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To the Graduate Council:

I am submitting herewith a dissertation written by Sarah Charlotte Helm entitled "Career Development and Employment Concerns of Employment-Seeking Students with Psychiatric Disabilities." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Higher Education Administration.

Norma T. Mertz, Major Professor

We have read this dissertation and recommend its acceptance:

Ernest W. Brewer, Steven P. Dandaneau, Amy L. Skinner

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(Original signatures are on file with official student records.)

Career Development and Employment Concerns of Employment-Seeking Students with Psychiatric Disabilities

A Dissertation Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Sarah Charlotte Helm

May 2012

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Dedication

This dissertation is dedicated to my Dad for bringing me back to life and for his unconditional love and support.

Acknowledgements

First and foremost, I must thank Dr. Norma T. Mertz for always believing in me. I would not have made it through without your guidance, patience, and love. I have an incredible amount of respect and admiration for you and I always wanted to make you proud. You helped me through the most difficult time of my life and never let me lose sight of what was most important. I will be forever grateful to you. And to the rest of my committee—Dr. Ernest W. Brewer, Dr. Steven P. Dandaneau, Dr. Margaret W. Sallee, and Dr. Amy L. Skinner—thank you for always being in my corner. It goes without saying that I had the best committee ever. I am so honored to have each of you as mentors and colleagues.

Ah, the Quad—Edee, Kim, and Les. I love us so much. Who cares if we were perceived as a high school clique? In all seriousness, the best gift I received from the doctoral program was the friendships I made with the three of you. We had each others' backs and there is no way I would have survived without our group hugs, laughs, and occasional tears. The Quad has made some lasting memories and I look forward to making many more in the years to come. Long Live the Quad!

As for my family, it has been extremely difficult to be away from you. However, you were always right by my side and served as my greatest cheerleaders. I am who I am because of you and I always have been so proud to be a part of our family. Aunt Sarah cannot wait to be closer to Avery, Lily, Delaney, Dillon, Aynslee, and Christian. I hope they will consider me "cool Aunt Sarah" and know that I love them more than life itself.

Thank you to Collin for suggesting that I apply for the program. I remember you saying that I should put my energy to good use. You were right. You supported my academic

endeavors every step of the way and always encouraged me to do my best. All of this would have been much more difficult without your love.

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I must thank my supervisor, Russ. Without your understanding and compassion, my story would be very different. If I ever find myself in the position of managing others, I will request a copy of your playbook. Thank you for trusting in my abilities, allowing me to grow as a professional, and being the best boss anyone could ever ask for.

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Abstract

Although some literature chronicles the career development of college students with other types of disabilities, students with psychiatric disabilities have been practically invisible in research focused on this topic. Yet evidence suggests that the number of students with documented psychiatric disabilities attending institutions of higher education is on the rise. Thus, the purpose of the study was to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities.

A qualitative research design was used to gain in-depth information from the perspective of students with psychiatric disabilities, specifically case study. The participants were seven undergraduate students from three Research I institutions. All participants were in their senior year of study, planned to transition into employment post-graduation, and had a documented psychiatric disability. Data were collected through semi-structured individual interviews. The constant comparative method was used to analyze the data, which allowed patterns and themes to be discovered in reference to the research questions.

The findings of the study included the following: (1) the majority (n = 5) of participants did not have clearly defined career goals, (2) the participants had minimal engagement in career development activities, (3) all participants revealed disability-related problems or concerns associated with future employment, (4) no one employment concern was shared by all seven participants, yet two themes dominated: (a) interpersonal skills and relationships, and (b) taking longer to complete tasks, time management, and a potential psychiatric disability relapse; (5) without prompting, all but one of the participants either directly or indirectly referenced the negative stigma attached to psychiatric disabilities; (6) the majority (n = 4) of participants were

not planning to disclose their disability to a future employer for reasons related to stigma, and (7) none of the participants knew much about the Americans with Disabilities Act (ADA).

The findings suggest that students with psychiatric disabilities have multiple concerns about employment, anxiety and confusion regarding the process of disability disclosure, and little understanding of their rights and responsibilities under the ADA. A greater level of knowledge might result in more students with psychiatric disabilities being prepared for the transition to employment.

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CHAPTER ONE

Background and Context

Prevalence and Onset

According to the World Health Organization (WHO), mental disorders are the leading cause of disability in the United States for individuals between the ages of 15 and 44 years (2004). An estimated 26.2% of Americans—about one in four adults—suffer from a mental disorder and nearly half meet criteria for more than one disorder (Kessler, Chiu, Demler, & Walters, 2005b). Mental disorders often strike individuals during their adolescent or young adult years with approximately 75% of mental disorders starting by age 24 (Kessler, Berglund, Demler, Merikangas, & Walters, 2005a). These also are the years in which individuals are obtaining postsecondary education and engaging in the career development process (Collins & Mowbray, 2005).

Although the actual percentage of college and university students with psychiatric disabilities is unknown (Rickerson, Souma, & Burgstahler, 2004; Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004), data have shown a dramatic increase in the number of postsecondary students requesting academic accommodations for psychiatric disabilities over the past decade (Collins & Mowbray, 2005; Eudaly, 2003; Kitzrow, 2003; Rickerson et al., 2004; Sharpe et al., 2004). In 1999-2000, for instance, 17% of college students with disabilities reported experiencing mental illness or depression; 29% reported an orthopedic condition; and 11.4% reported a Learning Disability (LD) or Attention Deficit Disorder (ADD) (NCES, 2002). According to the most recent data collected by the National Center for Education Statistics (NCES), individuals with depression or other mental, emotional, or psychiatric conditions now represent 24.1% of college students with disabilities and have become the largest cohort of

postsecondary students who identify having a disability (NCES, 2009). Due to advances in treatment and medication, the increase of students with psychiatric disabilities entering higher education is expected to continue (Collins & Mowbray, 2005). In addition, approximately two million veterans returning from the Iraq and Afghanistan wars are expected to enroll in higher education (ACE, 2008) with an estimated 30% of returning combat veterans having a range of mental health issues (NCD, 2009).

Career Development

Although more students with psychiatric disabilities are entering higher education, 86% of students with psychiatric disabilities reportedly withdraw from college prior to the completion of their degree (Collins & Mowbray, 2005). Both counseling centers and disability services offices have been increasing their level of support for students with psychiatric disabilities; yet despite these existing support structures, students are not seeking assistance from disability services offices due to fear of disclosure and the negative stigma associated with psychiatric disabilities (Collins & Mowbray, 2005). In addition to fears about stigma, college students with psychiatric disabilities may also experience a lack of social support and feelings of social isolation (Megivern, Pellerito, & Mowbray, 2003).

The academic and personal concerns of college students with psychiatric disabilities often develop into concerns relating to career development and employment after graduation. Lack of self-esteem, for instance, is a plausible source of anxiety with regard to career direction and may thwart the career development process for students with psychiatric disabilities (Weiner & Wiener, 1996). While it is common for college students to change majors over the course of their collegiate career, individuals with psychiatric disabilities may change their career aspirations on the basis of their psychiatric symptoms and may perceive that some careers entail

an environment or schedule that can exacerbate their symptoms (Megivern et al., 2003). Although little has been written about the reciprocal effects of the mental health and career development of college students (Hinkelman & Luzzo, 2007; Multon, Heppner, Gysbergs, Zook, & Ellis-Kalton, 2001), research has shown that symptoms associated with psychiatric disabilities may create barriers to employment post-graduation (Henry & Lucca, 2004; Killeen & O'Day, 2004; Lloyd & Waghorn, 2007).

Barriers to Employment

For individuals with psychiatric disabilities, securing and retaining employment continue to be a significant challenge (Henry & Lucca, 2004). Although the majority of individuals with psychiatric disabilities have a desire to work, there are a number of "internal, external, and systemic barriers" that may interfere with successful employment outcomes (Lloyd & Waghorn, 2007, p. 51). Some of those barriers include feeling stressed on the job, fear of relapse, limited prior work experience, low work expectations, family members' concern regarding the stress of work, negative portrayal of psychiatric disabilities in the media, and internalized stigma (Henry & Lucca, 2004). Specifically for those with psychiatric disabilities, the pervasiveness of stigma has been consistently reported as a major concern (Government Accountability Office (GAO) 2008; Henry & Lucca, 2004; Hernandez, Keys, & Balcazar, 2000; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001; Megivern et al., 2003; Wahl, 1999). Young adults with psychiatric disabilities are particularly affected by the negative stigma (GAO, 2008) as it may lead to assumptions about their ability to complete higher education and successfully transition into employment (Megivern et al., 2003). Research has suggested that the fear of stigma results in individuals with psychiatric disabilities refraining from obtaining necessary treatment, enrolling in higher education, or ultimately applying for jobs (Wahl, 1999).

Employment Outcomes

Individuals with mental illness report experiencing significantly high unemployment rates ranging from 28% to 56% (McAlpine & Warner, 2001). The characteristics of the illness, a lack of career development and employment preparation, the high attrition rate, the stigma associated with mental illness, the lack of accommodations, and the work disincentives created by disability policy all contribute to the high unemployment rate (Baron & Salzer, 2002; McAlpine & Warner, 2001). For instance, the number of persons with psychiatric disabilities receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) more than doubled between 1989 and 1999. Moreover, individuals with psychiatric disabilities receiving SSI and SSDI are reportedly younger than enrollees with other types of disabilities (McAlpine & Warner, 2001). Individuals who receive SSI and SSDI generally have been determined unable to work due to the severity of the disability.

Although a college degree makes a significant positive impact on the employability of individuals with psychiatric disabilities, the high attrition rate negatively affects the overall employment outcomes for this population (Kessler, Foster, Saunders, & Stang, 1995). For those who graduate, data from the 1994-1995 National Health Interview Survey-Disability Supplement (NHIS-D) indicated that 43% of individuals with mental health disabilities who had college degrees were not working, compared with only 13% of college graduates without mental health disabilities (Kaye, 2002). This raises a question as to whether a lack of engagement in the career development process factors into the significantly high unemployment rate of college graduates with disabilities, specifically those with psychiatric disabilities.

Statement of the Problem

Despite evidence suggesting that the number of students with documented psychiatric disabilities attending institutions of higher education is on the rise (Collins & Mowbray, 2005; Eudaly, 2003; Kitzrow, 2003; NCES, 2009; Rickerson et al., 2004; Sharpe et al., 2004), very little is known about college students with psychiatric disabilities. Although some literature chronicles the career development and employment experiences of college students with other types of disabilities (DeLoach, 1992; Friehe, Aune, & Leuenberger, 1996; Hitchings et al., 2001; Thompson & Dickey, 1994), no study has been conducted to describe the career development and employment concerns of college students with psychiatric disabilities.

Numerous authors have documented the need for research on the career development of college students with psychiatric disabilities (Enright, Conyers, & Szymanski, 1996; Woolsey & Katz-Leavey, 2008; Yancheck, Lease, & Strauser, 2005) and have suggested that research designed to clarify the particular career decision-making needs of students with psychiatric disabilities is clearly warranted (Enright et al., 1996). Hence, more must be learned about supporting individuals with psychiatric disabilities as they transition into the workplace. These accounts lend support to the need to explore the career development and employment concerns of employment-seeking students with psychiatric disabilities.

Purpose of Study

The purpose of the study was to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities.

Research Questions

The following research questions guided the study:

1. Do employment-seeking students with psychiatric disabilities have clearly defined career goals?
2. To what extent have employment-seeking students with psychiatric disabilities engaged in career development activities leading toward their career goals?
3. What disability-related problems and concerns with future employment do employment-seeking students with psychiatric disabilities anticipate?

Ecological Model of Career Development for People with Disabilities

Although a number of career development theories exist (Bandura, 1977; Super, 1980) critics question their applicability to individuals with disabilities (Beveridge, Craddock, Liesener, Stapleton, & Hershenson, 2002). The criticism stems from the argument that previous career development theories have not incorporated the unique needs of individuals with disabilities. Recognizing that the impact of disability needs to be considered when examining the career development of individuals with disabilities, Szymanski, Hershenson, Enright, and Ettinger (1996) offered a plausible explanation relating to the career development process for individuals with disabilities. The Ecological Model of Career Development for People with Disabilities suggests that, "Career development is determined by the dynamic interaction of individual, contextual, mediating, environmental, and outcome constructs with congruence, decision-making, development, socialization, allocation, chance, and labor market processes" (Szymanski, Enright, Hershenson, & Ettinger, 2003, p. 117). The model has been used to describe the career development patterns of employed college graduates with physical and sensory disabilities (Conyers, Koch, & Szymanski, 1998). Due to the increase of individuals

with documented psychiatric disabilities, the Ecological Model has more recently been applied to those with psychiatric diagnoses (Tschopp, Bishop, & Mulvihill, 2001). The authors concluded that career development for individuals with psychiatric disabilities is different than their peers without disabilities, due to the relative symptoms and functional limitations associated with psychiatric disabilities (Tschopp et al., 2001).

In an effort to expand its application to other psychiatric disability populations, the Ecological Model of Career Development for People with Disabilities was used as the conceptual framework to address the career development and employment concerns of employment-seeking students with psychiatric disabilities. The conceptual framework helped guide decisions regarding the sample population, research questions, and interview protocol. In addition, findings were analyzed in terms of the conceptual framework and its relation to the career development of students with psychiatric disabilities. The Ecological Model has not been validated and was not used to predict. Instead, it was used to help to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities.

Significance of the Study

The study aimed to fill certain gaps in the literature relating to employment-seeking students with psychiatric disabilities. Considering the increase of college students with psychiatric disabilities entering higher education is predicted to continue, it is even more important for career services and disability services professionals to have information about the career development and employment preparation needs of students within this population. As a result of this study, which will address the career development and employment concerns of students with psychiatric disabilities from their perspective, much can be learned about how

career services and disability services offices can position themselves as departments that understand and recognize the unique needs of students with psychiatric disabilities. Through targeted outreach to students with psychiatric disabilities, engagement in career development may increase. Consequently, participation in career development may reduce employment concerns and result in a greater level of preparedness for the transition to employment.

Limitations and Delimitations

The study presented several limitations and delimitations. First, the study was limited to seven employment-seeking students with psychiatric disabilities at three Research 1 institutions. The intent was to gain an in-depth understanding of the career development and employment concerns of the participants; thus some measure of breadth was sacrificed. Second, due to the small number of participants, the information obtained is not likely to be representative of all students with psychiatric disabilities from these institutions or to students with psychiatric disabilities in similar contexts at other institutions. The findings from this qualitative research study are not intended to be broadly generalized to represent the perspective of all employment-seeking students with psychiatric disabilities. The objective was to better understand the career development and employment concerns of the seven participants studied. Third, the study included only employment-seeking students who have psychiatric disabilities; additional disability categories were not covered. Fourth, students with psychiatric disabilities are oftentimes purposeful in concealing information from others due to the sensitive nature of the disability and the negative stigma attached to such disabilities. Therefore, the participants may have had difficulty in fully disclosing their personal experiences in relation to their psychiatric disability.

Definitions

The Americans with Disabilities Act (ADA) defines "mental impairment" to include "any mental or psychological disorder, such as 'emotional or mental illness.'" Examples of "emotional or mental illnesses" include major depression, bipolar disorder, anxiety disorders (which include panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder), schizophrenia, and personality disorders (EEOC, 1997). Within the ADA, mental illness falls under the broader term "mental impairment" and does not include mental retardation, organic brain damage, or learning disabilities. Throughout the literature, various terminologies describe "mental impairments." For instance, mental impairments also have been called "mental disorders" (Kessler et al., 2005b; WHO, 2004) and "mental illness" (GAO, 2008; Lloyd & Waghorn, 2007; McAlpine & Warner, 2001). Secondary education has used the term "serious emotional disturbance" (Wagner, 1995) whereas postsecondary education generally uses the term "psychiatric disability" to refer to "emotional or mental illness" as described by the ADA (Collins & Mowbray, 2005; Eudaly, 2003; Megivern et al., 2003; Rickerson et al., 2004; Sharpe et al., 2004). For purposes of this study, the ADA definition was applied; however, the term "psychiatric disability" was used in lieu of "mental impairment" or "emotional or mental illness."

Organization of the Study

The study is presented in five chapters. Chapter One briefly presents the problem, states the purpose and significance of the study, and identifies limitations and delimitations of the study. It also provides the definition of psychiatric disability to be used in the study.

Chapter Two provides a critical review of the research and literature relevant to the study. The review is organized around five topics: (1) psychiatric disabilities and employment, (2)

college students with psychiatric disabilities, (3) career development and employment concerns of college students with disabilities, (4) career development and employment concerns of college students with psychiatric disabilities, and (5) the Ecological Model of Career Development for People with Disabilities, the contextual framework guiding the study.

Chapter Three details the methods and procedures used in the conduct of the study. The chapter includes the research design, data collection methods, and data analysis procedures, as well as efforts undertaken to ensure the trustworthiness of the findings.

Chapter Four provides a presentation of the findings of the study organized in terms of the research questions framing the study.

Chapter Five contains a review of the study and findings. Methodological considerations are discussed in terms of how they affected the findings followed by a discussion of the findings as they relate to the literature and the conceptual framework. Implications for policy and practice and recommendations for further research are also presented in the chapter.

CHAPTER TWO

Review of Research and Related Literature

The purpose of the study was to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities, a population that has become the largest cohort of students who self-identify as having disabilities (NCES, 2009). Psychiatric disability symptoms often appear initially during individuals' collegiate years, when they are engaging in career development and preparing for transition into employment (Kessler et al., 2005b). People with psychiatric disabilities reportedly experience significantly higher unemployment rates than any other disability population, yet a paucity of research exists on the career development and employment concerns of this group (Hennessey, Roessler, Cook, Unger, & Rumrill, 2006; McAlpine & Warner, 2001; Mechanic, Bilder, & McAlpine, 2002; Rumrill, Koch, Murphy, & Jannerone, 1999). This chapter provides a critical review of the literature relevant to the study. The discussion of this literature is organized into five sections: (1) psychiatric disabilities and employment, (2) college students with psychiatric disabilities, (3) career development and employment concerns of college students with disabilities, (4) career development and employment concerns of college students with psychiatric disabilities, and (5) the Ecological Model of Career Development for People with Disabilities, the contextual framework which guided the study.

Psychiatric Disabilities and Employment

Employment is the primary means to economic self-sufficiency. Furthermore, it promotes social participation, informs personal identity, and contributes to a higher quality of life (National Council on Disability (NCD), 2007). Working can create positive change in a person's self-concept and sense of self-efficacy (Strong, 1998). Particularly for people with

psychiatric disabilities, employment is highly associated with the recovery experience (Strong, 1998). Despite the benefits and importance of work in the recovery process, the unemployment rate for individuals with psychiatric disabilities ranges from 28% to 56%, depending on the psychiatric disability diagnosis and the severity of disability (McAlpine & Warner, 2001). For instance, the data synthesized from a meta-analysis on the employment outcomes of people with psychiatric disabilities suggested that people diagnosed with affective or mood disorders were more likely to be employed and have higher-level positions than those with other psychiatric disability diagnoses, and those with schizophrenia experience poorer employment outcomes than those with any other diagnosis (Wewiorski & Fabian, 2004).

Facilitators and barriers to employment.

Recent scholarship has examined facilitators and barriers to employment from the perspective of people with psychiatric disabilities. Henry and Lucca (2004) examined the perspectives of adults with psychiatric disabilities and employment service providers regarding factors that help and hinder efforts to obtain and maintain employment. Forty-four adults with psychiatric disabilities and 30 service providers across the state of Massachusetts participated in separate focus groups. At the time of the study, 50% of the adults with psychiatric disabilities were employed, but only two were working for more than 20 hours per week. Of the 22 non-employed participants, only six were not looking for work. Two main questions were asked: "What factors most help people with psychiatric disabilities get and keep jobs (facilitators)?", and "What factors most prevent people with psychiatric disabilities from getting and keeping jobs (barriers)?" Data were analyzed qualitatively using grounded theory and the findings were reported in terms of two categories: person and environmental factors.

