverty (Cook, 2006; Hanisch et al., 2017; Rosenheck et al., 2006), stigma (Bassett et al., 2001; Cook, 2006; Henry & Lucca, 2004; Tschopp et al., 2007) and lack of motivation or engagement (Braitman et al., 1995; Milfort et al., 2015; Noel et al., 2017; Poremski et al., 2016). Compared to those with physical disabilities, individuals with mental illness are more likely to report barriers that are not health-related, such as being unable or discouraged from finding a job, lacking skills or being dismissed (Sevak & Khan, 2017). Employment services for people with CJI do, however, face additional challenges that are unique to this group, and employment specialists identify addressing criminal justice issues as one of their greatest challenges (Whitley et al., 2009). Hiring policies and criminal background checks restrict employment for people with criminal records (Blumstein & Nakamura, 2009; Walter et al., 2016), and legal restrictions prohibit employment of people convicted of specific offenses within various job settings and locations (Harrison & Schehr, 2004; Walter et al., 2016; Whitley et al., 2009). Existing stigma toward mental illness (Thornicroft, 2006) may be amplified in combination with a criminal background, creating additional barriers to employment (Tschopp et al., 2007). Initiatives aimed at overcoming criminal background questions in employment processes may be undermined by discrimination of observable demographic characteristics of exoffenders (Solinas-Saunders et al., 2015). This group also commonly faces barriers related to limited education, cognitive skills and work experience (Holzer et al., 2003; Morris et al., 2008; Tonkin et al., 2004), are more likely to be homeless or drug-dependent (Theriot & Segal, 2005), and take longer to access employment services due to barriers related to the legal system (such as terms of mental health probation), psychosocial functioning, lack of social networks and low expectations from clients themselves as well as their practitioners (Frounfelker et al., 2010). Qualitative studies further illustrate the hopelessness and resignation experienced by this group, with job opportunities being closed to them due to their criminal background (Baron et al., 2013).

## Objective

Identifying specific challenges in vocational rehabilitation efforts toward people with SMI and CJI is necessary in order to target services and develop strategies to address these barriers. The current study is a secondary analysis of a randomized controlled trial of employment services for this client group (Bond et al., 2015). We examined barriers to employment for clients enrolled in two employment programs, hypothesizing that a main barrier across programs would be related to CJI and difficulties achieving acceptance of clients with criminal justice histories by employers during the job search process.

While previous literature on barriers to employment among people with SMI and CJI has been based on interviews and focus groups (Frounfelker et al., 2010; Tschopp et al., 2007; Tschopp et al., 2011; Whitley et al., 2009), this study used quantitative data on barriers reported by the providers of employment services, investigating specific client characteristics that practitioners viewed as main barriers in the process of attaining employment. Addressing these specific barriers in the vocational rehabilitation of this group may be a viable way to increase labor market participation and overcome the social exclusion and lack of membership in society experienced by this highly marginalized population.

## Methods

### Parent study

The current study uses data from the first randomized controlled IPS trial for justice-involved clients (Bond et al., 2015). The study compared clients randomly assigned to two contrasting approaches to helping people gain employment. One group received IPS following the eight model principles as described earlier, provided by employment specialists who had received one day of additional training in criminal justice-related issues. The comparison group received a program labeled Work Choice, a traditional job club approach (Azrin & Philip, 1979) adapted for people with SMI (Corrigan & Reedy, 1995). This approach involved helping participants prepare résumés and practice for job interviews (including disclosure of criminal history), and a self-directed job search approach utilizing peer support, job leads and referrals to employers known to hire people within this group. Participants were followed for one year, and data were collected using face-to-face interviews, medical and employment records, and information from individual service providers.

### Participants

The sample consisted of 87 people with SMI and CJI. Participants were recruited through Thresholds, a large psychiatric rehabilitation organization providing recovery services for people with SMI in the Chicago area.

Sample inclusion criteria were: receiving mental health and case management services at Thresholds, at least 18 years of age, no competitive employment in the past three months, no

prior involvement in IPS services, SMI (including diagnosis of schizophrenia spectrum disorder, major depressive disorder, bipolar disorder or other psychotic disorder, with either significant treatment history or significant functional impairments), self-disclosed criminal justice history, expressed interest in competitive work, no restriction (legal, physical or other) that would prevent participation over a 12 month follow-up period, and attendance at two informational groups.

