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By Abigail C. Mook

Entitled Utility of Consumer-Rated Fidelity of Evidence-Based Supported Employment

For the degree of Master of Science

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UTILITY OF CONSUMER-RATED FIDELITY OF EVIDENCE-BASED SUPPORTED EMPLOYMENT

A Thesis

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ABSTRACT

Mook, Abigail C. M.S., Purdue University, December, 2010. Utility of Consumer-Rated Fidelity of Evidence-Based Supported Employment. Major Professor: Gary R. Bond.

There is a lack of existing research that investigates the feasibility of using consumers to evaluate the fidelity of evidence-based practices, including supported employment which is an intervention that helps people with severe mental illnesses to obtain competitive employment. Fidelity refers to the extent that the SE program adheres to the Individual Placement and Support (IPS) model of supported employment. The present study was a concordance study that investigated whether or not consumers' self reports of IPS fidelity information agreed with administrative charts and employment specialists. Additionally, it was hypothesized that consumers' program satisfaction ratings would be positively correlated with their self reported IPS fidelity scores. An additional purpose of this study was to examine what types of supported employment fidelity items consumers were able to report on. Participants included a volunteer sample of 30 consumers and 5 employment specialists from one IPS program in Indiana.

Consumers in the IPS program were interviewed by telephone using a survey that included questions related to their program's fidelity as well as their satisfaction with the program. Questions were based off of items from the IPS Fidelity Scale and were categorized into the following subscales: work incentives counseling, job search, engagement, organization, staffing, and job support. Similar questions were asked in an employment specialist survey and a chart review. All three sources (consumers, charts, and employment specialists) indicated high IPS fidelity responses on the researcher developed surveys. However, there was a low level of agreement between the sources at both the subscale level and item level. Although there was an overall low level of agreement between sources, there were several items that had a moderate or higher

degree of agreement. Additionally, the present study did find a positive correlation between the consumer fidelity score percentage and consumer IPS program satisfaction ratings, supporting the researcher's hypothesis. Among the items that consumers had difficulty answering were several tapping program level policies such as zero exclusion. Reasons for the discrepancy in agreement between sources as well as clinical implications of the findings are discussed.

CHAPTER 1. INTRODUCTION

1.1 Rationale for Present Study

Many consumers of mental health services believe that employment is a vital component of their recovery (McQuilken, Zahniser, Novak, Starks, Olmos, & Bond, 2003). Studies have found that the majority of people who have a severe mental illness (SMI) want to obtain competitive employment (Bond, 2004). Despite widespread employment goals among people with SMI, less than 15% of consumers with severe mental illnesses receiving community mental health services are employed (McQuilken et al., 2003). One barrier that this population faces in achieving employment is the fact that many have limited access to vocational services such as supported employment programs (Bond, 2004).

Supported employment is a type of intervention that aims to help people with disabilities to obtain competitive employment, defined as employment in which the employee is paid at least minimum wage, works at least one hour per week, and is a job that anyone could have been hired for, including someone who does not have a disability. There are many types of programs that label themselves as being a supported employment program. However, the only evidence-based form of supported employment is the Individual Placement and Support (IPS) model, developed by Becker and Drake (1993). Evidenced based practices are considered to be well defined interventions that have a substantial body of research evidence demonstrating that they effectively achieve favorable client outcomes (Drake, Merrens, & Lynde, 2005). IPS research has indicated that employment rates for those with SMI have the potential to be considerably increased above the aforementioned 15% rate. The present study focused on the IPS model of supported employment. This study is consistent with three current trends in the mental health field which are described below.

One current trend within supported employment programs, and the mental health field as a whole, is the increasing emphasis toward measuring program fidelity. Fidelity refers to the degree to which a program fits a particular model (Becker & Drake, 1993). It is typically measured by utilizing scales that are rated by independent assessors. IPS is among the practices for which fidelity scales have been developed.

Another trend is the increasing emphasis placed on cost effectiveness of mental health program evaluation. Due to the vast amount of under-funded mental health centers, there is a heightened need to develop less labor intensive ways of conducting fidelity assessments for programs such as IPS. Many states and individual agencies lack necessary funding and access to assessors that are required in order to conduct fidelity assessments (National Association of State Mental Health Program Directors, 2007). Oftentimes, quality improvement activities, such as fidelity assessments, are the first areas where budget cuts are made. These cuts decrease the capacity of states and mental health agencies to implement fidelity assessments. Decreasing the amount of labor needed for such assessments would serve to lessen the burden on independent fidelity raters and thus increase cost effectiveness.