In relation to person factors, the facilitators of employment consisted of having the symptoms under control and having relevant work skills. Barriers to employment included the notion that workplace stress may lead to an exacerbation of symptoms. Some of the participants described "…experiencing anxiety and a fear of relapse as an unwanted consequence of employment success" (Henry & Lucca, 2004, p. 172). Limited prior work experience and inadequate employment skills were also mentioned as barriers to employment. The participants associated not having competitive work skills with their lack of education.

With regard to environmental factors, facilitators of employment included: (a) positive and supportive relationships with rehabilitation services or mental health providers, (b) a strong local economy, (c) adequate finances and transportation, (d) recognition and support from family and friends, and (e) supportive employers who provide clear expectations. Barriers to employment were identified as: (a) low work expectations, (b) external and internal stigma, and (c) financial and medical disincentives. For instance, Social Security benefits typically include a small stipend and health insurance. If an individual is offered a job that does not provide health insurance benefits, the individual may not be willing or able to accept the position and thus, may choose to stay on Social Security. Participants also mentioned that negative images in the media associated with psychiatric disabilities may cause family, friends, and employers to lower their expectations and make assumptions about the capabilities of individuals with psychiatric disabilities in the workplace. This barrier to obtaining and maintaining employment coincides with the external and internal stigma experienced by the participants (Henry & Lucca, 2004).

A study on how individuals with psychiatric disabilities find and keep work was conducted by Killeen and O'Day (2004). The authors conducted in-depth interviews with 32 individuals with psychiatric disabilities. At the time of the interviews, 16 (60%) of the

participants were employed. In addition, all of the participants were currently receiving or had previously received Social Security benefits due to their psychiatric disability. The interviews were conducted using a semi-structured protocol with open-ended questions designed to educe personal stories about their work lives and the employment-related barriers they had experienced. The 16 employed participants were also asked to identify the factors they considered to be essential to their success.

In relation to the factors considered to be essential to success, all of the 16 employed participants had received positive messages from at least one source, including teachers and parents, about their ability to work. In addition, 12 of the 16 participants conveyed that developing a collaborative relationship with a mental health provider or an organization they saw as positive and beneficial to their lives was a critical factor in their success. Access to education was described by five of the 16 employed participants as instrumental in meeting their career and employment goals. The participants conveyed that college was a place where they recognized their ability to be successful in relation to their peers without psychiatric disabilities.

Nonetheless, the authors stated that they were "struck by the degree" to which the participants' stories were "saturated with negative messages and low expectations concerning their capacity to work" (p. 158). The stories shared by the 32 participants revealed that once diagnosed, the conversations among mental health providers, family, and friends were more about their illness than their talents, abilities, and interests in employment. Although many of the participants had college aspirations, only a few were encouraged to enroll. The authors concluded that people with psychiatric disabilities encounter pervasive assumptions that they are incapable of completing their educational goals and successfully transitioning into employment (Killeen & O'Day, 2004).

The Henry and Lucca (2004) and Killeen and O'Day (2004) studies revealed similar findings concerning facilitators and barriers to employment for individuals with psychiatric disabilities. The results of both studies suggest that receiving positive messages about one's ability to be successful in the workplace and developing a collaborative and supportive relationship with mental health providers and vocational rehabilitation professionals are facilitators of successful employment outcomes. Alternatively, barriers to employment consist of low work expectations, the stigma associated with the disability, and limited access to education and work experience. The authors of the two studies concluded that access to education and career planning are critical factors in obtaining and maintaining employment (Henry & Lucca, 2004; Killeen & O'Day, 2004).

A study conducted by Wahl (1999) affirmed this notion. The purpose of the study was to increase awareness of the extent to which people with psychiatric disabilities experience stigma. Quantitative and qualitative approaches were used, including a survey and individual interviews. Approximately 1,300 mental health consumers from across the nation completed a survey concerning their experiences with stigma and discrimination. Nearly half of the respondents (47%) were not currently working, although they had worked previously and 39% had completed college. One hundred of the 1,300 participants were randomly selected for individual telephone interviews. Participants were asked to expand on their experiences with stigma and discrimination, describe how their experiences had affected their lives, and provide suggestions as to how stigma might be reduced.

Results indicated that 27% of the respondents had often or very often been advised to lower their expectations and apply for employment positions well below their levels of education and intellect. In addition, less than half (47%) reported that friends who learned of their

psychiatric disability diagnosis had often or very often been understanding and supportive of their educational and employment-related goals. In a follow-up interview, one individual shared that a coworker with whom she had previously developed a friendship, made a concerted effort to no longer interact with her after learning about her psychiatric disability diagnosis. Wahl (1999) concluded that individuals with psychiatric disabilities are less likely to access educational opportunities, apply for jobs, engage in social contact, and disclose their disability due to their fear of stigma.

Benefits and costs of work.

In addition to facilitators and barriers to obtaining and maintaining employment, the benefits and costs of work have been examined from the perspective of individuals with psychiatric disabilities. Larson et al. (2007) conducted a qualitative study to identify and categorize the benefits and costs of work for 89 individuals with significant mental illness. Out of the 89 participants, 30 were employed and 59 were unemployed at the time of the study. All of the participants were enrolled in a community-based employment program which provided resources and services designed to improve employment status, personal income, and housing status. After participating in the supported employment program for a year, one-on-one interviews were conducted with the participants. Two questions were asked, “What are the benefits of work?”, and “What are the costs of work?” Data were analyzed in terms of the two groups, employed and unemployed, and then compared.

Larson et al. (2007) identified 47 themes in response to the two questions. The authors grouped the 47 themes into five conceptual frameworks: (a) financial, (b) emotional, (c) cognitive, (d) behavioral, and (e) interpersonal. Thus, all of the benefits and costs of work conveyed by the two groups of participants related to one of the five conceptual frameworks.

Unemployed and employed individuals shared eight benefits about work including: (a) increasing financial resources, (b) improving housing, (c) increasing health benefits, (d) reducing stress, (e) improving overall memory, (f) increasing work skills, (g) keeping busy with work schedule, and (h) developing meaningful relationships. Those who were employed also mentioned improving workplace memory as a benefit of work. The unemployed participants discussed numerous benefits not mentioned by the employed group, such as: (a) decreasing personal debt, (b) learning how to manage money, (c) improving self-esteem, (d) reducing depression, (e) learning how to manage medications, and (f) becoming a part of society.

Only four costs of work were similar between the groups: (a) interacting with people, (b) dealing with stress, (c) increasing responsibilities, and (d) losing financial stability. Those who were employed conveyed additional costs of work not discussed by those who were unemployed, such as: (a) lack of job advancement, (b) loss of free time, (c) learning new job skills, and (d) needing to deal and get along with coworkers and supervisors. Moreover, those who were unemployed described other costs of work, such as: (a) fear of losing the job, (b) increase in overall anxiety, (c) experiencing stigma, (d) going against family members and friends who are not in support of work. These costs of work were not discussed by the employed participants.

The studies described above suggest that individuals with psychiatric disabilities often experience low work expectations and a lack of support concerning their ability to be successful in the workplace (Henry & Lucca, 2004; Killeen & O'Day, 2004; Wahl, 1999). However, the findings from the Larson et al. (2007) study revealed that only those who were unemployed were encouraged not to work by professionals, friends, and family members because of the potential for increased stress. With that said, however, both unemployed and employed participants suggested that work may cause increased stress and anxiety which could exacerbate disability-

related symptoms resulting in resignation or termination. As previously discussed, the study conducted by Henry and Lucca (2004) revealed a similar finding which was described by the participants as an "unwanted consequence to employment success" (p. 172).

Impact of psychiatric disability on work.

For people with psychiatric disabilities, the effects of psychiatric symptoms and associated functional limitations may negatively impact work performance and the overall ability to remain successfully employed (GAO, 2008). The Government Accountability Office (GAO) reported that, "Depression can cause severe fatigue making it difficult to get through the work day, paranoid schizophrenia can cause delusions that may make it impossible to form work-based relationships, and those with bipolar disorder can alternate between periods of mania, relative normalcy, and profound depression" (2008, p. 7).

To explore the relationship between the functional limitations experienced by individuals with psychiatric disabilities and the accommodations provided on the job, MacDonald-Wilson, Rogers, and Massaro (2003) conducted a descriptive, longitudinal, multi-site study of 191 employees with psychiatric disabilities. Participants were drawn from 22 sites within four participating vocational agencies in three states. The criteria for participation were: (a) diagnosis of a serious mental illness, (b) involvement in a supported employment program, (c) being employed during the study recruitment period, and (d) having at least one functional limitation related to employment and at least one reasonable accommodation provided by the employer. The participants were working an average of 18 hours per week. In terms of education, 29% had at least some college or other post-high school education and 9% held a Bachelor's degree or beyond. The quantitative instruments used for the study were completed by the vocational service providers and included the *Client Demographic Questionnair*e, the *Functional Limitation*

and Reasonable Accommodation Form, the *Quarterly Update*, and the *Supported Employment (SE) Program Characteristics Form*. Data were collected at the beginning of the study and then every three months over the course of a year. Content analysis was used to identify the categories of functional limitations and reasonable accommodations, and quantitative analysis was used to describe the relationships between employee characteristics, jobs, limitations, and accommodations.

The functional limitations identified by the participants were coded into the following categories: (a) social, (b) emotional, (c) cognitive, and (d) physical. The categories were not mutually exclusive; participants could report functional limitations in each of the four categories. The majority of participants (70%) reported cognitive limitations, which included learning the job, concentrating, following a schedule, assessing one's own work performance, solving problems, using basic language skills, and initiating new tasks. Social limitations, consisting of interacting with others and interpreting work and social cues, were reported by 41% of the participants. Difficulty with maintaining work stamina was reported by 32% of the participants and was the only limitation categorized as physical. Emotional limitations, including adjusting to work situations, managing symptoms, and tolerating stress, were reported by 26% of the participants. More than half (n = 105) of the participants reported limitations in more than one category.

In addition to functional limitations, the participants also identified the accommodations they received on the job. The results were coded into the following categories: (a) presence of a job coach either on the job or during the hiring process, (b) flexible scheduling, (c) extra or modified training and supervision, and (d) modified job duties. Results revealed that as the number of functional limitations increased, the number of accommodations received also

increased. Participants who reported cognitive and social limitations were more likely to receive accommodations involving human assistance, such as the presence of a job coach, (62% and 92%, respectively) while those with physical limitations were more likely to receive flexible scheduling (65%) as an accommodation. Data concerning the relationship between accommodations and emotional limitations were not reported. As this study was one of the first to provide a taxonomy of functional limitations, in addition to data on the relationship between functional limitations and accommodations, the authors concluded that the findings, "…may assist providers in planning accommodations and other supports to improve success in employment outcomes" (p. 23).

Kessler and Frank (1997) analyzed the results of the US National Comorbidity Survey (NCS), which examined the relationships between psychiatric disorders and work impairment in major occupational groups. The NCS was conducted between 1990 to 1992 and was based on a stratified, multi-stage probability sample of individuals ages 15 to 54 in the non-institutionalized civilian population, including a supplemental sample of students living in campus housing. Data collection consisted of face-to-face, in-home interviews with 8,098 respondents. The NCS interview was administered in two parts. Part I involved a core diagnostic assessment and Part II consisted primarily of a detailed risk factor battery and measures designed to assess the social consequences of psychiatric disorders. Part I was administered to all 8,098 participants while Part II was administered to a subsample of 5,877 respondents consisting of those who screened positive for any lifetime psychiatric diagnosis in Part I. The NCS included a series of four questions about work loss days and work cutback days. The first question asked respondents to estimate how many days (over the past 30) they were totally unable to work or carry out their normal work activities. Among those who reported such days, the second question asked the

respondents to estimate the number of work loss days they experienced due to their emotions, nerves, mental health, or use of alcohol or drugs. The third and fourth questions were similar to the first two but asked the respondents to identify how many days (over the past 30) they were able to work but had to cut back on what they did due to their emotions, nerves, mental health, or their use of alcohol or drugs. Data were grouped into 16 occupational clusters. Analysis of variance and linear regression were used to compare the relationships between disorders and work impairment within and across the clusters.

The results of the study revealed that psychiatric disorders were associated with a high level of work loss (6 days per month per 100 workers) and work cut back (31 days per month per 100 workers). Co-morbid psychiatric disorders were associated with the largest number of work loss (49 days per 100 workers) and work cut back (346 days per 100 workers). In relation to the 16 occupational clusters, no overall differences were found across occupations in the impact of psychiatric disorders on work loss. However, workers in occupations such as engineering, architecture, and accounting had significantly higher incidences of work cut back than those in non-professional positions. The authors offered two plausible reasons for this finding. First, professional-level positions typically require less supervision than non-professional positions. Thus, individuals in professional-level positions may be able to “slack off” at work in response to their psychiatric symptoms more so than individuals in other types of positions. Second, psychiatric disorders may interfere more with professional-level positions that require a greater number of complex cognitive tasks than do other positions (Kessler & Frank, 1997).

The National Comorbidity Survey Replication (NCS-R) was repeated from 2001 to 2003 with 9,282 respondents. Using the same format, interviews were administered in two parts. Part I included a core diagnostic assessment of all 9,282 respondents, while Part II was administered

to a subsample of 5,692 respondents who met lifetime criteria for any core disorder. In the report of the findings, work loss was referred to as absenteeism while work cut back was described as presenteeism (Kessler et al., 2006). In addition, only data related to major depressive disorder and bipolar disorder were reported.

Absenteeism and presenteeism equivalent to 65.6 days annually per worker were associated with bipolar disorder, and 27.2 days annually per worker with major depressive disorder. While absenteeism was significant for both individuals with bipolar disorder (27.7 days annually) and major depressive disorder (8.7 days annually), presenteeism was reported to cause the greatest loss in overall work productivity for individuals with bipolar disorder (35.3 days annually) and major depressive disorder (18.2 days annually). Although overall work loss associated with bipolar disorder was consistently significant in each occupational cluster, it was significantly greater for professional-level occupations in both absenteeism and presenteeism. In relation to major depressive disorder, no variations in relationship by occupation were found. Akin to the NCS data from 1990 to 1992, results of the NCS-R reiterated that bipolar disorder and major depressive disorder are both associated with substantial lost work performance (Kessler et al., 2006).

Perceptions of employers.

Employers' negative perceptions of people with psychiatric disabilities are a well documented barrier to employment (Diksa & Rogers, 1996; Drehmer & Bordieri, 1985; Hernandez et al., 2000; Mechanic et al., 2002; Paetzold, 2005; Wahl, 1999). Drehmer and Bordieri (1985) explored the influence of disability type and the extent of social contact required on hiring recommendations. The participants consisted of 72 supervisors and mid-level managers representing various industries and organizations. At the time of the study, the

subjects were attending a Midwestern urban university and volunteered as a part of an in-class exercise in a course in the MBA program. The participants reviewed the resumes of three potential applicants. All three of the applicants were described as a 33-year-old male with a BA who had majored in history and minored in computer science. The qualifications of each applicant were identical; however, one applicant was described as having a history of mental illness, one as paraplegic, and the other as not being disabled. Disability was referenced in the military experience section of the resume. The alleged position was that of a support systems analyst with a computer firm. Half of the participants received a position description that was described as having a great deal of social contact; the other half was given a position description which indicated that little social contact was required. Each participant completed the *Guide to the Resume Evaluation* questionnaire that consisted of five questions including, "Should the applicant be hired for this job?", and "To what extent is the applicant qualified for the position?" Separate 3 X 2 analyses of variance were performed on each of the items (disability and social contact).

The analysis revealed a significant main effect for disability suggesting that the applicant with a history of mental illness was less likely to be recommended for hiring than the applicant described as paraplegic. In other words, when experiences and qualifications were equal, a psychiatric disability was a factor in hiring decisions. No significant differences were found in relation to the degree of social contact and disability type. Although the finding was not statistically significant, the applicant with paraplegia was more likely to be hired when compared to the applicant without a disability (Drehmer & Bordieri, 1985). The authors concluded that:

> One might speculate that if a person is seen as the author of his or her own misfortune, his or her accessibility to the work world will be limited. If, however, the disability is

perceived to have resulted from external forces outside the person's control, equity may be restored by compensation with employment (p. 163).

Diksa and Rogers (1996) studied employers' concerns with hiring individuals with psychiatric disabilities. A variety of employer characteristics were also taken into consideration, such as industry type and prior experience in hiring individuals with psychiatric disabilities. A total of 373 employers representing various industries in the Boston metropolitan area participated in the study. The individual in charge of hiring for each company completed the *Employer Attitude Questionnaire* by telephone. The instrument consisted of 39 concerns grouped into four categories for the purpose of decreasing the number of individual item analyses. The four categories were described as: (1) *Symptomatology*, the symptomatic manifestations of the disability and the effects of medication; (b) *Work Personality*, the general demeanor of the individual in the work setting; (c) *Work Performance*, the actual skills needed to perform the job; and (d) *Administrative*, the organizational components of running a business. Symptomatology concerns included becoming violent, showing poor judgment, and lacking initiative. Work Personality concerns consisted of communicating with others, being reliable, and respecting authority. The ability to perform job tasks and produce an acceptable quantity of work was categorized as Work Performance concerns. Finally, Administrative concerns included being accepted by coworkers and adjusting to the work environment.

The results of the study revealed that across all industry types, employers reported more concerns associated with Symptomatology than any other category. Employers who had previous experience in hiring individuals with psychiatric disabilities reported significantly lower levels of concern in the Work Performance and Administrative categories than employers who had no experience in hiring individuals with psychiatric disabilities. However, no significant

difference was found in the categories of Symptomatology or Work Personality concerns between employers with experience in hiring individuals with psychiatric disabilities and employers with no experience in hiring individuals with psychiatric disabilities. Among industry types, social services employers were found to have significantly lower levels of concern with regard to Symptomatology than other industries. The authors concluded that above all, employers were particularly concerned with the symptoms and medication side effects associated with psychiatric disabilities. The findings suggest that employers want assurance that an applicant with a psychiatric disability will maintain emotional stability, tolerate work pressure and stress, and not be disruptive in the workplace (Diksa & Rogers, 1996).

Disability disclosure in the workplace.

The perceptions held by employers may prevent people from disclosing their disabilities and requesting reasonable accommodations, even if the requested accommodations are necessary for maintaining employment. Disclosure refers to the "…deliberate informing of someone in the workplace about one's disability" (Ellison, Russinova, MacDonald-Wilson, & Lyass, 2003, p. 3). Psychiatric disabilities are generally non-apparent, and most people can conceal such disabilities in their day-to-day interactions with supervisors and coworkers. The Americans with Disabilities Act (ADA) prohibits discrimination in employment and allows individuals with disabilities to obtain workplace accommodations. However, a reasonable accommodation cannot be requested until an individual has disclosed his or her disability status and need for accommodation. Researchers who have studied disclosure issues among people with non-apparent disabilities have confirmed that disclosure poses significant challenges (Dalgin & Gilbride, 2003; Ellison et al., 2003; Goldberg, Killeen, & O'Day, 2005).

Ellison et al. (2003) conducted a study to better understand how professionals and managers with psychiatric disabilities approach disability disclosure in the workplace. Factors such as the occurrence of disclosure, timing of disclosure, and the circumstances leading to disclosure were examined. Considering the study was exploratory in nature, various independent variables such as age, income, and psychiatric disability diagnosis were selected to test for univariate relationships and multivariate linear regression was used to identify the variables related to each outcome variable. A mail survey was sent to 812 people with psychiatric disabilities who had obtained professional or managerial positions. The survey was completed by 495 participants between 1997 and 1999. A sub-sample of 350 respondents representing three occupational settings including health and social services; business, technical, education; and traditional mental health services was used in the analysis of findings. At the time of the study, all 350 respondents were employed and 46.4% had graduated from college.