## Measures

### Background measures and possible predictors

Demographic and background information was gathered at baseline through participant interviews and medical and employment records. This included age, gender, race, marital status, education, housing, psychiatric diagnosis (as determined by a psychiatrist using DSM-IV criteria), substance use diagnosis (clinical-rated scales (Drake et al., 1996) or chart diagnoses), employment history and income status (Dartmouth Employment and Income Review (Drake et al., 1996)), and criminal justice history (number of times being arrested, number of times being incarcerated and seriousness of convictions (felonies or misdemeanors)).

### Recovery assessment

Self-reported recovery was measured at baseline through participant interviews, using the 24-item Recovery Assessment Scale (RAS) (Corrigan et al., 2004), measuring personal confidence and hope (11 items,  $\alpha$ 0.90), willingness to ask for help (3 items,  $\alpha$ 0.82), goal and success orientation (3 items,  $\alpha$ 0.64), reliance on others (4 items,  $\alpha$ 0.69) and not being dominated by symptoms (3 items,  $\alpha$ 0.68). Items were rated on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree), with higher values indicating increasing recovery assessments.

### Satisfaction with services

Satisfaction with vocational services was assessed at 12month follow-up through participant interviews, with a single item asking participants “How satisfied are you with the vocational services you are receiving at Thresholds?” Responses were rated on a 4-point scale from 1 (very satisfied) to 4 (very dissatisfied). The scores were reversed in order for higher values to indicate increasing satisfaction.

### Barriers to employment

Near the end of the study, the staff from the two vocational programs identified the top three barriers to employment for each participant by, using a 16-item Barriers to Employment Checklist, adapted from a checklist used in a previous study (Milfort et al., 2015). The checklist included descriptions and examples of the various barriers (Appendix A), which concerned: failure to engage in vocational services, disengagement from vocational services, physical health problems, substance abuse or dependence, symptoms of mental illness, cognitive problems, family problems, gap in

Barriers to employment in SMI and CJI 3 services, e.g. case management, transportation, lack of prerequisites for work, lack of social skills, criminal justice system problems, housing problems/homelessness, behavior problems, benefits and a don't know/open category. The staff on the two vocational programs (employment specialists in the IPS condition and the program coordinator leading the training in the work choice condition) were instructed to select up to three top barriers for each participant, and provide information and documentation of how each of these barriers interfered with obtaining employment. Barriers were rated as first, second or third based on perceived importance.

### Analyses

Frequencies of reported primary, secondary and tertiary barriers to competitive employment were analyzed for the total sample. Data for primary, secondary and tertiary barriers were then aggregated, and frequencies were analyzed for the total sample and by study groups. Differences between the groups were analyzed using a series of chi-square tests for each item.

We examined associations between the most common barriers and client background characteristics, recovery assessment and satisfaction with services, using chi square tests for independence (binary variables) and independent t-tests (continuous variables).

## Results

### Ranking of reported barriers

Table 1 shows the distribution of primary, secondary and tertiary barriers. An additional category termed “no job goal” was added based on free responses in the open category.

Failure to engage and disengagement in vocational services were the two most common primary barriers, followed by substance abuse. At least one of these barriers was reported as the primary barrier to competitive employment for 43 (49.4%) participants.

### Frequency of reported barriers

Table 1 also shows the distribution of barriers in the total sample and in each study condition. Failure to engage and disengagement in vocational services was the most frequently reported barriers, followed by substance abuse. The employment teams reported at least one of these three barriers for 79 (90.80%) of the participants.

Findings were generally consistent across study groups, with the exception of “no job goal”, which was more common in the work choice ( $n$ 48, 18.20%) than the IPS ( $n$ 41, 2.30%) condition ( $N$ 487,  $\chi^2$ 5.90,  $df$ 1,  $p$ 0.03,  $\phi$ 0.26). The exact  $p$  value (Fisher's exact test) was used because two cells had an expected count less than five.

### Engagement problems: possible predictors

Participants with either failure to engage or disengagement reported as a barrier were compared to the remaining participants on background variables and possible predictors (Table 2). Those who reported engagement problems were less

satisfied with the vocational services received ( $r=0.29$ ) and were convicted of more serious crimes ( $\phi=0.22$ ). Engagement problems were also associated with higher scores on the RAS subscale of being more dominated by symptoms ( $r=0.28$ ), and less often with a diagnosis of schizophrenia ( $\phi=0.27$ ).