According to the results, the majority of participants (86.6%) reported that they had disclosed their psychiatric disability. Individuals who were employed in the health and social services industry were more likely to have disclosed than those employed in other industries. Of those who had disclosed, 33% indicated that they disclosed when applying for the job while another 16.5% disclosed within one year's time of obtaining the job. The participants disclosed most frequently to their supervisor (80.1%); yet more than half (61.7%) disclosed to both their supervisor and coworkers. Approximately 32% disclosed because of experiencing symptoms and needing to explain them. Another 20.1% disclosed due to being hospitalized while employed. About one-third of those who disclosed waited until they felt as though their employment was secure and disclosure would not lead to negative consequences. Feeling appreciated by their supervisor and respected by their coworkers affected their decision to

disclose. However, approximately 40% of those who had disclosed had regrets about doing so. The reasons for their regret were not discussed. Among those who did not disclose, 80% reported concerns that disclosure would cause problems for them in the workplace. Participants feared that disclosure would negatively impact future promotions and that coworkers would gossip and avoid them (Ellison et al., 2003).

Ellison et al. (2003) concluded that although disclosure rates were high, half of those who disclosed did so under unfavorable circumstances, such as experiencing symptoms or being hospitalized. For the other participants, factors such as confidence in the job, having learned how to manage one's illness, knowledge of the ADA, and feeling socially connected were among the reasons for choosing to disclose. Taken together, choosing not to disclose was related to the fear of stigma.

The notion that disclosure creates significant challenges for individuals with psychiatric disabilities in the workplace was the impetus for the study conducted by Goldberg et al. (2005). Their study, conducted in 1999, consisted of in-depth interviews with 32 people with psychiatric disability diagnoses. Follow-up interviews were conducted with 28 of the initial 32 participants 18 to 24 months later. Participants were recruited from a state's department of Vocational Rehabilitation (VR), local psychosocial rehabilitation centers, and organizations of people with psychiatric disabilities. At the time of the initial interview, half of the participants were employed. The initial interview explored the participants' work history, impact of their disability on work, current employment status, perspectives on barriers to employment, and knowledge of and experience with the ADA. The follow-up interviews addressed disclosure issues in addition to changes in the participants' employment and disability symptoms since the first interview.

Goldberg et al. (2005) found it difficult to determine whether five of the 28 individuals who participated in the follow-up interviews had disclosed at work; thus, they were excluded from the results relating to disclosure. Out of the 23 remaining participants, 60% had disclosed their disability at work. Although the majority of the participants did not regret disclosing, others believed that their supervisors made them work harder than their coworkers after learning about their disability. Similar to the findings of the Ellison et al. (2003) study, the participants were concerned that disclosing might preclude job advancement within the company. Moreover, participants discussed a desire to be "normal" and to be treated like everyone else. The timing of disclosure was also mentioned. Participants indicated that disclosure would only take place "…after working in a position long enough to develop mutual trust with staff and coworkers" (p. 481). For those who chose not to disclose, Goldberg et al. concluded that the participants' experience with stigma and discrimination influenced their decision. In addition to the findings relevant to those found in the Ellison et al. study, results from this study also revealed that some of the participants who chose not to disclose believed that their employers knew of their disability and discriminated against them anyway. A few of the participants also discussed the notion of selective disclosure, where they would disclose only information they deemed to be more socially acceptable such as, "I get anxious" versus "I have a diagnosis of schizophrenia" (p. 480).

The findings imply that although disclosure can result in positive outcomes, such as accessing necessary workplace accommodations and being afforded protection under the law, it can also come with consequences that may negatively affect work performance. Choosing not to disclose, however, can create challenges such as having to keep the diagnosis confidential and not being able to access work accommodations. Goldberg et al. (2005) advised that,

"Professionals working with people with psychiatric disabilities need to understand fully this complex set of issues to help people navigate the various employment decisions they face" (pp. 496-497).

Similar findings were revealed in a smaller-scale qualitative study concerning the perspectives of people with psychiatric disabilities on employment disclosure (Dalgin & Gilbride, 2003). Participants consisted of 11 individuals with psychiatric disabilities who were recruited from a local peer support center. A focus group was conducted to explore their experiences with disclosure and the specific concerns they have when considering disclosing to an employer. Comparable to the results of the two studies discussed above, findings revealed that most of the participants were concerned about disclosure due to the potentially negative response they anticipated from supervisors and coworkers. Participants mentioned that disclosure might result in prevention of advancement, isolation from coworkers, and a need to work harder than others to prove that their psychiatric disability does not impact their work performance. Analogous to the advice provided by Goldberg et al. (2005), the authors encouraged those who counsel individuals with psychiatric disabilities to initiate discussion with their clients regarding functional limitations, accommodations, and disclosure as it will help to determine the need for disclosure in the workplace.

College Students with Psychiatric Disabilities

For college students with psychiatric disabilities, the concern with disclosure may develop prior to entering the workplace. Research has shown that fear of disclosure and the negative stigma may create a reluctance to register for disability services while in college (Collins & Mowbray, 2005). These researchers sought to provide information about the services that exist on college campuses for students with psychiatric disability diagnoses. Data were

collected from 275 campus disability services offices in 10 states. The survey instrument gathered data on the characteristics of the disability services office and the services provided by the school to students with psychiatric disabilities. Open-ended questions related to: the most common issues presented by students with psychiatric disabilities, (b) the most common questions or problems received from faculty, administrators, and staff regarding students with psychiatric disabilities; and (c) perceived barriers to accessing disability services for students with psychiatric disabilities. Data revealed that half of the disability services offices were located within an office that had multiple responsibilities, whereas 40% had a separate office for disability services. On average, students with psychiatric disabilities represented 13% among all students with disabilities served by the disability services office. The most commonly reported services were: (a) providing individual support, (b) writing accommodation letters, (c) providing off-campus referrals to mental health service providers, and (d) assisting students in obtaining documentation of their disability.

The three most common issues students with psychiatric disabilities presented related to: (a) accommodations and support, (b) coping with school, and (c) attending classes. The most common questions from faculty, administrators, and staff related to requesting information about working with students with psychiatric disabilities and concerns about classroom behavior, attendance, and students' ability to handle the course load. As for barriers to accessing disability services, the most common response was fear of disclosure (24%) and concerns with being stigmatized (19%). Respondents also indicated that students lack knowledge about their services (19%). Finally, 16% suggested that appropriate resources for students with psychiatric disabilities were not available; however, in response to the question about how higher education institutions could better support students within this population, four themes were prevalent: (a)

the need for additional training for disability services staff, (b) the need for specific, specialized services; (c) the importance of faculty and student education, and (d) the importance of collaboration among those working with students with psychiatric disabilities (Collins & Mowbray, 2005).

As a result of the survey data, the authors concluded that fear of disclosure and stigma are perceived as significant barriers for students with psychiatric disabilities when deciding whether to seek assistance from disability services (Collins & Mowbray, 2005). The notion that disability services staff members need training and knowledge about how to meet the needs of these students may also be a factor in why students are not registering. Additionally, the reluctance to register for disability services may be associated with the historical lack of services for postsecondary students with psychiatric disabilities. Prior to 1985, students with psychiatric disabilities, unlike those with physical or learning disabilities, were not recognized as needing additional services to have access to and be successful in the postsecondary environment (Unger, 1990).

While 24.1% of postsecondary students self-identify as having a psychiatric disability, only 13% of those registering with the campus disability services office consist of students with psychiatric disability diagnoses. According to Collins and Mowbray (2005), this suggests, "…the need for structural changes, including more homogeneity in disability resources, a readily identifiable disability office, and staff trained in psychiatric disabilities" (p. 314). They also stated that more effort needs to be made to educate faculty and other administrators about appropriate services for students with psychiatric disabilities.

The focus of the study conducted by Megivern (2002) related to the willingness of students with psychiatric disabilities to utilize academic accommodations. A total of 297

students were recruited through an introductory psychology course at a public university from 1998 through 2000. At the time of recruitment, it was not known how many of the 297 students had a psychiatric disability. To obtain this information, each student responded to a series of screening questions. Only those who reported being professionally diagnosed with a psychiatric disability and indicated that their psychiatric symptoms led to problems in their academic functioning were included in the study (N = 57). Individual interviews were conducted utilizing a semi-structured interview protocol. Participants were asked about: (a) how their psychiatric symptoms impacted their academic functioning, (b) the degree to which their psychiatric disability had become an important aspect of their identity, (c) their awareness of the disability services office as a resource, and (d) their willingness to utilize the office to obtain academic accommodations.

All of the respondents reported experiencing academic problems and 86% indicated that their academic performance was at least partially reduced due to psychiatric symptoms. Approximately two-thirds reported problems with impaired learning and decreased motivation/energy. Only 13 respondents (23.2%) were aware of the campus disability services office, and of the 13, only two had actually utilized disability services. The students who felt that having a psychiatric disability was central to their identity were more willing to use disability services than students who reported that their psychiatric disability was not central to their identity. Similar to the conclusions of Collins and Mowbray (2005), this study found that students with psychiatric disabilities face a number of barriers in their efforts to successfully cope with higher education. Megivern (2002) suggested that a greater level of support needs to be provided in order to address these barriers, such as coordination of community and campus-

based services, development of support services that address symptom management, and the generation of appropriate academic accommodations.

The need for more comprehensive services for students with psychiatric disabilities was reiterated by students themselves within the study conducted by Weiner and Wiener (1996). The authors conducted individual interviews with 24 university students with psychiatric disabilities to ascertain their academic and personal concerns and the types of accommodations and supports they required. Students were recruited through an on-site program and were asked to identify academic and social tasks that were difficult for them and personal and social areas of concern.

The participants' responses were analyzed and grouped into five themes: (a) problems with focusing attention, (b) low self-esteem, (c) problems with trust, (d) fear of stigma, and (e) high levels of stress. The participants mentioned that problems with focusing attention negatively affected their ability to write essays, conduct class presentations, and prepare for examinations. In relation to social tasks, some of the participants acknowledged difficulty with developing close friendships and a few mentioned losing friends because of their illness. Due to this, some of the participants were hesitant to trust others. Many of the participants indicated that they do not disclose their disability to friends, professors, or coworkers because of their fear of stigma, yet they also recognized that disclosure was a skill they needed to learn.

The personal concerns reported by the participants revealed a high level of stress related to the following factors: (a) the nature of the illness itself, (b) fear of relapse, (c) medication side effects, (d) social anxiety, (e) lack of friends, and (f) disability self-disclosure to faculty and staff. When asked about the future, many of the participants indicated that they were worried about finding a job and living independently after graduation. One participant declared, "I have to live with my mental illness, even when I graduate from the university" (p. 6). The authors

maintained that comprehensive services are critical for students with psychiatric disabilities in order to better meet their needs and improve their educational and career outcomes.

Career Development and Employment Concerns of College Students with Disabilities

Although a dearth of research exists on how the academic and personal concerns of students with psychiatric disabilities may impact the career development process, a number of studies have addressed the career development experiences and employment concerns of students who represent other disability populations. For the purposes of this study, career development refers to "the exploration, decision-making, planning, and job search processes students go through to discover and fulfill work-related aspirations" (Friehe et al., 1996, p. 290). While the career development process for students with disabilities may be similar to students without disabilities, students with disabilities encounter unique issues associated with their disability (Friehe et al., 1996; Hitchings et al., 2001; Rumrill et al., 1999; Thompson & Dickey, 1994).

Career development.

Thompson and Dickey (1994) surveyed 245 college students with various disabilities from 16 universities in eight states about their self-perceived job search skills. The questionnaire consisted of 20 job search skills, which included the ability to: (a) prepare a resume and a cover letter, (b) communicate clearly and effectively with a potential employer, (c) dress to look professional, (d) use posture and language that convey ability, (e) make arrangements for accessible housing and transportation, (f) describe job accommodation needs, (g) decide where, when, and how to disclose a disability; (h) discuss medical insurance and benefits, (i) tell the employer about tax credit opportunities for hiring people with disabilities, and (j) use the ADA to the job applicant's advantage in the job search. The participants ranked each item in terms of

their perception of ability to perform the skill: 1 = *definitely need skill training*, 3 = *I am not sure*, and 5 = *can definitely do this skill*. The participants classified themselves as college graduates (10.6%), seniors (31.4%), juniors (20.8%), sophomores (15.9%), and freshmen (21.2%). Approximately 48% of the participants indicated that they had received career counseling. In addition, while learning, sensory, and chronic health disabilities were well represented, only 4.1% of the participants self-identified as having a psychiatric disability.

Thompson and Dickey (1994) found that the participants gave themselves the lowest rating on telling the employer about tax credits (m = 2.42, sd = 1.30) and on how the ADA protects them in their employment search (m = 2.73, sd = 1.41). Moreover, the participants were uncertain about how, when, and where to disclose (m = 3.66, sd = 1.18). However, the participants expressed confidence in their ability to describe their accommodation needs (m = 4.02, sd = 1.08). The job skill that received the highest rating related to professional dress and appearance (m = 4.63, sd = 0.85). Although nearly half of the participants had received career counseling, this variable did not account for a significant amount of the variance in any factor. According to the authors, this result may indicate that, "…students are not receiving specific job acquisition skills training from their VR counselors or from their campus career services counselors" (p. 368). Moreover, the authors expressed concern with students' lack of familiarity with the ADA, as it is the law that protects their rights with regard to employment.

Friehe et al. (1996) also found that students with disabilities were not knowledgeable about their rights and responsibilities under the ADA or aware of when and how to disclose their disability to employers. The purpose of their study was to determine whether college students with disabilities use and are satisfied with campus career-related services and whether students with disabilities were prepared to address disability-related issues in employment. A total of 213

students with disabilities from two Midwestern universities participated in the study; students with psychiatric disabilities represented 10% of the sample.

The findings revealed that one-fourth of the respondents had used career services. The most common services used were resources in the career center (15%), individual counseling (11%), and job listings (11%). Very few participated in the on-campus recruiting program. In relation to their knowledge of the ADA, approximately two-thirds of the respondents did not know that it is illegal for an employer to ask if the applicant has a disability, either on the application (71%) or during an interview (61%). The authors suggested that a greater level of collaboration between career services and disability services might encourage more students with disabilities to engage in career development (Friehe et al., 1996).

Rumrill et al. (1999) conducted a study to determine whether recent college graduates with disabilities had received adequate assistance during college in the areas of self-advocacy and accommodations to prepare them to be competitive for employment. The participants consisted of 14 individuals who had received degrees from a large, state university in the Midwest between 1993 and 1997 where they had accessed services through the Student Disability Services Office. None of the participants reported having a psychiatric disability. At the time of the study, 10 (71%) of the participants were employed. The participants were interviewed using a structured interview protocol and were asked questions about the nature and quality of technology and accommodation services they had received from the university and their level of satisfaction and self-efficacy with regard to identifying and implementing on-the-job accommodations.

Findings from the Rumrill et al. (1999) study revealed that 79% of the sample did not receive any information about technology or accommodations in the workplace during college.

Moreover, 57% reported that no career placement assistance had been available to them (to their knowledge). Although the sample size was small (N = 14), the results affirmed findings from the Friehe et al. (1996) study that students with disabilities had limited involvement in career development and exploration activities. Again, the authors concluded that, "Students with disabilities need more assistance than is currently available to make smooth transitions from the university classroom to the world of work" (p. 48).

A study conducted by Hitchings et al. (2001) examined the career development and disability knowledge of college students with learning disabilities with the goal of providing essential information to career services departments to develop more effective services and resources as students transition from higher education to employment. The authors investigated questions related to the career development activities of students with learning disabilities, including, "Did students with disabilities have clearly defined career goals?", "Have students with disabilities engaged in specific career development activities leading toward their career goal?", "Can students describe their disability and identify possible accommodations that might be needed in their career path?", and "Do students anticipate disability-related problems with their future career goal?" Participants included 97 undergraduate students with learning disabilities attending one of three universities in the Midwest. The participants were interviewed using a semi-structured protocol.

The majority of the participants (63.6%) reported a generally broad career goal, such as, "I'm interested in business" or "work in law enforcement." Students majoring in education or health-related careers (30%) had more specific career goals than students in other majors. Only 4% of the students expressed very specific career goals, such as, "I want to go on to graduate school so I can get my master's in speech therapy and then work as a therapist in a clinical or

hospital setting." Approximately 60% of the participants engaged in at least one career-oriented activity (e.g., career inventory, career fair, internship). Participating in a career inventory was the most common activity reported (26.4%). Ten of the respondents were unable to recall participating in any career-oriented activities, reported that the activities had little impact on their career goal, or were discouraged by their counselor from pursuing their career goal.

When asked to describe their learning disability, more than 75% had difficulty describing the functional limitations associated with their disability and over half could not evaluate how their learning disability might affect future job performance. Approximately 26% of the participants believed their learning disability would create a need for employment accommodation(s) in order to meet their career goals; another 53% were unsure as to what would happen once employed and could not predict whether they would need an accommodation(s). This suggests that students with learning disabilities, at least, lack self-advocacy and career development skills vital to seeking employment. Indeed, Hitchings et al. (2001) argued that more must be done to encourage students with learning disabilities to engage in the career development process and to help students with disabilities understand the importance of gaining experience and developing competitive skills necessary for success in the workplace. Similar to the suggestion provided by Friehe et al. (1996), the authors recommended that personnel from disability services and career services work together to provide even stronger support for the transition from higher education to employment for students with disabilities (Hitchings et al., 2001).

Employment concerns.

In addition to a lack of engagement in the career development process, students with disabilities have expressed concerns about employment post-graduation. In a study conducted

by Schriner and Roessler (1990), data were collected from 1,448 students at 87 colleges and universities in 39 states. The purpose was to generate a database regarding the employment concerns of people with a range of disabilities; however, less than 5% of the respondents reported emotional disabilities. The results showed that students reported most concern about "the impact of work disincentive provisions on their future medical and income benefits" such as Social Security Disability (p. 311). The overall need for health insurance was also reported to be of great concern. In addition to medical and income benefits, respondents revealed doubts about their level of preparedness for employment (Schriner & Roessler, 1990).

Hennessey et al. (2006) conducted a study to examine the employment concerns of postsecondary students with disabilities and develop strategies for improving their post-graduation employment outcomes. The researchers surveyed 208 students with various disabilities in four states, representing seven colleges and universities. Consistent with previous studies, none of the 208 participants self-reported a psychiatric disability. The 40 employment concern items addressed issues such as access to information on accommodations, discrimination in hiring and retention practices of employers and employment protections under major legislation and were described along the two dimensions of importance and satisfaction. Using a 4-point Likert scale, respondents indicated how important they considered the concern to be to them and how satisfied they were with a particular item.

The participants reported lowest satisfaction on the following employment concerns: (a) understand the employment protections in the Americans with Disabilities Act (m = 2.60, sd = 0.95), (b) can receive adequate health insurance from employers (m = 2.63, sd = 0.99), and (c) have access to adequate information about Social Security programs (m = 2.65, sd = 0.89). The employment concerns that received the highest satisfaction ratings included: (a) are expected by

family to succeed in the world of work (*m* = 3.11, *sd* = 0.72), (b) can present themselves positively in job interviews (*m* = 3.02, *sd* = 0.79), and (c) are expected by employers to succeed in the workplace (*m* = 2.97, *sd* = 0.79).

In relation to the importance scale, the participants ranked the following concerns as most important to them: (a) are treated fairly by employers in the hiring process (*m* = 3.72, *sd* = 0.80), (b) receive the same pay after graduation as would a person without a disability (*m* = 3.66, *sd* = 0.81), and (c) can receive adequate health insurance from employers (*m* = 3.65, *sd* = 0.76). The concerns reported to be of least importance included: (a) are expected by family to succeed in the world of work (*m* = 3.28, *sd* = 0.87), (b) inquire about employee benefits during job interviews (*m* = 3.34, *sd* = 0.85), and (c) are equal partners in planning vocational rehabilitation services (*m* = 3.37, sd = 0.87). These results may suggest that while students are highly concerned with receiving health insurance, they are unaware of the process to obtain health insurance from their prospective employer. In addition, the majority of participants indicated that they are satisfied with the level of support they receive from their family to succeed in the world of work which may account for why this item was ranked among the lowest on the importance scale. The authors advised career services and disability services to take these concerns into consideration when counseling students with disabilities on their career development and employment preparation. In addition, they stated that, “Researchers might also consider stratifying samples according to disability type, which would reduce the likelihood of the eventuality found in this study where no respondents indicated having a psychiatric disability” (Hennessey et al., 2006, p. 52).

Career Development and Employment Concerns of College Students with Psychiatric Disabilities

Higher education is generally regarded as a means to economic and social self-sufficiency. For people with psychiatric disabilities, in particular, education is the strongest predictor of employment in professional-level positions, with a college education increasing the odds of obtaining a high-level job twenty-six times for persons with serious mental illness and forty-three times for persons with any mental illness (Mechanic et al., 2002). While education is a significant factor in successful employment outcomes, college graduates with psychiatric disabilities still face challenges in obtaining and maintaining employment (Megivern et al., 2003; Weiner & Wiener, 1996).

Although little research exists describing the career development and employment experiences of college graduates with psychiatric disabilities, findings from two of the studies previously described offer some insight. The results from the study conducted by Weiner and Wiener (1996) on the perceptions of 24 students with psychiatric disabilities regarding their concerns and types of accommodations and supports they require indicated that students were worried about finding a job and living independently after graduation. Moreover, the participants revealed concerns about their lack of academic and social skills, such as writing essays and developing close friendships. Although students were responding to their experiences within higher education, it is plausible to assume that a deficiency in these particular skills may create problems in the workplace as well. Most of the participants in the study mentioned having great anxiety about their career direction. When asked about what accommodations would be useful, the participants listed career counseling beyond what was already available as a high

priority. The participants affirmed that their needs were not being met through the existing career counseling resources and services on their campus (Weiner & Wiener, 1996).

The retrospective study conducted by Megivern et al. (2003) provided an opportunity for the 35 participants to share their experiences as former college students with a psychiatric disability. Over one-fourth (28.8%) of the participants acknowledged that career goals were an important reason for attending college and 60% reported that they had very specific career goals at the beginning of their college career. Although many of the participants engaged in work during college, they described examples of work difficulties, including finding time to attend college and maintain a job or missing work due to psychiatric symptoms. For several of the participants, these issues led them to change their career goals. One respondent who completed a bachelor's degree in engineering left that field after a short period because he believed there were occupations that he could more easily attempt, given his particular psychiatric symptoms. This example suggests that "…some careers entail a type of schedule or environmental circumstances that can exacerbate an individual's level of stress and produce increased psychiatric symptoms" (Megivern et al., p. 226).

At the time of the Megivern et al. (2003) study, 43% of the participants were employed, but the majority did not work at all. In addition, 49% were receiving Social Security assistance. The authors did not provide further detail as to the reasons why the majority of the participants were unemployed. Thus, no connection can be made with regard to how the participants' college experiences related to their employment situation at the time of the study. However, Megivern et al. argued that developing resources and services designed to address the needs of this population may help to increase the rate of college completion, decrease unemployment and reliance on

governmental assistance post-graduation, and ultimately improve the quality of life for college graduates with psychiatric disabilities.

Research has suggested that career counseling and engagement in career development activities can have a positive effect on the employment outcomes of individuals with psychiatric disabilities. Boutin and Accordino (2009) analyzed the effectiveness of Vocational Rehabilitation (VR) services for people with psychiatric disabilities who also received college and university training. The Rehabilitation Services Administration 911 database for fiscal year 2006 was used to identify 25,806 individuals with psychiatric disabilities who attended higher education and received support from VR.

The results indicated that 56% had achieved competitive employment post-graduation. Eight services were found to be related to the successful employment outcomes of this group. Individuals within the subject group were more likely to become competitively employed after receiving the following: (a) job placement services (97%), (b) job search assistance (82%), (c) on-the-job training (53%), (d) occupational or vocational training (43%), (e) maintenance or monetary support for food, shelter, and clothing (40%); (f) on-the-job supports (32%), (g) VR eligibility and services assessment (26%), and (h) miscellaneous training (21%). According to the findings, those who had received a greater amount of career and employment assistance were more likely to be competitively employed. Moreover, individuals who participated in on-the-job training, such as internships and part-time work, were more likely to experience positive employment outcomes than those who did not participate in those activities. The authors concluded that, “It is clear from the results of this study that people with mental illness who have received college/university training still require and benefit from job-related services” (p. 18). Although the study was focused on services provided by VR, the results have implications for

college and university career counseling centers as well. While not all students with psychiatric disabilities are eligible to receive services through VR, every student has access to career services on their respective campus. In addition, the majority of career services departments offer similar types of job-related assistance and may be able to better serve students through their existing relationships with employers who are seeking college-educated employees.

While students with psychiatric disabilities represent the largest cohort of students who self-identify as having a disability, this population has been practically invisible in research focused on the career development and employment concerns of postsecondary students with disabilities. This fact is consistent with the suggestions from scholars in the field about needed research, in particular the need to: (a) explore the impact of type of disability on career development issues (Friehe et al., 1996; Hennessey et al., 2006; Hitchings et al., 2001), and (b) assess to what extent students with other types of disabilities (than those reported) report different employment concerns (Hennessey et al., 2006). This type of research "…could yield useful information that could inform career-related programs on college campuses nationwide" (Hennessey et al., 2006, p. 52). It is within the context of this need that the current study is situated.

Ecological Model of Career Development for People with Disabilities

The Ecological Model of Career Development for People with Disabilities was the conceptual framework which guided the study. Originally developed by Szymanski, Hershenson, Enright, and Ettinger (1996), the impetus for creating the model was to integrate the common theoretical constructs of existing career theories into one framework. Szymanski et al. (1996) argued that the career development theories most widely used were not applicable to all individuals, including individuals with disabilities. The authors reasoned that the interaction

between the person and the environment must be considered when examining the career development of individuals with disabilities. Thus, particular attention was given to person-environment constructs when developing the Ecological Model.

The initial model consisted of five highly interrelated constructs, including: (a) individual, (b) conceptual, (c) mediating, (d) environment, and (e) outcome. Szymanski et al. (1996) noted that the interrelation among the constructs "…must be viewed in a developmental and historical perspective. The combination of interactions among the factors at any one time influences future interaction patterns" (p. 101). Six processes of career development that affect the interaction of the constructs were added by Szymanski and Hershenson in 1998. The six original processes consisted of: (a) congruence, (b) decision making, (c) development, (d) socialization, (e) allocation, and (f) chance. In 2003, a seventh process, labor market forces, was added. As stated by Szymanski et al., "Three of the processes—congruence, decision making, and development—represent individual actions, which may be influenced by external factors. The other four processes are primarily external to the individual, although they also interact with internal factors and processes" (2003, p. 117). The model depicts a constant iterative relationship between the constructs and processes (see Figure 1.2), and the interaction between the five constructs and seven processes determines career development.

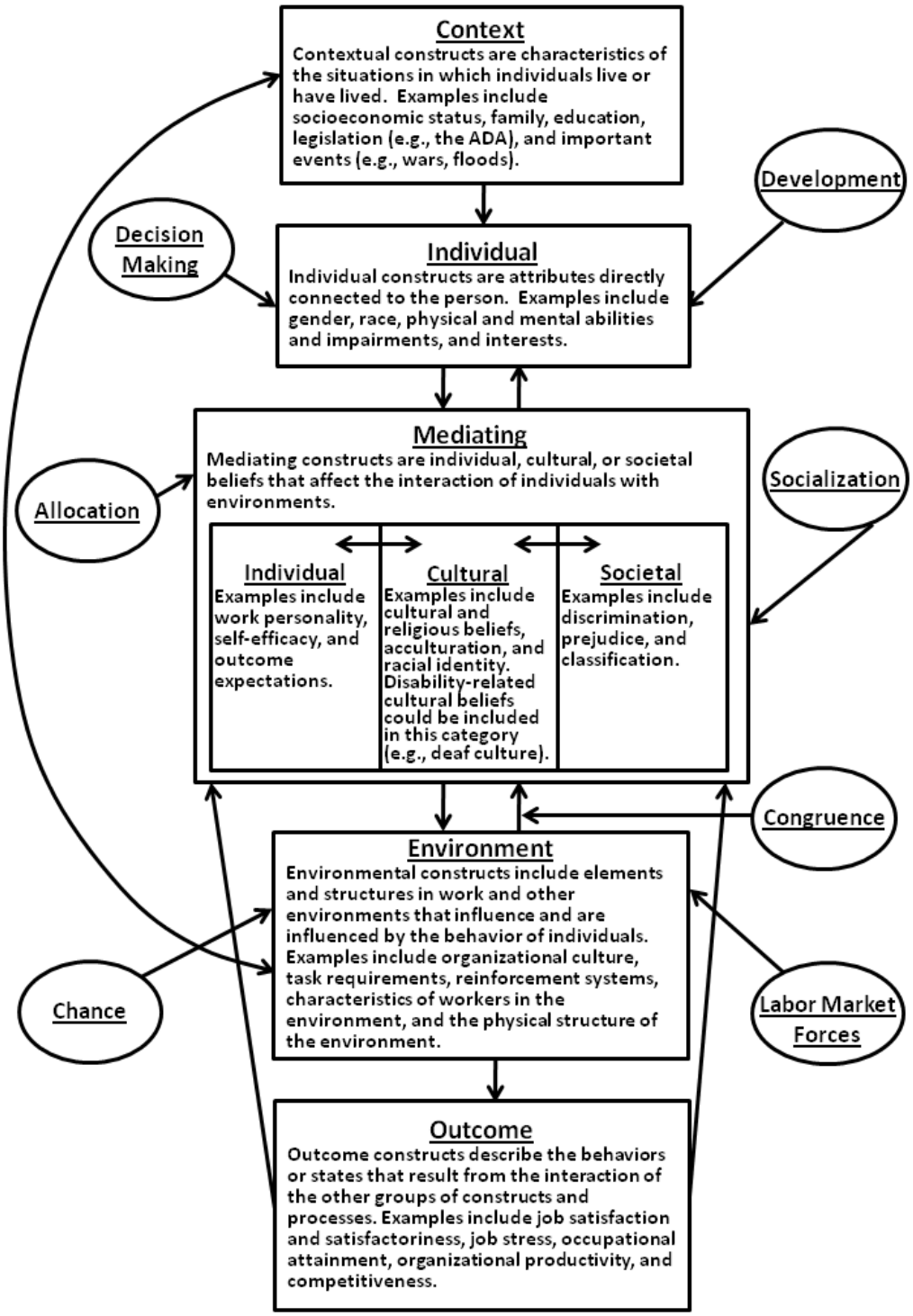

Figure 1.2 Ecological model of career development for people with disabilities (Szymanski, Enright, Hershenson, & Ettinger, 2003, p. 114).

The model has been used to examine the career development of ethnic minorities with disabilities (Szymanski, Trevino, & Fernandez, 1996), the school-to-work transition (Szymanski, 1998), disability and vocational behavior (Szymanski, 2000), people with developmental disabilities (Szymanski & Hanley-Maxwell, 1996), college students with congenital disabilities (Conyers et al., 1998) and people with psychiatric disabilities (Tschopp, Bishop, & Mulvihill, 2001). The model has not been used, however, to describe the career development of college students with psychiatric disabilities. The five constructs and seven processes of the Ecological Model are discussed below in terms of the way they may influence career development for those with a psychiatric disability diagnosis.

Constructs of the ecological model.

As mentioned above, the Ecological Model includes five constructs: (a) individual, (b) context, (c) mediating, (d) environment, and (e) outcome. *Individual* constructs are the physical and psychiatric attributes of an individual. Examples are gender, race, and physical and psychological disabilities (Szymanski et al., 2003). *Contextual* constructs are the aspects of an individual's situation that are external, such as access to education, vocational opportunities, socioeconomic status, and family structure (Szymanski et al.). Considering the likelihood that psychiatric disability onset is greatest within the traditional college age years, the presence of psychiatric symptoms could disrupt the career development process and may even limit educational obtainment (Collins & Mowbray, 2005; Lloyd & Waghorn, 2007; Mechanic et al., 2002; Megivern et al., 2003; Tschopp et al., 2001). Individuals with psychiatric disabilities who leave college for reasons of symptom management, for example, may not possess an ability to participate in experiential education opportunities that would allow for further career development beyond that of academics.

Individual, cultural, and societal beliefs make up the *mediating* constructs of career development in the model (Szymanski et al., 2003). Individual mediating constructs refer to personal beliefs about abilities and characteristics. Cultural mediating constructs include individual beliefs that are influenced by a larger cultural structure, such as religious beliefs. Finally, societal mediating constructs are beliefs such as stereotypes and discrimination that affect the interaction between the individual and the environment. Research has shown that the notion of stigma pervades society, which can have a significant impact on those with psychiatric disabilities (Link et al., 2001; Megivern et al., 2003; Strong, 1998; Tschopp et al., 2007; Wahl, 1999). Oftentimes, psychiatric disabilities create misconceptions in the minds of employers and career counseling professionals that may lead to false conclusions about an individual's ability to be successfully employed. These misconceptions may cause fear and rejection that ultimately lead to unemployment or underemployment (Tschopp et al., 2001). The stigma may also be internalized, and therefore, individuals with psychiatric disabilities may limit their employment opportunities due to their own lack of self confidence.

Environment constructs include job demands, task requirements, and physical characteristics of the work environment (Szymanski et al., 2003). If the environmental demands are incongruent with the functional limitations caused by the disability, obstacles to successful employment outcomes may exist. Therefore, it is important to consistently examine an individual's skill level, as symptoms may wax and wane (Tschopp et al., 2001). Skills necessary to function in the social environment, such as interacting and developing relationships with coworkers, also influence the employment experience (GAO, 2008; Larson et al., 2007; MacDonald-Wilson et al., 2003; Tschopp et al., 2001; Wahl, 1999). This is particularly salient for individuals with psychiatric disabilities, as symptoms may impede the development of the

necessary interpersonal skills that are oftentimes essential for sustaining positive relationships with coworkers. The lack of social support may lead to increased job stress; yet many individuals with psychiatric disabilities have problems accessing the needed support (Szymanski, 1999).

Finally, *outcome* constructs are the "…behaviors or states that result from the interactions of groups of the other factors" (Szymanski et al., 2003, p. 116). Outcome constructs may play a role in the unemployment or underemployment of individuals with psychiatric disabilities. Negative outcome expectations on behalf of the individual, career counselor or employer can result in the trend of unemployment of individuals with psychiatric disabilities (Tschopp et al., 2001). For instance, the tendency may be to place an individual with a psychiatric disability in a low-stress, slow-paced work environment that might not relate to their career goals for fear that a career-track position will lead to an exacerbation of symptoms (Larson et al., 2007; Wahl, 1999). This, in turn, could have long-term effects on their employment history and on their ability to fully engage in the career process.

Processes of the ecological model.

As described earlier, within the Ecological Model, seven processes interact with constructs in the determination of career development. These processes include congruence, decision-making, development, allocation, socialization, chance, and labor market forces. *Congruence* processes play out within the environment construct and relate to the match between an individual and his or her environment (Szymanski et al., 2003). A good fit between an individual and his or her work environment may reduce the impact of job stress and the emergence of psychiatric symptoms. An incongruent work environment, on the other hand, may become a major issue in regard to an individual's ability to maintain employment. For instance,

individuals with psychiatric disabilities may encounter resistance from a supervisor in providing requested workplace accommodations. This type of incongruence could result in the individual ultimately leaving the position, whether through termination or resignation.

Decision-making is the process by which individuals consider their career options and formulate decisions (Szymanski et al., 2003). The individual construct interacts with decision-making processes. An individual's psychiatric symptoms could be the major factor in deciding to take a job that is perceived to be low-stress for the purpose of not wanting to further exacerbate symptoms (Megivern et al., 2003). Thus, individuals with psychiatric disabilities may make career decisions on the basis of their symptoms and functional limitations versus their actual career interests.

Development processes also play out in the individual construct and refer to the systematic changes that an individual experiences over time and how those changes are influenced by the environment (Szymanski et al., 2003). Given that the likelihood of developing psychiatric symptoms is greater during the traditional college-age years than at any other time, the functional limitations caused by the onset of psychiatric symptoms can result in a disruption of the career development process for college-age students (Collins & Mowbray, 2005; Lloyd & Waghorn, 2007; Mechanic et al., 2002; Tschopp et al., 2001). While colleges and universities encourage students to engage in career development processes such as volunteering, part-time work, or internships, students with psychiatric disabilities may resist participation. The resistance may stem from concerns about being socially accepted due to their psychiatric disability or it could be due to not wanting to add to his or her already overwhelming academic course load.

Socialization processes, directly influenced by the mediating constructs, refer to how people "learn work and life roles" (Szymanski et al., 2003, p. 116). The cultural and societal beliefs surrounding psychiatric disability could hinder an individual's ability to personally identify with a vocation. Societal misconceptions about the nature of psychiatric disabilities could negatively influence an individual's sense of "vocational personality" (Tschopp et al., 2001). Thus, individuals with psychiatric disabilities may need additional opportunities, such as access to internships and other forms of experiential education, to enhance their vocational self-concept (Tschopp et al., 2001).

Allocation is the "…process by which societal gatekeepers (i.e., parents, teachers, administrators) use external criteria to channel individuals into or exclude them from specific directions" (Szymanski et al., 2003, pp. 116-117). For instance, disability service providers could create additional career development and employment barriers for individuals with disabilities by limiting vocational opportunities. Similar to socialization, allocation processes also interact with the mediating constructs. Although it is assumed that disability service providers exist to advocate for individuals with psychiatric disabilities from employment discrimination, they may also hold negative stereotypes that actually serve to delay or inhibit successful employment outcomes.

Chance processes refer to an individual's ability to take advantage of "…the occurrence of unforeseen events or circumstances" (Szymanski & Hershenson, 1998, p. 354). Environment constructs activate the processes of chance and are therefore considered to be external to the individual (Koch, Rumrill, Hennessey, Vierstra, & Roessler, 2007). If the environment is presenting incongruence, for example, individuals with psychiatric disabilities might not feel as

though they have the ability to take advantage of chance occurrences. Incongruent environments oftentimes inhibit the ability to adjust to unforeseen circumstances.

Finally, *labor market forces* are economic and business factors that affect opportunities (Szymanski et al., 2003). Labor market forces include factors such as the general state of the economy and organizational downsizing. In an economic downturn, for instance, employers may be even more hesitant to hire individuals with psychiatric disabilities. In addition, individuals with psychiatric disabilities may find themselves unemployed or underemployed due to the dearth of available opportunities.

Szymanski et al. (2003) contend that the impact an individual's disability has on his or her career development is difficult to explain considering individuals have varying experiences, even those with same disability diagnosis. The authors note that the model is a work in progress and suggest that additional qualitative research be conducted as it "…provides for richer description of phenomena and can be used to generate and enrich theory" (2003, p. 129). Hence, the Ecological Model of Career Development for People with Disabilities will be used as the contextual framework guiding the study.

Conclusion

This chapter served as a review of the literature and provided a discussion of the following topics: (1) people with psychiatric disabilities and employment, (2) college students with psychiatric disabilities, (3) career development and employment concerns of college students with disabilities, (4) career development and employment concerns of college students with psychiatric disabilities, and (5) the Ecological Model of Career Development for People with Disabilities, the contextual framework guiding the study. The literature suggests that the number of students with psychiatric disabilities attending institutions of higher education is on

the rise. Research has also revealed that people with psychiatric disabilities reportedly experience significantly higher unemployment rates than any other disability population. Yet, a paucity of research exists on the career and transition issues of postsecondary students with psychiatric disabilities. The current study sought to address this gap in the literature and was designed to obtain a better understanding of the career development and employment concerns of employment-seeking students with psychiatric disabilities.

CHAPTER THREE

Methods and Procedures

The purpose of the study was to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities. The research questions which guided the study are as follows:

1. Do employment-seeking students with psychiatric disabilities have clearly defined career goals?
2. To what extent have employment-seeking students with psychiatric disabilities engaged in career development activities leading toward their career goals?
3. What disability-related problems and concerns with future employment do employment-seeking students with psychiatric disabilities anticipate?