## Discussion

The main barriers to obtain competitive employment among people with SMI and CJI receiving employment services concerned engagement problems, followed by substance abuse.

Table 1. Barriers to competitive employment, by ranking, total, and by group, and chi-square test of independence.

Barrier	Primary barrier		Secondary barrier		Tertiary barrier		Total (N=87)		IPS (n=43)		Work choice (n=44)		Chi square <sup>a</sup>	
	N	%	N	%	N	%	N	%	N	%	N	%	<sup>2</sup>	P
Failure to engage	22	25.3	5	5.7	3	3.4	30	34.5	16	37.2	14	31.8	0.28	ns
Disengagement	12	13.8	11	12.6	7	8	30	34.5	18	41.9	12	27.3	2.05	ns
Substance abuse	9	10.3	8	9.2	2	2.3	19	21.8	9	20.9	10	22.7	0.04	ns
Physical health problems	6	6.9	7	8	2	2.3	15	17.2	9	20.9	6	13.6	0.81	ns
Lack of prerequisites	8	9.2	4	4.6	2	2.3	14	16.1	4	9.3	10	22.7	2.90	ns
Criminal justice problems	6	6.9	4	4.6	3	3.4	13	14.9	5	11.6	8	18.2	0.73	ns
Mental health problems	5	5.7	5	5.7	2	2.3	12	13.8	7	16.3	5	11.4	0.44	ns
No job goal	2	2.3	6	6.9	1	1.1	9	10.3	1	2.3	8	18.2	5.90	0.02
Family problems	2	2.3	4	4.6	2	2.3	8	9.2	5	11.6	3	6.8	0.60	ns
Cognitive problems	5	5.7	0	-	1	1.1	6	6.9	3	7	3	6.8	0.00	ns
Lack of social skills	3	3.4	2	2.3	1	1.1	6	6.9	1	2.3	5	11.4	2.77	ns
Fear of losing benefits	3	3.4	1	1.1	1	1.1	5	5.7	3	7	2	4.5	0.24	ns
Behavior problems	0	-	1	1.1	2	2.3	3	3.4	3	7	0	-	3.18	ns
Don't know	1	1.1	1	1.1	1	1.1	3	3.4	2	4.7	1	2.3	0.37	ns
Housing problems	0	-	2	2.3	0	-	2	2.3	0	-	2	4.5	2.00	ns
Transportation	0	-	0	-	1	1.1	1	1.1	1	2.3	0	-	1.04	ns
Gap in services	0	-	0	-	0	-	0	-	0	-	0	-	-	-

<sup>a</sup> For cells with expected cell count less than 5, exact p values (Fisher's exact test significance) were used. 0.02 (indicated in bold) is the p-value of the chi square test for the variable.

Table 2. Background characteristics of study participants, and possible predictors: participants with vs. without engagement problems listed as a barrier.

Variable	Total		Engagement problems (N=59)		Without engagement problems (N=28)		Test	df	p
	N	%	N	%	N	%			
Age (M SD)	43.75	11.49	43.37	11.28	44.54	12.10	t=0.44	85	ns