This chapter provides an overview of the methods and procedures used to conduct the study. Included are details regarding the research design, site and population, data collection, and data analysis procedures. The measures used to establish trustworthiness and an overview of the ethical considerations of the study are also provided.

Research Design

A qualitative research design was used to study the career development and employment concerns of employment-seeking students with psychiatric disabilities, specifically case study. A qualitative approach was chosen in response to the need for such studies articulated in the literature and addressed in Chapter Two. As Hitchings et al. (2001) explained, "Previous studies have relied heavily on the use and interpretation of quantitative data, but not all data can be easily quantified, such as describing one's disability or how one's disability may impact one's future career choice" (p. 9). Case study design has been identified as a particularly useful and

appropriate methodological approach for better understanding a social phenomenon, and for gaining an in-depth understanding of that phenomenon (Merriam, 1998; Stake, 1994; Yin, 2009). Case study has also been recommended for use where a paucity of research exists (Merriam, 1998), such as with the phenomenon of the career development and employment concerns of students with psychiatric disabilities.

The design of the study can be described as an interpretive, holistic, multi-site case study (Merriam, 1998; Yin, 2009). This design allows the researcher to "…uncover the interaction of significant factors characteristic of the phenomenon" (Merriam, 1998, p. 192), and is a sound approach for gaining a holistic understanding of the career development and employment concerns of employment-seeking students with psychiatric disabilities.

Research Methods

Sites.

Researching college students with psychiatric disabilities lends itself to studying students in the university setting. All data were collected from three Research I institutions—two in the Midwest ("Central Midwestern University" or CMU, and "Northern Midwestern University" or NMU) and one in the Southeast ("Southeastern University" or SU). These institutions were chosen for several reasons. First, they offered a potential for obtaining a participant group of students with psychiatric disabilities that was large enough to attain a meaningful sample and sufficient data. Second, all three institutions are nationally known for their exemplary disability services departments. Last, supported education programs that provide additional services specifically for college students with psychiatric disabilities have been shown to improve access and retention and subsequently increase their employability (Werner, 2001). At this time, however, only a few supported employment programs exist nationwide. The three institutions

used in the study have not implemented a supported education model for students with psychiatric disabilities. Therefore, they are more representative of how the majority of campuses operate in relation to the service provision for students with psychiatric disabilities.

Sample selection.

To understand the career development and employment concerns of employment-seeking students with psychiatric disabilities, a sample of seven students who were in their senior year of study and were planning to transition to employment post-graduation participated in the study. To the extent possible, the sample consisted of students from a variety of majors and academic disciplines. In order to align with the literature and contextual framework previously presented, traditionally-aged students were selected versus older adults who may have extensive career development and employment experience. All participants had a documented psychiatric disability diagnosis for which they received services through the campus disability services department.

Sources of data.

Individual interviews.

Individual interviews with each participant were the primary source of data and were used to answer the research questions posed by the study. Employment-seeking students with psychiatric disabilities were in the best position to provide relevant data about the topic under study. Thus, interviews with members of the subject group "…contributed to the development of insight and understanding of the phenomenon" more than any other method (Merriam, 1998, p. 83).

All interviews took place in a semi-private location within the disability services office at each institution and were conducted one-on-one with the researcher using a standardized

interview protocol (see Appendix A). Each interview was audio taped and transcribed by the researcher. The interviews ranged between 11 to 55 minutes.

The interview protocol was developed by the researcher guided by the conceptual framework used for the study and the existing literature on the topic. It consisted of 18 semi-structured questions. The use of a semi-structured interview process allowed for a balance of both consistency and flexibility; the questions were not worded exactly nor were they asked in any predetermined order (Merriam, 1998). Moreover, the semi-structured interview protocol was utilized to encourage a "guided conversation" rather than a "structured inquiry" (Yin, 2009, p. 106). Each participant was asked the same series of questions. Questions included: "What is your career goal?", "Have you participated in career development opportunities, such as volunteering, career fairs, and internships?", "Do you think your psychiatric disability will play a role in seeking and obtaining employment?", and "Do you have any disability-related concerns about employment?" In addition, participants were asked to describe if and how the disability services and career services departments assisted with their career development. Suggestions as to what additional resources disability services and career services could provide that would aid in their career development and employment preparation was requested. The full interview protocol is included as Appendix A.

Pilot study.

The interview protocol was field-tested on two senior level employment-seeking students with psychiatric disabilities who were transitioning into employment after graduation. The participants were selected from a different yet comparable university to the three under study. At the conclusion of the individual pilot interviews, the participants were asked to provide feedback on the process and questions to ensure that the interview protocol was effective in securing

answers to the research questions. Suggestions for adding, deleting or modifying existing questions were taken into consideration. The pilot study data served to refine the data collection procedure with respect to content and process (Yin, 2009).

Field notes.

The researcher took field notes before, during, and after each individual interview. Observations that may have affected the results of the study were recorded, such as non-verbal behaviors, including facial expressions and perceptions of the interviewer's or participant's comfort level. The field notes were used to broaden the context and to better understand the overall experiences of the participants. All field notes were hand-written initially to ensure that the thought or observation was secured at the time it occurred. The field notes were then typed into an electronic database that was organized, categorized, and available for later access (Yin, 2009).

Procedures

Full IRB approval was granted by the University of Tennessee, Knoxville. Considering administrators at the three research sites were not involved in conducting the research, gaining IRB approval was not necessary. Administrators within the disability service office at each institution agreed to identify the potential participants based on the selection criteria. Once the potential participants were identified, the administrators sent an e-mail (written by the researcher) to the students providing information about the study. Acknowledging that sharing sensitive information about their lives may cause members of the sample to be hesitant to participate, the initial e-mail included: (a) the purpose of the study, (b) assurance that they had a right to withdraw at any time without penalty or explanation to the researcher, (c) an explanation of how the study would be conducted, including audio taping of their interview, what their

participation would involve, how they would be protected from being identified, and how the data would be managed; (d) information about the potential risks associated with participation in the study, (e) a brief biography describing the researcher's profession as a career counselor for students with disabilities, and (f) instructions to contact the researcher if they were interested in participating in the study (see Appendix B). If after reading this description participants decided they wanted to participate in the study, they were instructed to contact the researcher directly. At that time, an informed consent form (see Appendix C) was provided to the participant via e-mail for him or her to review and sign; the participant was then asked to bring that signed informed consent form to the interview.

Before the interview began, the researcher reviewed all of the information included in the informed consent. In addition, participants were asked to provide a pseudonym for use in referring to them. This further prevented the likelihood that identifying information would be included on the interview audiotapes. During the interview, the researcher continued to establish rapport through the utilization of active listening techniques, such as showing interest in what the participant was saying and using appropriate body language, to encourage the participants to speak openly. According to Yin (2009), a good listener can sense the overall affect of the participant which can help to ensure that the researcher has an accurate understanding of how the participant views their experiences.

At the conclusion of the interview, the researcher reminded the participants that their pseudonym would be the only identifying feature on the transcript and that the audio tapes would be destroyed after the transcription was complete. In addition, every participant was provided with information on the career services resources at their respective institution and a brochure on Career Opportunities for Students with Disabilities (COSD), a national association focused on

the employment of college students and recent graduates with disabilities. Each participant received a $10.00 bookstore gift certificate as a thank you for their participation.

Prior to data analysis, transcripts were sent to each participant for "member checking." This process allowed the participants to decide if the transcription was an accurate representation of their thoughts, feelings and opinions (Freeman, deMarrais, Preissle, Roulston & St. Pierre, 2007; Lincoln & Guba, 1985; Magolda, 2000; Morrow, 2005; Seidman, 2006). The feedback provided by the participants was taken into account and incorporated into the transcript. The researcher complied if participants requested that certain data be revised or omitted from the transcript.

Data Analysis

Consistent with the constant comparative method, the interview data were transcribed and analyzed using open, axial coding to derive patterns of responses to the questions (Creswell, 1998; Straus & Corbin, 1998). Once the data were transcribed, profiles were created for each participant that consisted of demographic information and data gathered through field notes. The profiles helped to describe the context and potential differences in participants' answers. From there, three iterations of coding were used to derive meaning from the answers. The first iteration involved a thorough review of each transcript to get a sense of how the participant answered the questions (open coding). Phrases and words that were especially striking and relevant were noted for each interview question. Lists were also created that coincided with responses to questions such as, "Have you participated in career development opportunities, such as volunteering, career fairs, internships, etc.?" After the initial review was complete, each transcript was reviewed a second time. During this process, the key phrases and words discovered in the initial review were aggregated into themes. Considering the questions asked

were relatively straightforward, patterns of responses to the interview questions were easy to identify and capture. At that time, the participant profiles and field notes were reviewed to determine if there were any additional patterns and to note how the information included in the profiles and field notes influenced the data. The first iteration of coding resulted in the creation of a thematic description of each participant's answers to the questions (axial coding).

The second iteration of coding involved comparing the participants in terms of the themes. Each response to an interview question was compared to determine whether the patterns identified in one transcript were also present in the next (Merriam, 1998). A record was kept of the patterns found when comparing the first transcript with the second. This method of comparison continued as the first two transcripts were compared with the third and so forth. A master list of themes derived from each interview question was developed.

Within the third iteration of coding, themes drawn from the interview questions were grouped and applied to the research questions. For instance, interview questions 1—3 applied to research question 1, questions 4—10 applied to research question 2, and questions 11—15 applied to research question 3. This process allowed for additional patterns and themes to be discovered in reference to the research questions. The data collected from interview questions 16 and 17, concerning the role of disability services and career services and how the departments could improve practice relative to students' career development and employment preparation, were reported separately given that they were not tied to a specific research question. All transcripts and participant profiles were reviewed for a final time to account for any additional data. Findings are presented based on the research questions and compared to the existing literature and the contextual framework used for the study.

Trustworthiness

The primary way in which qualitative research can achieve internal validity is through the establishment of trustworthiness (Merriam, 1998). While case study methodology permits the researcher to ultimately decide how the data is reported, an accurate portrayal of the reality of the participants should be sought. In reference to the suggestion made by multiple qualitative researchers (Freeman et al., 2007; Lincoln & Guba, 1985; Magolda, 2000; Morrow, 2005; Seidman, 2006), transcripts were sent to the participants for member checks prior to data analysis. This process enhanced the trustworthiness of the study.

To further increase trustworthiness, the researcher created an audit trail, a systematic, chronologically ordered document that details the research process from start to finish (Miles & Huberman, 1994). An account of how data were collected, how themes were derived, and how decisions were made throughout the study was generated (Merriam, 1988). The audit trail is detailed to the extent that other researchers can use the document as a manual to replicate the study (Goetz & LeCompte, 1984).

Ethical and Political Considerations

Postsecondary students with psychiatric disabilities are considered a protected class in regard to human subject research guidelines. Due to this, the participants were assured that their participation was strictly voluntary and that they could withdraw from the study at any point in time without penalty or explanation. Prior to agreeing to participate, the students were made aware of the purpose of the study and were informed of any potential harm that their participation may cause, such as mild distress from answering questions about their employment concerns. At the beginning of each interview, the participants were asked to provide a pseudonym by which they wanted to be referred. This further eliminated the likelihood that

identifying information would be included on the audio tapes or in the transcript. The pseudonyms were also used when referring to the participants in the findings. The following chapter provides a presentation of the findings of the study organized in terms of the research questions framing the study.

CHAPTER FOUR

Findings

The purpose of the study was to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities. To understand the career development and employment concerns of employment-seeking students with psychiatric disabilities, a sample of seven students who were in their senior year and planning to transition to employment post-graduation were interviewed. Consistent with the constant comparative method, the interview data were analyzed using open, axial coding to derive patterns of responses to the research questions (Creswell, 1998; Straus & Corbin, 1998).

The findings of the study are presented in this chapter. Following a presentation of the participants, the findings of the study are presented in terms of the research questions guiding the study:

1. Do employment-seeking students with psychiatric disabilities have clearly defined career goals?
2. To what extent have employment-seeking students with psychiatric disabilities engaged in career development activities leading toward their career goals?
3. What disability-related problems and concerns with future employment do employment-seeking students with psychiatric disabilities anticipate?

An additional section follows detailing the participants' ideas on how career services and disability services departments can better serve students with psychiatric disabilities.

Participants

The seven participants in the study consisted of students from a variety of majors and academic disciplines at three Research I institutions. In order to align with the literature and

contextual framework previously presented, traditional-aged students were selected versus older adults who might have had prior, extensive career development and employment experience. All participants had a documented psychiatric disability diagnosis for which they received services through the campus disability services department. Three of the seven participants were diagnosed in middle school, two were diagnosed in high school, and the remaining two were diagnosed in college. A brief introduction to the seven participants is provided below.

Mary is a nutrition major from Central Midwestern University (CMU). She is soft spoken and appeared introverted. She was diagnosed with both Major Depressive Disorder (MDD) and Anxiety Disorder (AD) in middle school, and also has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Mary stated that she changed majors multiple times and has struggled with choosing a career. Due to her psychiatric symptoms and feeling overwhelmed, she took time off from school twice. Mary has a very negative perception of her psychiatric disability and considers it a character flaw. She volunteered that she had difficulty interacting with peers and accomplishing everyday tasks.

Alicia will graduate from CMU with a degree in communications. A family friend who works for Walgreens was influential in helping Alicia secure a full-time job with the company after graduation. Although Alicia is grateful to have a job, she claimed to be embarrassed to tell others about her position as a store manager for Walgreens because she did not perceive the position to be prestigious. Alicia was very outspoken and has an effervescent personality. Diagnosed with Bipolar Disorder (BPD) in high school, Alicia spent years being misdiagnosed with MDD, and was on a variety of anti-depressant medications that were not effective in stabilizing her symptoms. Once accurately diagnosed, Alicia's symptoms became easier to control. Her main concern regarding employment is her ability to manage her anger.

Grace is also a CMU student who will be graduating with a degree in art education. She was diagnosed with BPD and AD in middle school and was hospitalized three times in high school because of the severity of her psychiatric symptoms. Grace mentioned having an interest in a career in graphic or industrial design, but was concerned that the corporate world would be too rigorous and stressful. She discussed having issues with self-confidence because it takes her longer to complete tasks and she becomes very anxious in new situations. Grace also expressed concern about potentially experiencing a relapse while working, so she feels that it may be best to disclose her disability to her future employer.

Liz enrolled in CMU as a music major, but changed to communications because she no longer wanted to play the violin for her career, but rather keep it as a hobby. Her mother is a writer and she is interested in becoming a writer as well, although she expressed uncertainty as to what type of career position she would be seeking after graduation. In fact, her preference was to work in a coffee shop or a restaurant if she could not find a professional position. Liz experienced symptoms of depression in high school, but she was not officially diagnosed with MDD until college. She also has a diagnosis of Attention Deficit Disorder (ADD). Liz stated that depression has played a large role in getting through college, and that some days it is almost physically impossible to get out of bed. Overall, she mentioned feeling very non-motivated. Liz seemed to be a very private person. When it comes to disclosure, she mentioned not wanting others to know about her disability.

Lucy is a mathematics major from Northern Midwestern University (NMU) and was diagnosed with MDD and an Eating Disorder in college. At the time of the interview, she was experiencing a depressive episode and stated that she had dropped a few classes. Lucy plans to search for positions in customer service or child care after graduation, but she does not want a

position that is stressful. She mentioned the stigma attached to psychiatric disabilities and said she struggles with feeling ashamed.

Mike is also a student at NMU and is majoring in geography. He was diagnosed with Obsessive Compulsive Disorder (OCD) in high school. Mike knew at an early age that he wanted to pursue a career in geography and talked at length about eventually wanting a career that combines remote sensing and working with youth. After graduation, however, he is planning to join the Peace Corps. Due to his OCD, he has withdrawn from school on a few occasions and has spent two summers in a residential treatment program. After graduation, he is planning to return to the residential treatment program for additional therapy. Mike mentioned numerous times that he struggles with time management and getting his school work done. He believes those issues will be problematic in an employment situation as well. Mike thinks he should be upfront with his employer about his limitations. He also feels that disclosing would show he is open to talking about his OCD diagnosis. Nevertheless, Mike stated that his disability often makes him feel worthless.

Becky attends Southeastern University (SU) and will graduate with a degree in business. She is planning to join her father's real estate company after graduation and has never considered another career. She was diagnosed with AD in middle school. Becky mentioned being shy and related her shyness to her AD. Throughout the interview, Becky's answers were given in six words or less. She was extremely timid and appeared nervous, although she was smiling and stated that she was happy to participate in the interview. She believes her shyness may play a small role in her career, but she did not express any other concerns regarding employment. Please see table 4.1 for a summary of participant characteristics.

Table 4.1

Summary of Participant Characteristics

Participant	Major	Diagnosis	Diagnosis Date	Co-Occurring Diagnosis
Mary	Nutrition	MDD/AD	Middle School	ADHD
Alicia	Communication	BPD	High School	LD
Grace	Art Education	BPD/AD	Middle School	
Liz	Communication	MDD	College	ADD
Lucy	Mathematics	MDD	College	Eating Disorder
Mike	Geography	OCD	High School	
Becky	Business	AD	Middle School	

Research Question #1: Do employment-seeking students with psychiatric disabilities have clearly defined career goals?

Two of the seven participants had clearly defined career goals. In addition, their career goals were related to their program of study. Grace indicated that her career goal was to get hired as an elementary art education teacher. As an art education major, Grace will be certified to teach Kindergarten through High School. Grace's decision to major in art education was influenced both by her psychiatric disability and her parents.

> I knew I was interested in art. I felt like graphic and industrial design were too rigorous and I don't know if I could handle the stress of a corporate workplace. So I felt that art education was the best combination of my interests and strengths so I could both be able to be a teacher and a mentor, but also be able to engage in art making (Grace).

Grace decided on art education because she believed it was the best combination of her interests and strengths. She also expressed an interest in majoring in art, but her parents discouraged her. She stated, "My parents were very concerned about me being able to be financially independent."

Becky averred that she wanted, "To get a job in real estate or finance," and this was consistent with pursuing a degree in business. She mentioned having experience with real estate. "I went with my dad and helped him appraise properties and have done some stuff like that." Becky confirmed that her father was in the real estate business. As Becky's answers were extremely brief, it was difficult to determine if Becky's desire to have a career in real estate was due to her passion and interest in the field, or because her father worked in real estate. There was no evidence that Becky ever explored another major or career.

The remaining five participants were uncertain about their career goals after graduating from college. For instance, in spite of having accepted a full-time career position as a store manager with Walgreens, Alicia was still questioning her career goal. "To be honest, I'm really not sure what I want to do, but I do know I want to get out of the Midwest and I will actually be moving down to Nashville in late August." Like Grace, Alicia was influenced by her parents, specifically her father. She made it very clear that her father had been promoting a career with Walgreens.

> My father has this friend who has worked with Walgreens for many, many years. He's very high-end in the company, and high up in the ranks, and my father's been almost pushing Walgreens on me for the last couple of years. He's introduced me to his friend; he's really tried to get me interested with little brochures and pamphlets, just kind of planting the seed since a little after my freshman year in college. And we all knew that I

> was very indecisive with my career path, so he was just planting the seed, planting the seed, planting the seed, planting the seed, and then I started researching a little bit more, talking with my father's friend a little bit more…and we slowly got the ball rolling throughout my senior year (Alicia).

Alicia's father appeared to intervene in the face of Alicia's indecisiveness about her career path. After enrolling at CMU, she first switched from psychology to broadcast journalism because she wanted to be "the next Oprah." After taking a few courses in broadcast journalism, she once again changed her major to communications because she realized that broadcast journalism was not as "glamorous" as she thought. Alicia was grateful to have a job and expressed excitement about moving to Nashville, but she was not enthused about working for Walgreens. "Store management isn't the most ideal or glamorous, you know, after getting out of college for four years. It's not the most prestigious job, but time and time again, I've been told it's a great company to work for."

Liz started college as a music major and always envisioned herself playing the violin as a career. She stayed in the music department for over a year and a half, but then realized that she wanted to pursue a major that would provide her with more contact with people. Liz mentioned feeling "socially isolated" because she was spending so much of her time practicing violin. She said, "I wanted something where I could socialize and do something more like relating to people and communication was a degree that would get me out pretty much on time." Liz talked about playing violin since she was five and was convinced that she would be a violinist for the rest of her life. Liz still wants to play violin and would like to be in a band someday, but her career goal has changed and now she is more interested in pursuing writing as a career.

Although Liz discussed becoming a writer, she also mentioned not knowing until recently in what area she wanted to focus her writing. When asked about her career goal, she stated, "I'm not really sure at this point. I've been interested in radio journalism, but I didn't realize that until this semester. I've always written a lot, ever since I was little. My Mom is a writer, actually." Liz did not say that her interest in becoming a writer was directly influenced by her mother, but Liz's desire to become a writer may be because a career in writing was familiar to her.

Lucy intended to major in biomedical engineering at NMU because she "was good at it." However, Lucy realized that she was more interested in the math portion of biomedical engineering and therefore decided to major in mathematics. As a mathematics major, Lucy participated in two summer Research Experiences for Undergrad (REU), and was told by one of her professors that she would be an excellent candidate for graduate school. However, Lucy's psychiatric disability and the associated symptoms were affecting her interest in pursuing both a professional career and graduate school.

> When thinking about my career goal, at this point, I'm not entirely sure. I had intended to go on to graduate school, but with the way things have been going, just in the past few semesters, I'm kind of feeling burnt out. Well, this past semester, particularly, I just kind of got hit with my depression and anxiety. I tried to take on too much, so I ended up sliding back a little, and ended up dropping a few classes, just to kind of make sure that I get back on track. So, yeah, I'm just kind of feeling a little burnt out from school, I think (Lucy).

Lucy talked about searching for a job in the healthcare field in actuarial science, but also mentioned she does not want a position that is "too overwhelming" and would be content with a job as a nanny or working in customer service.

Mike majored in geography and talked at length about eventually pursuing a career that combines remote sensing and working with youth, but he was not aware if a job in that field existed. Mike became interested in the subject during high school, when he was a participant in the Science Olympiad remote sensing program. While a student at NMU, Mike had continued his involvement in the Science Olympiad program by serving as a part-time volunteer coach at his former high school. Although Mike had a great deal of interest in remote sensing, he described his career goal as "fuzzy." His immediate post-graduation plan was to go into the Peace Corps. While Mike claimed that joining the Peace Corps had been a goal of his for many years, it was clear that this was a fallback position in the face of not being sure what he wanted to do.

> I want that darn degree so I can go do the Peace Corps. Um, I've got this, like I said, fuzzy idea of what I'd like my ideal job to be after that, but my career goal is the Peace Corps. I might as well get my undergraduate degree and apply to the Peace Corps and see how it all falls out. I may get a few jobs for a few years here and there and kind of feel it out, but I just want to see where the chips fall when I get back from the Peace Corps (Mike).

During his time in college, Mike had had to withdraw from classes several times because of symptoms related to his OCD. Thus, it was not surprising that he was anxious to get a degree.

> Because I kept withdrawing from classes and taking some time off, my graduation date kept getting pushed back further and further and further. And I think I'm actually there now after this semester and I get enrolled for the summer. I will graduate finally (Mike).

It is perplexing that Mike indicated he plans to seek various jobs after returning from the Peace Corps versus actively pursuing a career in geography or remote sensing. This may relate to the

notion that Mike is not convinced a career in remote sensing and working with youth exists; yet, Mike did mention that he was currently, "…not really functioning at a level to do anything but barely scrape through classes." In addition, Mike was planning to return to the residential facility to receive additional treatment for his OCD immediately following graduation. Although Mike did not state that his psychiatric disability played a role in his career decisions, it may be that he questioned his ability to take on a full-time position in geography or remote sensing due to his current level of functioning.

Mary changed her major five times. Furthermore, the majors she chose were not closely aligned. She mentioned beginning college wanting to major in architecture, and then switched to comparative literature. Mary then changed her major to art for a short period of time before she transferred into consumer economics. She admitted being "all over the place," but eventually decided to major in nutrition because of her interest in the human body and exercise. However, Mary revealed that, "I needed some kind of major that would motivate me to actually complete my degree." Mary talked about potentially pursuing a career in physical therapy because she "likes working with people," but then stated, "I just want to finish my degree and see what happens in the future."

Three of the seven participants mentioned that their psychiatric disability influenced their career goals. Grace was the only one of the three who chose her major based on concerns related to her psychiatric disability. Although Mike and Lucy's psychiatric disability did not affect their major choice, it was apparent that their disability had influenced their career goals post-graduation. The other four participants did not mention that their psychiatric disability had any effect on either their major choice or their career goals.

In summary, two of the seven participants had clearly defined careers goals and had majored in academic disciplines consistent with those goals. The additional five participants expressed varying levels of uncertainty as to their career goals and plans post-graduation. The next section will focus on the participants' extent of engagement in career development activities.

RQ #2: To what extent have employment-seeking students with psychiatric disabilities engaged in career development activities leading toward their career goals?

This section presents findings about the extent to which the participants engaged in career developments activities. Career development refers to "the exploration, decision-making, planning, and job search processes students go through to discover and fulfill work-related aspirations" (Friehe et al., 1996, p. 290). Career development activities include, but are not limited to, volunteering, one-on-one career counseling, internships, career-related workshops, resume review, mock interviewing, career fairs, career inventories, job shadowing, and academic coursework focused on a career related topic(s). Volunteering is traditionally viewed as an opportunity for students to gain professional skills. For the purposes of this study, volunteer experiences do not have to be related to the participants' career goals in order to be considered a career development activity.

All seven participants engaged in at least one career development activity. Two participants engaged in more than one activity; one in five activities and the other in four activities. Four of the seven participants engaged in volunteering. Two participants sought one-on-one career counseling, two received resume assistance, and two participated in major-related internships. The career development activities in which only one student participated included: career workshops, career fairs, mock interviewing, and career-related coursework. None of the

seven participants mentioned experience with career inventories or job shadowing. Please see Table 4.2 for a summary of participant engagement in career development activities. The career development experiences of each participant are discussed below, as well as why s/he decided to or not to engage in specific career development activities.

Table 4.2

Summary of Participant Engagement in Career Development Activities

Career Development Activity	# of Participants	Name of Participants
Volunteering	4	Alicia, Grace, Mary, Mike
One-on-one career counseling	2	Alicia, Mike
Resume review	2	Alicia, Becky
Internship	2	Lucy, Mike
Career workshop	1	Alicia
Career fair	1	Mike
Mock interview	1	Alicia
Career-related course	1	Liz

Mary's only engagement in career development was as a volunteer. Her volunteer work was related to physical therapy, the career she was most interested in pursuing after graduation. Mary disclosed that she had not become more involved in career development activities because she has "…a great deal of difficulty doing everyday tasks, like class work and functioning, so everything seems overwhelming." She stated, "I'm basically not able to get a lot of things done, just because of how I deal with challenges. So I'm just trying to learn how to make that better."

Mary was aware of the career development activities and events offered at CMU, but admitted that she "hadn't gotten around" to updating her resume and did not want to attend a career fair unprepared. She also acknowledged that her level of engagement in career development may have been hindered as a result of withdrawing from school twice due to her psychiatric disability. Considering Mary expressed having such difficulty accomplishing everyday tasks, it was not surprising to learn that she did not devote much time to career development. While Mary did not talk at length about the importance of engaging in career development, she recognized that she had been "unproductive" when it came to participating in career development activities.

Like Mary, Alicia also served as a volunteer during her undergraduate career. She mentioned spending a couple of semesters tutoring elementary level students. Alicia stated that many of her friends had participated in internships, but she had not. Although Alicia did not appear envious, she acknowledged that her friends who had participated in internships had clearly defined career goals, as opposed to herself, who was still struggling with her career goal. She stated, "After realizing I couldn't be on TV or at least for right now, I just had no other idea as to what I wanted to do. So, I've kind of thought of it as a waste of my time with internships."

While Alicia did not participate in an internship, she did take advantage of other career development opportunities, such as workshops on topics related to resume building and making a good impression at a career fair or interview. In addition, Alicia met one-on-one with a career counselor to talk further about her resume and to participate in a mock interview prior to her interview with Walgreens. Although Alicia's father was influential in getting her the job with Walgreens, it seemed as though Alicia's decision to engage in numerous career development activities was of her own accord. It was unclear, however, if any of the career

development activities led her to consider any particular career goal. However, Alicia's experience with having her resume reviewed, in addition to her attendance at workshops focused on topics such as interviewing, may have played a role in receiving the job offer from Walgreens.

Grace was the third participant to discuss volunteer experience, which included running errands for the elderly at a local aging center. As a requirement of the art education program in which she was enrolled, Grace engaged in two nine-week field teaching experiences. The first experience was during the school year with fourth and fifth grade students, while the other was a Saturday program with first and second grade students. Grace noted that she had recently been made aware of an education career fair for individuals seeking teaching positions, but since it was taking place two hours away, she decided not to attend.

Liz was the only participant who engaged in a career-related course. The course was focused on interviewing and also helped students become familiar with the resources available in the career center. Although Liz was aware of the services provided by the career center, she chose not to engage in any other career development activities once the course was complete. Liz stated, "I mean, I've always thought about going to the career fairs and stuff, but like the ones that interested me, I could never go to, just scheduling problems, and I don't know." As was noted earlier, Liz had just realized she wanted to pursue a career in writing. Since she was still uncertain of her career goal, she did not spend any time during her undergraduate career participating in career development activities related to her career aspirations.

Lucy participated in career development activities related to her earlier career goal of attending graduate school in mathematics or biostatistics. These included two internships called Research Experiences for Undergrad (REU). The first REU was held during the summer of her

freshman year. Lucy stated that the REU was "very beneficial" because it was geared toward young undergraduate students. The second REU was specifically for women who were interested in mathematics. Also held in the summer, the purpose of the REU was to teach topics not normally taught at the undergraduate level. Lucy mentioned that she recently applied to a third REU focused on biostatistics. She had not been informed if she had been accepted to the program, but stated, "Even if I did [get accepted], I wouldn't want to at this point, just because I need the summer off."

As mentioned above, Lucy was feeling "burnt out" and disclosed that she was experiencing depression and anxiety from taking on too much. In relation to engaging in additional career development activities, beyond the earlier internships, Lucy responded:

> I'm not doing a whole lot, I guess, as much as I should be. I am just hoping to get out. I'm saving my money and I have been for a while. And I will pretty much work whatever I have to…to get on my feet and to find out what I want to do, I guess (Lucy).

In the beginning of her undergraduate career, Lucy did engage in internships geared toward her earlier career goal of attending graduate school in either mathematics or biostatistics. Closer to graduation, the symptoms associated with her psychiatric disability caused her to reconsider her career plans. Lucy mentioned that she may pursue a career aligned with her major and internship experiences in the future, but as for right now, she preferred working in an environment that she perceived to be less stressful, such as childcare or customer service.

Mike had volunteered for many years, primarily serving as a coach for the Science Olympiad remote sensing program at his former high school. In 2006, he also engaged in an internship at an Indian reservation related to geographic mapmaking software and field research. Both activities were related to his career interest. Additionally, Mike met with a career services

counselor and attended a couple of career fairs. As mentioned earlier, Mike had to withdraw from school on a couple of occasions because of symptoms associated with his OCD diagnosis, such as difficulty with time management, writing, and completing other coursework requirements. Mike acknowledged that he was currently not functioning at a level to engage in anything other than his coursework.

> I have talked to the people here in the career development area, and I got emails from them for a while, and really the truth is, like I said before, I've been aware of them, and I participated a little bit, but the reason I haven't continued to participate if I maybe even wanted to was at the time I was too busy, and long-term, I felt so far away from actually getting out of school that it was just discouraging to think about (Mike).

The only career development activity Becky engaged in was a resume review provided by a member of the career services staff at SU. She disclosed that the reason she had her resume reviewed was because it was a course requirement. Becky did not participate in any other career development activities because she "just didn't have the time."

In summary, all seven participants engaged in at least one activity, and for the majority, that was the sole activity in which they engaged. Only two participants engaged in more than one career development activity. For three participants, involvement in the career development process was hindered by their psychiatric disability. One participant considered career development activities to be overwhelming because she had difficulty managing everyday tasks and coursework; another participant's engagement in career development was stalled due to withdrawing from school twice; and the other participant ceased involvement in career development activities because she was currently experiencing a major depressive episode. Overall, the findings clearly suggest that the extent to which employment-seeking students with

psychiatric disabilities engaged in career development activities leading toward their career goals was minimal.

RQ 3: What disability-related problems and concerns with future employment do employment-seeking students with psychiatric disabilities anticipate?

This section presents findings regarding the disability-related problems and concerns with future employment that employment-seeking students with psychiatric disabilities anticipate as they transition from higher education into the world of work. All seven participants mentioned at least one disability-related concern they had about entering the workplace. However, the concerns reported by the participants varied, and there was no one specific concern shared by all seven participants. Without prompting, six of the seven participants either directly or indirectly conveyed how they had been affected by stigma.

Psychiatric Disability-Related Problems and Concerns with Future Employment

Two major themes emerged with regard to psychiatric disability-related problems and concerns with future employment: (a) interpersonal skills and relationships, and (b) taking longer to complete tasks, time management, and psychiatric disability relapse. Five of the participants' concerns related to one or both of these two major themes. The other two participants identified concerns different from the others, but both talked about the notion of "faking" their disability. The sections below provide a discussion of the disability-related problems and concerns with future employment discussed by all seven participants.

Interpersonal skills and relationships.

Four of the seven participants reported concerns related to interpersonal skills and relationships in the workplace. For instance, Mary talked about her difficulty interacting with people in school and the workplace. As noted earlier, Mary took a leave of absence from CMU

twice. She declared that her decision to withdraw was because, "I didn't want to interact with other people around me." However, not wanting to interact with people was contradictory to what attracted Mary to a career in physical therapy. When discussing her interest in physical therapy, Mary stated that she "likes working with people." Yet, Mary continued to talk about her struggle with maintaining long-term healthy relationships and acknowledged that she takes what is said by her peers and her supervisor personally. She also implied that her difficulty with interpersonal skills and relationships was solely a personal issue.

> I don't really know what to do, but my current employer—he's specifically a difficult personality and the nature of the work is so intimate, so I'm trying not to personalize it too much. But I also find that I can't help that. And so if that's my immediate reaction to personalize everything that happens, I just feel like through no fault of anyone else's, but just my own, I'm gonna have a lot of difficulty in whatever situation I'm in. So I'm trying to figure out a way to get around that (Mary).

Although Mary noted that she "intellectually" understood that her supervisor or coworker might simply be having a bad day, she internalized any and all negative behavior and immediately became upset. This train of thought added to Mary's negative self-perception. "I don't think this affects my behavior towards my employer as much as it affects my overall attitude towards me and my job and being unhappy and feeling worthless." Mary acknowledged that she would have been terminated if not performing well on the job, but admitted that she was still unable control her feelings of self-doubt. Mary realized these challenges were going to follow her into future employment situations if not attended to, but she had yet to implement any strategies for overcoming these disability-related problems and concerns in either her personal or professional life.

Alicia and Mike's concerns related to interpersonal skills and relationships were associated with their tendency to become angry with their supervisor(s) and coworkers. Alicia mentioned that prior to being properly diagnosed with BPD, her relentless anger once led to her mother locking herself and Alicia's younger sister into a room out of concern for their safety. Now that Alicia has been prescribed the proper medication, she is able to better control the intensity of her anger. With that said, Alicia recognized the need to continue to work through her issues with anger. "I'm right now doing a little bit of anger management with a therapist here on campus because I realize that it is an issue that needs to be addressed a little bit."

Alicia had previous employment experience where her ability to control her anger was challenged. While working at a restaurant a couple of years ago, Alicia did not get along with the manager and tended to "butt heads" with him on occasion. Alicia expressed concern about how her problems with anger might interfere with her position as a Walgreens store manager, the position she would hold after graduation.

> I hope it [anger] doesn't interfere with my job. I don't know to be honest with you. I can see situations where it can and it possibly will, which is scary for me because I'm gonna be in a management position right off the bat. Management equals leadership and a leader can't be all over the place. So, that is a concern of mine (Alicia).

Similar to Alicia, Mike confessed that he struggles with anger management issues and indicated that for him, anger is typically evoked by any type of change to his schedule or work environment. "As an OCD person, I don't like change. Change is scary. Change is hard to deal with. Change is annoying."

Mike discussed a previous employment situation where he enjoyed working with his supervisor and coworkers at the map library on campus until his supervisor became more

stringent regarding policies and procedures. This change made Mike extremely agitated and led to "several face-offs" with his supervisor. Mike admitted that he began to purposefully overstep his bounds and made unsolicited and demanding recommendations to his supervisor about how the map library should run. Incidentally, this experience exacerbated Mike's symptoms and caused him to withdraw from school for a year.

Mike was three years removed from working at the map library and realized his reaction was due to "dissatisfaction and hatred" for change and that his extreme response to the change was unwarranted. Reflection of what he experienced at the map library also helped him to understand that he may face similar problems in future employment situations.

> You can't change your boss. I know that now, and that doesn't apply to just the map library. That applies to life in general. And work in general. And my boss certainly wasn't perfect, but I realized that all that happened was because I'm OCD (Mike).

Mike went on to say, "I have an OCD mindset where I don't like change and I seek ideals, and I stick to ideals much more than a normal person who is more reasonable and flexible." Mike confirmed that being averse to change is a challenge he will most likely battle the rest of his life.

Because of his previous employment experience, Mike recognized how his OCD diagnosis and the symptoms associated can cause problems in the workplace. In spite of this, while he is more self-aware, his concerns are still the same with regard to how his intolerance for change may negatively affect interpersonal relationships in the workplace.

> You're always going to have interpersonal relationships, and then the workplace is never going to be ideal. I hope I can be flexible enough not to blow up at people, and be reasonable enough with myself not to let it boil within but just be okay with whatever it

is. And if it gets to the point where I'm really not okay with it, then I should quit and go for a different job (Mike).

Becky's concerns regarding interpersonal skills and relationships were related to her anxiety and the fact that she is exceptionally shy. Becky mentioned that she has always had difficulty interacting with others and believed this could cause a problem in the workplace with developing interpersonal relationships with her coworkers and supervisor(s). However, she had worked part-time for over a year in the Honors College and stated that her AD and shyness played "just a little" role in her employment experience.

Taking longer to complete tasks / Time management / Relapse.

Two of the seven participants, Grace and Mike, had three disability-related problems and concerns with future employment in common: (a) taking longer to complete tasks, (b) time management, and (c) the potential of a psychiatric disability relapse. These three concerns were not mentioned by the other five participants.

Grace stated that her concerns with taking longer to complete tasks and issues with time management affect her self-confidence. For instance, Grace mentioned that people with whom she has worked previously attempted to be encouraging by telling her she can do everything as well as anyone else, even though it takes her twice as long to complete tasks. While Grace believed the comments were well-meaning, she stated, "…sometimes it just feels very demeaning or like you're slow kind of thing."

Grace acknowledged that the high level of anxiety she experiences "in new situations or unfamiliar places" drives her need to spend a significant amount of time preparing, especially for interviews and curriculum lessons while student teaching. Although she recognized that all new teachers probably experience anxiety, Grace believed she devoted more time to preparation than

her peers. She expressed worry about how her difficulties with time management and anxiety will affect her when she is responsible for her own classroom. After one of her student teaching evaluations, Grace's supervisor noted that she would tend to "freeze." Grace did not dispute her supervisor's assessment and acknowledged that "freezing" when teaching was a reflection of her anxiety.

While Grace's disability has been stable for almost two years, she indicated that too much stress or even a change in medication could cause a relapse. Grace asserted that a relapse would be the "worst case scenario" and expressed a great deal of concern about how her employer would handle the situation if it were to occur.