Study group IPS (vs. work choice)	43	49	33	56	10	36	$\chi^2=3.11$	1	ns
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Satisfaction with services <sup>a</sup> (MSD) Gender	3.450.74		3.320.83		3.700.46		t=2.65	77	0.01
Male (vs. female)	69	79	46	78	23	82	2%0.20	1	ns
Race									
White (vs. other)	26	30	17	29	9	32	2%0.10	1	ns
Marital status									
Never married (vs. other)	60	69	40	68	20	71	2%0.12	1	ns
Education									
5High school (vs. other) Housing	35	40	23	39	12	43	2%0.12	1	ns
Own apartment (vs. other)	50	57	35	59	15	54	2%0.26	1	ns
Diagnosis							2%6.46	2	0.04
Schizophrenia	46	53	26	44	20	71			
Bipolar disorder	22	25	19	32	3	11			
Other	19	22	14	24	5	18			
Substance use diagnosis <sup>a</sup>									
Alcohol dependence or abuse	19	23	14	25	5	19	2%0.33	1	ns
Drug dependence or abuse	28	33	22	40	6	21	2%2.86	1	ns
Employment history									
Any work in past 5 years	43	49	32	54	11	39	2%1.70	1	ns
No of jobs in past 5 years (MSD)	0.981.21		0.951.11		1.041.43		t=0.28	43	ns
Competitive job at any time Social security status <sup>a</sup>	83	95	57	97	26	93	2%0.61	1	ns
SSI only (vs. other)	45	56	31	55	14	56	2%0.00	1	ns
Criminal justice history									
Incarcerated (vs. not) <sup>a</sup>	68	78	49	83	19	68	2%2.57	1	ns
Seriousness of convictions <sup>a</sup>									
Felony (vs. no)	54	64	41	71	13	48	2%4.04	1	0.04
Misdemeanor (vs. no)	58	70	41	71	17	68	2%0.06	1	ns
Recovery assessment (baseline) (MSD)									
Personal confidence and hope	4.070.64		4.010.67		4.190.58		t=1.28	85	ns
Goal and success orientation	4.340.62		4.250.67		4.510.46		t=1.84	85	ns
Willingness to ask for help	4.310.66		4.270.66		4.400.69		t=0.87	85	ns
Reliance on others	4.140.62		4.110.64		4.200.56		t=0.67	85	ns
No domination by symptoms	3.390.88		3.220.83		3.750.89		t=2.70	85	0.01

<sup>a</sup> Missing values ranged from 2 to 7 responses.

SSI: Supplemental Security Income.

0.01 (indicated in bold) is the p-value of the t-test for the variables.

0.04 (indicated in bold) is the p-value of the chi square test for the variables.

#### Barriers and criminal justice history

While common barriers to competitive employment in various groups with mental illness without regard to CJI include mental and physical illness, substance abuse, demographic factors, stigma, as well as engagement and motivation problems (Bassett et al., 2001; Braitman et al., 1995; Cook, 2006; Hanisch et al., 2017; Henry & Lucca, 2004; Kukla et al., 2016; Milfort et al., 2015; Noel et al., 2017; Poremski et al., 2016; Rosenheck et al., 2006; Tschopp et al., 2007), the current study focused specifically on people with criminal justice history, and hypothesized that barriers related to employers' acceptance of clients with CJI would be especially important in this population. Surprisingly, employer resistance to criminal justice history was rarely mentioned as a barrier. This

finding may be explained by barriers arising earlier in the process, before achieving actual contact with employers.

#### Engagement problems

Engagement problems, including initial failure to engage in services, or discontinued engagement from services after initial participation, stood out as the most common and important barriers across groups. This involved missed meetings with failed attempts at outreach, and participants missing from clinical, residential or vocational services. Engagement problems were associated with being more dominated by symptoms and being convicted of more serious crimes, and participants with these problems were less satisfied with the vocational services, with effect sizes in the

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small–medium range. There were also some differences in diagnoses, though recent research suggests that functioning may be of more specific importance to competitive employment than diagnosis itself (Hanisch et al., 2017). Showing less favorable characteristics related to recovery and criminal background, underlying reasons for lack of engagement among this group may be related to beliefs about feasibility of attending services due to competing challenges, and poor expected outcomes of participation.

#### Feasibility and competing challenges

Ability to keep appointments and commit to a program may be challenged by difficult life situations commonly facing this marginalized group. People with SMI and CJI take longer than others to engage in employment discussions and receive employment services than those without criminal backgrounds, and qualitative research has highlighted how employment may be viewed as secondary to more pressing needs (such as finding permanent housing) and competing challenges with the legal system for this group (Frounfelker et al., 2010). Transportation can be challenging in large cities. In the current study, participants were dispersed throughout the city, which may have adversely affected attendance. Court and probation services may furthermore restrict engagement by enforcing strict monitoring and primarily being concerned with whether participants violate their probation, rather than facilitating job acquisition, and collaborating with mental health and employment services.