> I won't like it if I have to miss teaching my own class so that is a concern that I have if my health deteriorates. How will I be able to take care of it? Who will help take over the classroom? I personally don't want to be a strain on the school system. I personally don't want to be disrupting the flow of the classroom for my students, especially if they're younger students (Grace).

Although Grace noted that working at a public school may afford her "rights" based on the fact that she has a disability, she was unsure to what degree the school would protect her from losing her job. In any case, Grace fears that her medicine will stop working and something "disastrous will happen." Considering Grace was hospitalized four times throughout junior high and high school for manic and depressive episodes, her concern about a potential relapse was not unreasonable.

Mike was the only other participant who mentioned being hospitalized due to the severity of his disability. Mike admitted that he had struggled with time management for years. Recognizing the gravity of the problem, he actively worked on learning time management skills,

especially during the summers he spent in the residential treatment program. Mike attributed his lack of time management to the reason why he withdrew from school.

> I have terrible time management. I can go to class. I can sit in class. Classes that had a lot of homework, or that had projects, or that I had to do a lot of writing, I completed a few of them. For the most part, I ended up dropping them. Some semesters, I dropped so much that I had to withdraw from school. I think I withdrew at least twice (Mike).

Prior to his diagnosis of OCD, Mike considered himself to be an over-achieving student. He was identified as gifted during his elementary years and would always try to accomplish more than the typical student. When he began to experience symptoms in middle school, Mike's ability to be an over-achiever was affected. He was no longer able to devote an inordinate amount of time to his academics or extra-curricular activities. Mike stated, "I would always try to do too much and I could always do it, and with the OCD, all of a sudden I couldn't."

Mike suggested that his symptoms are unlike what others may consider typical for an individual with OCD, such as a "germ phobia." Instead, he reiterated that his symptoms cause difficulty with time management and taking on too much. "I've been back to the treatment center several times and I still haven't mastered getting the time management under control. I'm just kind of getting by the best I can." Mike acknowledged that his lack of time management skills would continue to be a challenge after graduation. "Some of the problems I had in getting work done at school will cause problems in employment…and if I take on too much, I will likely crash."

Other concerns.

Liz and Lucy identified concerns different from the other five participants. However, they both discussed the notion of "faking" their disability in relation to employment or the job

search process. Liz's primary concern was focused on her MDD related symptoms. She stated, "When I get super depressed, it's hard to get out of bed and it's just a really terrible feeling. It's almost physically impossible to get up and do things when you feel that terrible." Liz talked about how her symptoms had "played a big role in getting through school," particularly because she spent less time studying during her major depressive episodes. "When you're non-motivated, it's really hard get out of bed and make yourself catch up." As for her part-time job, Liz only called in once to work due to her symptoms, so she was uncertain about the degree to which her disability would affect her in future employment. She stated that when it comes to the job search process and interviewing, "I can usually pull my shit together to some degree and make it seem like I don't have that [MDD]."

Similar to Liz, Lucy was also purposeful in making sure employers were unaware of her disability. Lucy discussed her previous customer service positions, such as being a nanny and working at a retail store and stated that, "When I'm trying to service other people, I can usually kind of fake it [MDD]. I'll be really drained or exhausted after. For the most part, I can stick it out." Lucy's main concern related to future employment was taking a job that would be overly stressful. "I definitely think I am not going to take on a position that I know will be too overwhelming at first because I want to get on my feet and at least build up some sort of foundation."

Lucy discussed a situation where she was working 50 hours a week and taking classes. The high level of stress resulted in her taking time off from school and calling in sick a few times because she "just couldn't stand it." Although she claimed interest in pursuing a position related to her major in the future, Lucy declared, "I will pretty much work wherever…and find what I want to do" post-graduation. It should be noted that Lucy was experiencing an MDD episode at

the time of the interview. She expressed hope that her symptoms would be under control by the time she began the job search process.

Disclosure

Disclosure refers to the "…deliberate informing of someone in the workplace about one's disability" (Ellison et al., 2003, p. 3). Psychiatric disabilities are typically non-apparent; therefore, individuals with psychiatric disabilities can often choose when or if to disclose to their employer. Of the seven participants, four were not planning to disclose in a future employment situation. All four participants alluded to the negative stigma attached to psychiatric disabilities and three made comments that reflected the notion of "internal stigma" or how their psychiatric disability had affected their self-perception. In contrast, two of the seven participants plan to disclose their disability because they believed their future employers deserve to be aware of their diagnosis and the symptoms associated. The final participant was unsure about her decision to disclose.

Mary was one of the four participants not planning to disclose her psychiatric disability to a future employer. She made this decision because she did not believe her psychiatric diagnosis qualified as a legitimate disability. While Mary mentioned that the negative "attitude" towards her as an individual with a psychiatric disability has been challenging, she stated, "I kind of agree [with the negative stigma]. It [MDD] is a failure of my personality. It is just a personality disorder, like maybe I don't really have any mental problems."

Lucy was not planning to disclose because she believed employers would have a negative perception of psychiatric disabilities. "I don't even like always admitting that I have it [MDD] or struggle with it. I still struggle with not being ashamed or embarrassed." Considering she had difficulty accepting her own diagnosis, Lucy was convinced that employers would have concern

about hiring an individual with a psychiatric disability. Lucy's comments and reason for choosing not to disclose signify internal stigma.

Akin to Mary and Lucy, Liz was not planning to disclose her disability. Liz pointed out that only those who know her best are aware of her diagnosis. Although Liz did not mention external stigma directly, her reason for choosing not to disclose to a future employer indicated that stigma played a role. "It's [MDD] not something I throw out and tell people, like hey, I'm depressed...because it's not really an appealing thing about a person." Her depiction of MDD implied that Liz had internalized the stigma attached to psychiatric disabilities.

Alicia was the fourth participant to express apprehension about disclosing her psychiatric disability to a future employer because of stigma. Unlike the other three participants, however, the external stigma did not seem to affect Alicia's view of her diagnosis. At no time did she allude to perceiving herself negatively because of her psychiatric disability. Yet, Alicia argued that the public's opinion of BPD was not only negative, but misunderstood.

> There is an extremely negative stigma to BPD. When one hears BPD, it's really, really angry or really, really happy. It's almost like two people living in one person's body—is what BPD sounds like to most people. But, I realize now, knowing that I have it and doing my own research, that BPD doesn't have to be like that, but it doesn't take away the stigma in society (Alicia).

According to Alicia, the misconstrued perception of BPD has resulted in people not wanting to interact with individuals who have been diagnosed with this disability. She did not believe BPD should raise such concern, but recognized that the reactions of other people may make it more of an issue than necessary. "It almost becomes bigger if I do bring it to someone's attention…it's taken from my pocket to the table where it's everyone's and I don't feel in control then."

Although Alicia was concerned about disclosing her psychiatric disability, she was not worried about disclosing her LD. “I can show them I am capable…I just need written instructions.” Stigma was never mentioned when Alicia was referring to her LD.

Grace was one of two participants planning to disclose her disability to her future employer. She stated, “Ultimately, I feel like ethically I should reveal it because it will have implications for my job performance perhaps in the future.” As mentioned previously, although Grace’s BPD had been stable for the past two years, she was concerned about the possibility of a relapse in the workplace. In addition, she had been hospitalized on a few occasions and did not want the administration to be alarmed if that should occur again. While Grace believed that disclosure was necessary, she expressed worry about a future employer discriminating against her after learning about her diagnosis.

> I’m just not sure about how I will do that. I mean, technically they can’t discriminate, but there’s always loop holes around that. [It’s] like you are always afraid that it will give someone else an edge over you, especially in this bad economy (Grace).

Mike declared his intent to disclose by stating, “I plan to disclose it [OCD] definitely. It’s a good idea to disclose.” Like Grace, Mike maintained the notion that employers had a right to be aware of his limitations. “Experience and maturity have taught me that I would need to be very upfront…it’s been a journey coming to realize my limitations, or at least respect them enough not to let them control me.” Mike understood that people with psychiatric disabilities may feel stigmatized. “I certainly felt stigmatized in middle school, trying to hide, but at this point, I believe there’s nothing to feel bad about.” He also acknowledged that discrimination may occur, but claimed he would search for work elsewhere if an employer was “prejudiced” against him because of his OCD diagnosis.

Mike was the only participant to aver that disclosure could serve multiple purposes. In addition to disclosing in order to help employers understand his limitations and the need for certain accommodations, Mike pointed out that disclosure might also provide an opportunity to educate others about his psychiatric disability.

> The action of talking about it shows that you're open and invites open conversation. It opens the door for people to feel more comfortable talking about it. So in that way, it kind of adds to my teaching, which is something I'm passionate about as well (Mike).

Becky was the only participant who was unsure about her decision to disclose to a future employer. Although Becky inferred that she may disclose, she did not provide a reason why. Becky also suggested that she may refrain from disclosing for the purpose of "not letting people know," but then stated that she had no concerns with future employers being aware of her disability. Instead of seeming conflicted about her decision, it appeared as though Becky had not put a lot of thought into the process of disability disclosure in the workplace.

Americans with Disabilities Act

While not central to the research question, it should be noted that none of the seven participants had much knowledge about their rights and responsibilities under the Americans with Disabilities Act (ADA) of 1990. The purpose of the ADA is to protect individuals with disabilities against discrimination solely on the basis of their disability. Individuals with disabilities not only have rights under the law, but they also have responsibilities, such as disclosing their disability if needing to request and receive reasonable workplace accommodations. Considering all seven participants were registered with their campus disability services office, it is likely they received academic accommodations. If continuing to require accommodations in the workplace, it is necessary for them to understand the disclosure process

and how accommodations in the workplace may differ from the accommodations they received while in college. Therefore, it is concerning that four participants had no knowledge of the ADA, while the other three had limited knowledge. Grace, Lucy, and Mike had heard of the ADA, but none were well versed in the law. Grace stated, "I am just aware that the law protects against discrimination based on any type of disability." Lucy indicated that the ADA, "…can't prevent me from getting or losing a job." Mike simply stated that he knew "a little bit" and received the information from a disability services staff member.

Recommendations for Career Services and Disability Services

Four of the seven participants provided suggestions about how career services and disability services departments could improve services for students with psychiatric disabilities in their career development and employment preparation. Based on the participants' lack of knowledge with regard to the ADA, it was not surprising that three participants either directly or indirectly referred to needing more information about the law. For instance, Alicia questioned, "If an employer refuses to write down instructions, is there a law saying that every employee has the right to written instructions?" After asking the question, she concluded that, "…more education on the laws that are set up for people with disabilities" would be helpful when transitioning into employment.

Mike was also unaware of his rights and responsibilities under the law and suggested that career services and disability services offer more resources on this topic. Mike revealed his lack of knowledge by providing a list of unanswered questions he had about employment.

> Can I really do the requirements for the job I'm applying for? And if I can't, is that going to be a problem? If I get the job and six months later it's just not working out, can I address it in order to either make changes at the job or to move on to another job? (Mike)

Although he plans to disclose his disability to future employers, these questions indicated that Mike was not familiar with the law or how to request appropriate accommodations, if needed.

Grace also recommended that career services and disability services provide assistance on the topic of the ADA. She was the only other participant planning to disclose her disability, but knew little about the ADA and the disclosure process. "One of my main concerns is how to go about disclosing my disability to future employers and how I negotiate any terms or contingency plans or rights and responsibilities that I have." Her concern stemmed from a previous part-time employment situation where a change in medication caused mixed episodes and resulted in her quitting. "It [BPD] got so bad that I had to be hospitalized, so I worked there for three months and just suddenly disappeared." Grace mentioned feeling guilty because she did not explain what had happened to her employer and never returned to work. Grace's disability-related symptoms interfered with her ability to work and she worried that a similar situation would occur in the future. However, she seemed more concerned with how her disability might affect her employer than how it might affect her career. Grace stated, "I don't like immediately cutting off something without notifying the other person because I could cause a certain amount of strain or stress and inconvenience my boss." When working part-time, Grace did not disclose to her supervisor because she did not realize her disability would become problematic. Grace questioned whether she should disclose to her future supervisor upon being hired or wait until her disability began to impact job performance. Again, Grace was unaware of any resources to assist in making these important decisions about disability disclosure in the workplace.

Lucy was the only participant who suggested that career services and disability services should create a database of disability-inclusive employers. She stated, "It would be nice to know

of employers who are understanding or have some sort of system already set up." For instance, Lucy expressed concern about her ability to manage the work environment and indicated that the opportunity to speak with an existing employee, who had a similar disability, would reduce her anxiety significantly.

In summary, all seven participants discussed at least one disability-related problem and concern with future employment. Although there was some variation, two major themes emerged from the data: (a) interpersonal skills and relationships, and (b) taking longer to complete tasks, time management, and potential psychiatric disability relapse. Six of the seven participants referred to the notion of stigma, both external and internal. Stigma was reflected in the participants' employment concerns, self-perception, and decisions to disclose to a future employer. Due to reasons related to stigma, four participants were not planning to disclose their disability to a future employer. While all of the participants expressed disability-related problems and concerns with employment, none were aware of their rights and responsibilities under the ADA. Three participants recognized their lack of knowledge about the law and recommended that career services and disability services departments should provide more resources and services on this topic.

This chapter provided a presentation of the findings of the study organized in terms of the research questions framing the study. The following chapter contains a review of the study and findings. Methodological considerations are discussed in terms of how they affected the findings followed by a discussion of the findings as they relate to the literature and the conceptual framework. Implications for policy and practice and recommendations for further research are also presented in the chapter.

CHAPTER FIVE

Summary and Conclusions

The purpose of the study was to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities. The research questions, which framed and guided the study, were:

1. Do employment-seeking students with psychiatric disabilities have clearly defined career goals?
2. To what extent have employment-seeking students with psychiatric disabilities engaged in career development activities leading toward their career goals?
3. What disability-related problems and concerns with future employment to employment-seeking students with psychiatric disabilities anticipate?

A qualitative research design was used to gain in-depth information from the perspective of students with psychiatric disabilities, specifically case study. The participants were seven undergraduate students from three Research I institutions. All participants were in their senior year of study and planned to transition into employment post-graduation. In addition, each participant had a documented psychiatric disability for which each received services through the campus disability services department. Data were collected through semi-structured, in-depth, individual interviews. The constant comparative method was used to analyze the data, which allowed patterns and themes to be discovered in reference to the research questions. This chapter provides a summary of the findings, a discussion of how the findings relate to the literature and conceptual framework, conclusions, methodological considerations, implications of findings for policy and practice, and recommendations for further research.

Summary of the Findings

The career development and employment concerns of employment-seeking students with psychiatric disabilities are summarized below:

1. The majority (n = 5) of participants did not have clearly defined career goals;
2. The participants had minimal engagement in career development activities leading toward career goals;
3. All participants revealed disability-related problems or concerns associated with future employment;
4. No one employment concern was shared by all seven participants, yet two themes dominated: (a) interpersonal skills and relationships, and (b) taking longer to complete tasks, time management, and potential psychiatric disability relapse;
5. Without prompting, the majority of participants either directly or indirectly referenced the negative stigma attached to psychiatric disabilities;
6. The majority (n = 4) of participants were not planning to disclose their disability to a future employer for reasons related to stigma; and
7. None of the participants had a great deal of knowledge regarding the Americans with Disabilities Act.

Methodological Considerations

This study described the career development and employment concerns of employment-seeking students with psychiatric disabilities. A number of limitations and delimitations were discussed in Chapter Three. However, additional limitations surfaced in the course of the study. Although the participants represented three Research I institutions, it was difficult to identify individuals who fit the criteria for the study for a number of reasons. First, there was not a large

population of senior students with psychiatric disabilities who were planning to transition into employment post-graduation. Second, students may have refrained from participating due to concerns about revealing sensitive information pertaining to their psychiatric disability. Last, students with psychiatric disabilities could not be identified unless they had utilized disability services; thus, the sample was drawn only from students who were registered with the disability services department. The findings represent the sample in the current study but do not speak to all students with psychiatric disabilities.

Moreover, the research questions guiding the study were limited. Upon reflection, an additional research question should have been included in the study. The three research questions originated from a study conducted by Hitchings et al. (2001) concerning the career development and disability knowledge of college students with learning disabilities. The purpose of the Hitchings et al. study was to provide career services and disability services departments with more information about how to best serve students with learning disabilities in their career development and employment preparation. In addition to the three questions asked in the current study, Hitchings et al. also included the following question, "Can students describe their disability and identify possible accommodations that might be needed in their career path?" The absence of this question was an oversight, as there was no original purpose for excluding the question from the present study. Considering the findings suggest that students with psychiatric disabilities have numerous concerns about entering the workplace, the inclusion of this question may have provided data to better understand the level of knowledge employment-seeking students with psychiatric disabilities have about their disability and the possible accommodation(s) they might need in a future work environment. In turn, the information gleaned from the question might have provided career services and disability services

departments with valuable information on how to better prepare students with psychiatric disabilities for the transition to employment.

Discussion

Given these limitations, the findings resemble data from previous literature in relation to: (a) limited participation in career development, (b) concerns with interpersonal skills and relationships, (c) stigma, (d) disclosure, and (e) lack of ADA knowledge. With respect to participation in career development activities, previous scholars (Friehe et al., 1996; Hitchings et al., 2001; Rumrill et al., 1999) have reported that college students with disabilities do not actively engage in career development and exploration activities. While the aforementioned research tended to focus on college students with learning disabilities or consisted of only a very few students with psychiatric disabilities, the findings from this study, while limited by the small population, correspond to the findings of those studies, and affirm that students with psychiatric disabilities engage only minimally in career development activities.

Concerns related to interpersonal skills and relationships in the workplace were the most commonly reported disability-related employment problems anticipated by the participants in this study. Although the finding is based on senior students with no professional employment experience, it resembles the findings from research conducted with individuals with psychiatric disabilities who were employed or had been employed. Previous studies have shown that individuals with psychiatric disabilities consider interacting with others a functional limitation in the workplace (MacDonald-Wilson et al., 2003), and as more of a cost than a benefit to work (Larson et al., 2007).

The second theme regarding disability-related problems and concerns about future employment related to taking longer to complete tasks, time management, and potential

psychiatric disability relapse. Previous scholarship has indicated that workplace stress could lead to an exacerbation of symptoms and may prevent individuals with psychiatric disabilities from obtaining and keeping employment (Henry & Lucca, 2004; Larson et al., 2007). Additionally, existing data related to employers' concerns about hiring individuals with psychiatric disabilities mirror disability-related problems and concerns reported by the participants. Employers have indicated that they may refrain from hiring individuals with psychiatric disabilities if they are unable to perform job tasks or produce an acceptable quantity of work (Diksa & Rogers, 1996). Interestingly, the concerns reported by the participants with regard to taking longer to complete tasks and time management parallel concerns held by employers.

The pervasiveness of stigma as a major concern for individuals with psychiatric disabilities has been widely reported in the literature (GAO, 2008; Henry & Lucca, 2004; Hernandez et al., 2000; Link et al, 2001; Megivern et al., 2003; Wahl, 1999). The notion that stigma may lead to assumptions about an individual's ability to complete higher education and successfully transition into employment (Megivern et al., 2003) was upheld in this study. In addition, the findings are consistent with the conclusions drawn by Wahl (1999) that individuals with psychiatric disabilities are more likely to avoid social contact and less likely to disclose their disability due to the negative stigma attached to psychiatric disabilities.

The majority of the participants were not planning to disclose their disability. Their reasons for choosing not to disclose were similar to what has been reported in previous literature. For instance, prior research has shown that individuals with psychiatric disabilities are concerned about disclosure due to the potentially negative response they anticipate from supervisors or coworkers (Dalgin & Gilbride, 2003; Ellison et al., 2003; Goldberg et al., 2005). In addition, the

intention not to disclose in order to be treated like everyone else expressed in the current study, echoed a finding from previous research (Goldberg et al., 2005).

Individuals with psychiatric disabilities may choose to disclose because they become hospitalized while employed or are experiencing symptoms that need to be explained (Ellison et al., 2003). The two participants who planned to disclose to their future employers felt obligated to do so because their disability had implications for their job performance. In addition, both participants had been hospitalized previously due to their disability and related symptoms. Thus, the possibility of becoming hospitalized in the future was ever-present in their minds and influenced their decision to disclose.

Several scholars have expressed concerns with students' lack of familiarity with the ADA (Friehe et al., 1996; Hennessey et al., 2006; Thompson & Dickey, 1994). College students with various disabilities have indicated a lack of awareness of the law and how the ADA protects them (Hennessey et al., 2006; Thompson & Dickey, 1994). The ADA was passed in 1990 and officially enacted in 1992. Two of the three studies mentioned above were conducted in the mid-1990s, shortly after the ADA was passed. Therefore, both students with disabilities and professionals in career services and disabilities services may have had little knowledge about the law and its employment provisions. Since the ADA was passed 21 years ago, it may be assumed that current students with disabilities would be more aware of the law. However, the data derived from the present study indicates that students with psychiatric disabilities continue to be unfamiliar with the law, as none of the participants had much of knowledge about their rights and responsibilities under the ADA.

Ecological Model of Career Development for People with Disabilities.

The conceptual framework which guided the study, The Ecological Model of Career Development for People with Disabilities, would appear to be effective in helping to understand the career development experiences of employment-seeking students with psychiatric disabilities. The model consists of constructs and processes that reflect the interaction between the person and the environment when examining career development. While taking into consideration the limitations of a small number of participants, the results of the study support the notion that certain person-environment constructs and processes influence career development for individuals with psychiatric disabilities. Several of the model's constructs and processes illuminated the impact that psychiatric disability had on the participants' career development.

The *individual* construct relates to the physical and psychiatric attributes of an individual and *decision-making* is the process by which individuals formulate decisions pertaining to their careers (Szymanski et al., 2003). The decision-making process interacts with the individual construct. Psychiatric symptoms may be a key factor in decisions regarding academic majors and professional careers for individuals with psychiatric disabilities (Megivern et al., 2003). Thus, individuals may make decisions about their academic major or career goals on the basis of their symptoms versus their career interests. In the present study, three participants indicated that their psychiatric disability and associated symptoms influenced decisions pertaining to their career. For the purpose of not wanting to exacerbate symptoms, one participant chose a major she perceived to be low-stress; the psychiatric symptoms of the other two participants influenced decisions pertaining to their career goals post-graduation.

Development processes also play out in the individual construct. Development processes refer to the systematic changes an individual experiences over time and how those changes are influenced by the environment (Szymanski et al., 2003). Existing literature has indicated that the presence of psychiatric symptoms can disrupt the career development process for individuals with psychiatric disabilities (Collins & Mowbray, 2005; Lloyd & Waghorn, 2007; Mechanic et al., 2002; Megivern et al., 2003; Tschopp, et al., 2001). Due to withdrawing from school or because engaging in career development was perceived to be too overwhelming, symptoms associated with psychiatric disabilities hindered the career development process for a few of the participants.

The *environment* construct includes the job demands and task requirements of a work environment (Szymanski et al., 2003). If an individual's functional limitations are incongruent with the demands of the workplace, barriers to successful employment outcomes may exist. The disability-related problems and concerns with future employment anticipated by the participants fall within the environment construct. As mentioned above, previous literature has shown that interacting with others may be considered a functional limitation by individuals with psychiatric disabilities (MacDonald-Wilson et al., 2003). Concerns pertaining to interpersonal skills and developing relationships in the workplace were mentioned by the majority of participants in the current study. The *congruence* process is the match between an individual and his or her environment (Szymanski et al., 2003). For individuals with psychiatric disabilities, a highly social work environment may not be congruent. Incongruence may increase stress, lead to a disability relapse and result in resignation or termination from employment. Thus, the environment construct and congruence process must be attended to when examining the career development of individuals with psychiatric disabilities.

The *mediating* construct includes individual, cultural and societal beliefs (Szymanski et al., 2003). For instance, the model predicts that individual, cultural, and societal beliefs pertaining to stigma could have a significant impact on those with psychiatric disabilities, which may cause misconceptions about their ability to be successful (Tschopp et al., 2001). Stigma may also be internalized and have a negative effect on self-confidence. The findings suggest that individual and societal beliefs regarding psychiatric disabilities affected the participants' career development process. Individual mediating constructs were most notably reflected in the participants' assumptions about their ability to successfully transition into employment. With regard to societal beliefs, the negative stigma associated with psychiatric disabilities played a role in the participants' decisions regarding disclosure.

The study grew out of the researcher's interest and work in the field. Her knowledge on the career development and employment preparation of college students with various disabilities helped her realize the topic of students with psychiatric disabilities needed more attention. Through one-on-one interaction with students at her home institution, the researcher noticed that students with psychiatric disabilities expressed consistently high levels of concern about their disability in relation to career development and the transition to employment. When she began searching for resources on how to best serve this population, very little information was available.

At the beginning of the study, it was the researcher's belief that employment-seeking students with psychiatric disabilities would not have clearly defined career goals and that the participants' level of engagement in career development activities would be minimal. However, she was surprised to learn that only a few of the participants made decisions regarding their career goals and engagement in career development activities based on their psychiatric

disability and associated symptoms. Instead, the researcher assumed that psychiatric symptoms would have played a larger role in the participants' decisions regarding their career goals and level of engagement in career development activities. The researcher did expect that the disability-related problems and concerns with future employment anticipated by the participants would center on interpersonal skills and disability relapse. However, it is not inconceivable that employment-seeking students with psychiatric disabilities at other institutions may share common experiences.

Conclusions

A few conclusions can reasonably be drawn from the study. First, students with psychiatric disabilities appear to have career development and employment concerns similar to students with other types of disabilities. However, students with psychiatric disabilities seem to have a higher level of concern with regard to interpersonal skills and relationships. Second, as with students with a variety of types of disabilities, students with psychiatric disabilities seem to have little knowledge regarding the ADA. Last, the Ecological Model of Career Development for People with Disabilities appears to be effective in helping to understand the career development experiences of students with psychiatric disabilities.

Implications for Policy and Practice

The experiences described by the participants regarding their career development and employment concerns suggest that collaboration between career services and disability services departments is necessary. Considering the majority of participants did not have clearly defined career goals nor had they participated in career development activities to any great extent, it is evident that more outreach to students with psychiatric disabilities from both departments is essential in order to assist students with psychiatric disabilities with their career development and

employment preparation. Although most students experience stress while in college, the findings suggest that students with psychiatric disabilities confront a significant amount of difficulty with everyday tasks and academic responsibilities. As a result, their participation in career development activities is limited. Similar to all students, it is necessary for students with psychiatric disabilities to begin the career development process early so they can carefully plan their participation in career development activities. Career planning with the assistance of a career services representative may enhance engagement in career development activities and help to define career goals post-graduation.

The findings suggest that students with psychiatric disabilities have multiple concerns about employment, anxiety and confusion regarding the process of disability disclosure, and little understanding of their rights and responsibilities under the ADA. Four of the seven participants provided suggestions about how career services and disability services departments could improve services for students with psychiatric disabilities in their career development and employment preparation. The recommendations focused mainly on needing more information about the disclosure process and the law. If career services and disability services staff members have a greater level of knowledge regarding these topics, the number of students who seek assistance may increase, which could result in more students with psychiatric disabilities being prepared for the transition to employment.

Recommendations for Further Research

Based on the findings, a number of research studies would add to our understanding of the career development and employment concerns of employment-seeking students with psychiatric disabilities. To this end, it would be beneficial to:

1. Replicate this study with a larger number of employment-seeking students with psychiatric disabilities who represent a variety of other institutions. It would be valuable to add the research question listed above and compare data based on specific psychiatric disability diagnoses to see if the results differ. In addition, the Ecological Model of Career Development for People with Disabilities should be utilized as the conceptual framework to test its applicability to a larger sample.
2. Develop a survey based on the findings of the study to learn more about the career development and employment concerns of employment-seeking students with psychiatric disabilities in institutions throughout the US, thereby gaining the breadth of view that was not achieved in this study.
3. Create a quantitative study on the employment outcomes of recent graduates with psychiatric disabilities. The information gleaned from a retrospective study would be beneficial in understanding how to better counsel students with psychiatric disabilities on their career development and employment preparation.
4. Design a study that explores the attitudes of employers concerning hiring individuals with psychiatric disabilities. Questions regarding employers' attitudes about the disclosure process and providing reasonable accommodations should be included.

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Appendices

Appendix A: Interview Protocol

Gender:	Graduation date:
Age:	Psychiatric disability diagnosis:
Major:	Pseudonym:

1. How did you go about choosing your major?

2. What is your career goal?

3. Have you changed your career goal during your time in college? (If yes, why?)

4. Have you participated in career development opportunities, such as volunteering, career fairs, internships, etc.? If yes, please describe those activities and why you decided to participate.

5. Were there any activities that you considered participating in, but did not? What are the factors that affected your decision?

6. In what other ways are you preparing for the transition into employment? Are you receiving any assistance? If so, from whom?

7. Will you be (are you) seeking an entry-level position that is related to your major? If yes, please explain. If no, why not?

8. Have you participated in any interviews or had any other interaction with recruiters?

9. Can you describe the level of support you are receiving from your family and friends regarding your transition to employment?

10. How or when did you first become aware of your psychiatric disability?

11. Do you think your psychiatric disability will play a role in seeking and obtaining employment? If yes, in what way(s)?

12. Has your psychiatric disability played a role in previous employment experiences? If so, please describe.

13. Do you have any disability-related concerns about employment?

14. Are you familiar with the Americans with Disabilities Act (ADA)?

15. Are you planning to disclose your disability at any time during the job search process? (If yes, why? If no, why not?)

16. Have the disability services and career services departments assisted you in preparing for the transition into employment?

17. What additional resources and services could your campus provide that would assist with your career development and employment preparation?

18. Is there anything that I haven't asked you that you think is important for me to know to understand your career development and employment concerns as a student with a psychiatric disability?

Appendix B: Initial E-mail to Potential Participants

Dear Student,

My name is Sarah Helm and I am conducting research for my doctoral dissertation on students with psychiatric disabilities as part of the requirements for a Ph.D. in Higher Education Administration at the University of Tennessee, Knoxville. Although students with psychiatric disabilities represent the largest cohort of those who self-identify as having a disability, we know little about the career development and employment concerns of students from this population. The purpose of this study, therefore, is to describe your career development and employment concerns as an employment-seeking student with a psychiatric disability. The objectives of the study are as follows:

- To understand whether employment-seeking students with psychiatric disabilities have clearly defined career goals;
- To describe the extent to which employment-seeking students with psychiatric disabilities engage in career development activities leading toward their career goals; and
- To understand what future employment disability-related problems and concerns employment-seeking students with psychiatric disabilities anticipate.

You have been identified as a student who qualifies for this study based on the fact that you are (a) a student with a diagnosed psychiatric disability, (b) traditionally aged (18 – 25), (c) in your senior year of study, and (d) planning to transition to employment after graduation. As a result, you are kindly asked to participate in this research study. The following information is provided in order to help you make an informed decision about participation.

Participation in this study is strictly voluntary. If you decide to participate, you have the option of withdrawing from the study at any time; there is no penalty for withdrawing and no explanation is necessary. The [redacted] staff will not be notified if you decline to participate or if you decide to withdraw from the study prior to its completion. The study is not in any way associated with the [redacted].

If you agree to participate, you will engage in one individual interview that will last approximately 60 to 90 minutes. During the interview, you will decide which experiences to talk about. There are no physical risks associated with this research. You may, however, feel temporary distress when answering questions about your career development experiences and employment concerns. At the conclusion of the interview, I will provide you with information on the career services resources provided at [redacted]. I will also introduce you to Career Opportunities for Students with Disabilities (COSD), which is a national association focused on the employment of college students and recent graduates with disabilities. COSD matches qualified students with disabilities with employers who are looking to diversify their workforce.

Although space will be available in the [redacted] office, you can choose an alternate location to conduct the interview if you prefer. All interviews will be audio taped and eventually transcribed. If you would prefer not to have the interview audio taped, we will work together to find an alternate method of gathering the data. At the start of the interview, you will provide a pseudonym to which you will be referred in the transcript. The transcript will contain no other identifying information and the audio tapes will be destroyed after the transcription process is

complete. Since you are an expert on your own experiences, you will have the option to read the interview transcript and provide feedback. You will have the opportunity to add, delete, or modify any information before the data is analyzed. My doctoral committee chair will be the only other individual who will have access to the transcripts. To further protect confidentiality, all data will be summarized for reporting purposes. No individuals will be able to be identified or identifiable. In addition, the [redacted] will not be mentioned at any time in the study. The results of this study may be published in scientific journals or presented at professional meetings, but if this happens, you will not be identified. All participants will receive a $10 bookstore gift card at the conclusion of the interview as a thank you for participating.

I plan to visit your campus to conduct the interviews in April or May, 2010. In the meantime, if you have any questions that have not been answered, please do not hesitate to contact me. My contact information and a brief biography of my professional background are included below.

Please confirm your interest by sending me an e-mail at shelm1@utk.edu. In your e-mail response, please include your full name, e-mail address, and phone number. Once you have confirmed your interest in participating, I will provide follow up communication about setting up the specific day and time for the interview. I will also forward you a copy of the informed consent form for your review. Thank you for your consideration.

Sincerely,
Sarah Helm

Sarah Helm serves as the Disability-Careers Office (DCO) Coordinator at the University of Tennessee, Knoxville (UTK). As Coordinator of the DCO, she counsels students with disabilities in the areas of career development and employment preparation. Although she works with students with all types of disabilities, students with psychiatric disability diagnoses represent the largest cohort of students who utilize the services of the DCO. Services provided by the DCO include, but are not limited to: major exploration; career counseling; self-disclosure skill development; interview techniques and preparation; and information regarding rights, responsibilities, and options for reasonable accommodation in the workplace. Sarah also serves as the Co-Chair for the University's annual Diversity Job Fair. She is currently pursuing her Ph.D. in Higher Education Administration with an emphasis in Rehabilitation Counseling at UTK. Sarah earned her B.S. from Illinois State University and her M.S. from Bowling Green State University.

Sarah Helm
The University of Tennessee
Disability-Careers Office
100 Dunford Hall
Knoxville, TN 37996
(865) 974-6860
shelm1@utk.edu

Appendix C: Informed Consent Form

Title of Project:

Career Development and Employment Concerns of Employment-Seeking Students with Psychiatric Disabilities

Principal Investigator:

Sarah Helm
The University of Tennessee
Disability-Careers Office
100 Dunford Hall
Knoxville, TN 37996
(865) 974-6860
shelm1@utk.edu

The purpose of this study is to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities. The objectives of the study are as follows:

- To understand whether employment-seeking students with psychiatric disabilities have clearly defined career goals;
- To describe the extent to which employment-seeking students with psychiatric disabilities engage in career development activities leading toward their career goals; and
- To understand what future employment disability-related problems and concerns employment-seeking students with psychiatric disabilities anticipate.

You have been identified as a student who qualifies for this study based on the fact that you are (a) a student with a diagnosed psychiatric disability, (b) traditionally aged (18 – 25), (c) in your senior year of study, and (d) planning to transition to employment after graduation. As a result, you are kindly asked to participate in this research study. The following information is provided in order to help you make an informed decision about participation.

Participation in this study is strictly voluntary. If you decide to participate, you have the option of withdrawing from the study at any time; there is no penalty for withdrawing and no explanation is necessary. The [redacted] staff will not be notified if you decline to participate or if you decide to withdraw from the study prior to its completion. The study is not in any way associated with the [redacted].

If you agree to participate, you will engage in one individual interview that will last approximately 60 to 90 minutes. During the interview, you will decide which experiences to talk about. There are no physical risks associated with this research. You may, however, feel temporary distress when answering questions about your career development experiences and employment concerns. At the conclusion of the interview, I will provide you with information on the career services resources provided at [redacted]. I will also introduce you to Career Opportunities for Students with Disabilities (COSD), which is a national association focused on

the employment of college students and recent graduates with disabilities. COSD matches qualified students with disabilities with employers who are looking to diversify their workforce.

Although space will be available in the [redacted] office, you can choose an alternate location to conduct the interview if you prefer. All interviews will be audio taped and eventually transcribed. If you would prefer not to have the interview audio taped, we will work together to find an alternate method of gathering the data. At the start of the interview, you will provide a pseudonym to which you will be referred in the transcript. The transcript will contain no other identifying information and the audio tapes will be destroyed after the transcription process is complete. Since you are an expert on your own experiences, you will have the option to read the interview transcript and provide feedback. You will have the opportunity to add, delete, or modify any information before the data is analyzed. My doctoral committee chair will be the only other individual who will have access to the transcripts. To further protect confidentiality, all data will be summarized for reporting purposes. No individuals will be able to be identified or identifiable. In addition, the [redacted] will not be mentioned at any time in the study. The results of this study may be published in scientific journals or presented at professional meetings, but if this happens, you will not be identified. All participants will receive a $10 bookstore gift card at the conclusion of the interview as a thank you for participating.

By agreeing to participate, you are giving your consent to use all or part of the verbatim transcripts in my dissertation and / or in future publications, if any. Do not hesitate to contact me if you should have any questions about the study. If you agree to participate, please sign the form below.

I have read the above description and explanation of the study, and I agree to participate.

_____ _____

Signature **Date**

_____

Name (Printed)

Appendix D: Language of the Researcher to the Participants

Good morning/afternoon and thank you for being here. My name is Sarah Helm and I serve as the Coordinator of the Disability-Careers Office (DCO) at the University of Tennessee, Knoxville (UTK). I am also a doctoral student at UTK in the Higher Education Administration program with a specialization in Rehabilitation Counseling. I am here today to conduct important research relating to the career development of students with psychiatric disabilities. Specifically, the purpose of my study is to describe the career development and employment concerns of employment-seeking students with psychiatric disabilities. The data will be used in my dissertation at UTK.

In order to collect this data, I have requested your participation in an interview study on this topic. I will be asking you questions on your career development experiences and employment concerns. I will also ask questions about whether or not you anticipate disability-related problems with your future career. At the end of the interview, I will ask for your suggestions as to what additional resources and services your campus could provide that would further assist you with your career development and employment preparation.

I understand that you have reviewed the informed consent form but I want to take this time to review the information once more and answer any questions or concerns that you may have about your participation in the study. *[Review informed consent form]*.

The interview will be audio taped unless we have agreed upon an alternate method of collecting the data. I plan to store the transcripts in a locked steel file cabinet in my UTK office for which only I have the key. A couple of very critical issues, so please listen carefully. *A signature on this form will constitute informed consent. If you have any other questions about this study, you can contact me or the IRB Office at the University of Tennessee.*

Again, you have the option of ending the interview at any time without penalty or providing me with an explanation. Do you have any additional questions before we get started? Thank you again for coming and your willingness to participate in this study.

Vita

Sarah Charlotte Helm was born in Decatur, IL, to the parents of Walter and Susan Helm and has two sisters, Alisa and Amanda. After high school graduation, Sarah headed to Illinois State University where she received her B.S. in Sociology. Sarah went on to receive her M.A. in College Student Personnel at Bowling Green State University (BGSU). During her time at BGSU, she served as a Graduate Assistant in Orientation and First Year Programs and conducted her practicum work in Disability Services. Sarah was hired as an Assistant Director in Orientation and New Student Programs at Purdue University where she oversaw the Purdue Opportunity Awards, a scholarship program for Indiana residents with high financial need and personal hardship. After two years at Purdue, she moved to Knoxville to serve as the Coordinator of the Disability-Careers Office (DCO) through Career Services at the University of Tennessee, Knoxville. Her primary responsibility is to counsel students with various disabilities on their career development and employment preparation. Sarah also serves as the Chair of the Knoxville Mayor's Council on Disability Issues (CODI) and is an active member of Career Opportunities for Students with Disabilities (COSD). She is also highly involved in the National Multiple Sclerosis Society (NMSS).