#### Outcome expectancies

Lack of motivation to commit to employment services may also be due to low expectations of these services being able to provide the help that is needed. Studies have illustrated how people with SMI and CJI feel hopeless and lack the conviction that vocational programs could help them succeed at work (Baron et al., 2013; Frounfelker et al., 2010). Unresponsive services, previous negative experiences related to job-seeking, lack of encouragement and social networks, and the impact that the criminal history has had on other aspects of their lives, may be generalized and lead to feelings of helplessness and resignation, resulting in withdrawal from services. Such helplessness, in terms of acquired beliefs that there is no relationship between a response and reinforcement (Ursin & Eriksen, 2004), illustrates a perceived lack of control that would make efforts to engage appear futile. The expectancies can thereby be self-fulfilling, in terms of preventing further generation of new experiences to contradict such a notion.

#### Substance abuse

Aside from engagement problems, substance abuse was rated as the third main barrier to employment. While being common in other populations with SMI (Braitman et al., 1995; Kukla et al., 2016; Poremski et al., 2016), substance use disorders are highly prevalent within the criminal justice system (Kopak, 2015), and co-occurring mental and substance use disorders represent a significant problem among this group (Peters et al.,

2008). Studies indicate that 72–87% of people with SMI and CJI have substance use disorders, a double challenge that may be related to demoralization and low motivation and engagement in treatment (Peters et al., 2008). Considering the zero-exclusion criterion in IPS, including clients regardless of ongoing substance abuse, the finding that this was a common barrier in this study is not surprising. People with co-occurring disorders do however report a similar interest in employment as clients without cooccurring disorders, and despite difficulty accessing services, those enrolled show similar employment rates (Frounfelker et al., 2011). Accordingly, providing access to evidence-based employment services in spite of barriers related to substance abuse, and not delaying employment by waiting for treatment completion, is an important part of the methodology in IPS.

#### Job goals

In spite of clear differences in the methodology of the employment programs as well as their effect on competitive employment, the only difference in barriers concerned the lack of a competitive job goal, which was a more common problem among participants in the work choice group.

Although all participants expressed a desire for competitive employment at baseline, this barrier means that competitive employment was no longer a goal as explicitly stated by the participant. Specific features of the IPS condition may have contributed to this finding. One is the principle of attention to client preferences, meaning that decisions about work and types of jobs to look for are individualized, taking the clients' interests and preferences into consideration, and involving them personally in the process. The intervention seeks to find a good job match based on what the individual finds most important in a job, combined with considerations of personal skills, previous experiences and specific job conditions that might contribute positively, rather than attempting to place a person into any job that might be available. Moreover, the principle of rapid job-search involves face-to-face employer contact within a month of joining the program. The active and personalized nature of the intervention, combined with the focus on real-life jobs in the competitive labor market rather than extensive pre-vocational preparation and training, is likely to contribute to finding engaging job goals and maintaining the interest in work.

#### Implications and the way forward

The existing research on IPS for people with SMI and CJI shows that a significant number of clients do benefit from these services and are able to obtain competitive work (Bond et al., 2015; Frounfelker et al., 2011). But while this group faces various social and statutory barriers to employment related to their criminal history, the current study shows that main barriers occur early in a job search process, in many cases before even attempting contact with potential employers.

The results call for recognition and awareness of motivational issues in the vocational rehabilitation of this

patient group. Efforts to actively include participants in the rehabilitation process are especially important within this context. As suggested by Lamberti (2016), this may be done by combining best practices, and emphasizing engagement by providing individualized services that involve clients directly in addressing problem behaviors. This involves including the client in a collaborative process with a common goal of being healthy and independent from CJI (Lamberti, 2016). Although IPS services share much of this focus, targeting active involvement of clients and integrating employment services with mental health treatment, our results indicate that the specific challenges related to service engagement issues are still not overcome.

This study suggests that IPS may be a starting point for developing an effective employment model for people with SMI and CJI, but augmentations may be needed to achieve optimal employment outcomes. While employment specialists involved in the current study received an additional day-long training in criminal justice issues, a potential enhancement of IPS specific to this population might be to develop IPS specialty teams devoted exclusively to justice-involved clients. Specialized teams may be better positioned to integrate with treatment teams serving this population, and to coordinate employment and treatment plans with the legal and correctional systems. Necessary augmentations also include providing staff with specific training in motivational strategies. Techniques such as motivational interviewing have been increasingly employed by service providers in various contexts of health treatment and social work (Stanhope et al., 2016), and training clinicians in motivational interviewing to address their own as well as patients' motivational conflicts has been shown to increase employment outcomes among clients receiving IPS (Craig et al., 2014).

Experiences from an earlier pilot program at the psychiatric rehabilitation organization involved in this study, which assigned an employment specialist to a treatment team for justice involved clients, furthermore provides some useful insights. Employment rates were low during the first year, improving to 44 to 47% in the second year, suggesting that start-up issues may be especially challenging in working with this population. The employment specialist attributed her success to gradual relationship-building and collaboration with the clinical team to address more pressing priorities before initiating job searches, thereby deferring the rapid job search principle of IPS, in accord with following client preferences.

## Conclusions

Problems related to engagement in services were the main barriers to competitive employment among people with SMI and CJI, and were evident across study groups. The results highlight the importance of attention to motivational issues and factors that may inhibit engagement in the rehabilitation process of this group. The use of specialized IPS teams devoted to justice-involved clients, with training in techniques that specifically target motivational conflicts and engagement

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barriers, could be a necessary augmentation to services offered to people with SMI and CJI.

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## Declaration of interest

The authors report no conflicts of interest.

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## ORCID

Vigdis Sveinsdottir  <http://orcid.org/0000-0002-9776-4925>

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Appendix

A. Barriers to Employment Checklist

Visher C, Winterfield L, Coggeshall M. (2005). Ex-offender employment programs and recidivism: A meta-analysis. *J Exp Criminol*, 1, 295–316.

Walter RJ, Caudy M, Ray JV. (2016). Revived and discouraged: Evaluating employment barriers for section 3 residents with criminal records. *Housing Policy Debate*, 26, 398–415.

Whitley R, Kostick KM, Bush PW. (2009). Supported employment specialist strategies to assist clients with severe mental illness and criminal justice issues. *Psychiatr Serv*, 60, 1637–41.

**Justice Involvement Study Barriers to Employment Checklist**

Members Name: \_\_\_\_\_

Review Period: \_\_\_\_\_

Raters Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: For each study participant, indicate the three top barriers to employment, indicating 1, 2, and 3 for the 1st, 2nd, and 3rd most important barrier, respectively. OK to list fewer than 3 barriers. Raters provide information in the documentation section as to how the barrier interfered with obtaining employment.

Refer to the description of barriers on the previous page to determine rankings.

Barrier # 1	Documentation

Barrier # 2	Documentation

Barrier # 3	Documentation

Barrier	Barrier Description
1. Failure to Engage in Voc Services	A) Competitive employment is no longer the goal-explicitly stated by member B) Documentation of missed meetings, outreach attempts made with no engagement
2. Disengagement from Voc Services	Refers to a member that began vocational services was engaged and later discontinued participation because: A) Competitive employment is no longer the goal-explicitly stated by member B) Member is missing from clinical, residential or vocational services
3. Physical Health Problems Not Controlled	Documentation of physical health problems- as observed by clinical and vocational staff Evidence that physical health problems are a barrier to obtaining employment
4. Substance Abuse/Dependence Not Well Controlled	Documentation of substance use
5. Symptoms of Mental Illness Not Well Controlled	Refers to symptoms that interfere with the ability to engage in services (ex. Persecutory delusions that prevent member from attending job club group)
6. Cognitive Problems (including Literacy)	
7. Family Problems	Any family problems that interfere with the ability to engage in voc services (ex. Death in family, taking care of elderly or sick family member)
8. Gap in Services (e.g. Case Management)	Refer to any period of time that a member was no receiving vocational services because of staff turnover and no replacement vocational staff is available
9. Transportation	This item is to be rated by the treatment team. Transportation issue includes inability to orient oneself with public transportation routes/schedules and in turn preventing the member from reaching destination for services. This does not refer to member not wanting to take public transportation or lack of funds to pay for transportation since bus cards were provided to get to all study related meetings.
10. Lack of pre-requisites for work	Ex. Lack of high school diploma, lack of required certification
11. Lack of Social Skills	Ex. Member stated s/he doesn't like people
12. Criminal Justice System Problems	
13. Housing Problems	Refers to homelessness. This item does not include members dislike with current housing situation and loss of interest in finding work until new housing is found

14. Behavior Problems

Fights, banned from attending thresholds program locations

15. Benefits 16.

A) member does not want to work for fear of losing financial and health care benefits B)

Don't know

member has debt that would be deducted from SSA check if s/he began working

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