Another current trend in the mental health field is the increasing importance placed on consumers' roles in assessing mental healthcare services. People who utilize mental healthcare services have been increasingly viewed as consumers who have the right to high quality treatment, to express their opinions, and to be involved in program evaluation. An example of this trend of involving consumers in program evaluation includes the utilization of patient reported outcomes and surveys in both research and clinical settings (Druss, Rosenheck, & Stolar, 1999). Consumers are largely seen as a valuable source of information that is not directly attainable from other sources such as staff members, program administrators, and administrative files. For example, in supported employment fidelity assessments, some information is best answered by the consumer; an example of such information would be whether the consumer got a job that matched his/her preferences. The present study aimed to increase consumers' involvement in fidelity assessment of supported employment programs.

The purpose of this study was to create a survey that measures the fidelity of a supported employment program by utilizing consumers' perceptions of their experience within the program. This survey is a version of the existing IPS Fidelity Scale developed by Becker, Swanson, Bond, Carlson, Flint, Smith, and Lynde (2008). Such a tool is intended to ultimately lessen the burden on independent fidelity raters by utilizing consumers' reports about their experience in the supported employment program. The intended application of consumers' reports is to complement independent rater fidelity data, not eliminate the need to use independent raters.

Typically when measuring a construct, the validity is increased when multiple sources are used. There are many different sources that can be used in order to measure a particular construct. For example, Fiske (1971) discusses the various modes of measuring personality; such modes include observations, self reports, external raters, and interviews. Similarly, there are a variety of sources that can be utilized in order to measure the construct of IPS fidelity. Such sources include expert observations, interviews, and chart reviews.

There are four main reasons why a consumer-rated fidelity survey for IPS is needed. The first reason is that it would provide an opportunity to engage and empower consumers of IPS programs by increasing their role in program evaluation. A second reason is to provide another source of IPS fidelity information, thereby increasing the validity of the current method of gathering program data; currently there are various concerns regarding the validity of how IPS fidelity information is typically gathered. A third reason for the use of a consumer rating of fidelity is to provide an expansion of fidelity measurement to include individual measures of fidelity in addition to a program level measure of fidelity. This would lead to a better measure of inter-consumer variability of IPS Fidelity Scale items. The fourth reason is that such a tool may reduce the burden that individual raters experience during the fidelity assessment process. The following sections present a rationale for developing a consumer-rated IPS Fidelity Scale. This rationale provides an overview of supported employment, fidelity, the IPS Fidelity Scale, and the process of IPS fidelity assessment. Additionally, each of the four reasons why a consumer-rated fidelity scale is needed for IPS will be discussed. Advantages and

disadvantages associated with the utilization of self reports as well as consumer satisfaction are also addressed.

1.2 Background Information

Description of the Individual Placement and Support (IPS) Model of Supported Employment

The IPS model of supported employment is an evidence-based practice; it has been found to have a range of favorable competitive employment outcomes such as employment rates, total time worked, and earnings (Bond et al., 1997). Evidence for the effectiveness of IPS includes studies that involve the conversion of day treatment centers to IPS as well as a series of randomized clinical trials and quasi-experimental studies (Bond, Becker, Drake, Rapp, Meisler, Lehman, Bell, & Blyler, 2001). There are seven principles which serve to define the IPS model. The first principle is that the program focuses on competitive employment. There is evidence that consumers who are engaged in competitive jobs demonstrate improved self esteem and enhanced symptom control. It has also been found that most consumers with severe mental illnesses prefer to be involved in competitive rather than non-competitive employment (Bond, 2004).

Another tenet of the IPS model is its emphasis on a rapid job search. This involves starting consumers' job searches as soon as possible after they have entered the program. As a model, IPS avoids prevocational job training; it is thought that consumers may lose interest if they are delayed access to employment with hurdles such as an extensive battery of vocational assessments. It is important to capitalize on the initial momentum that consumers may have when they start the IPS program.

Another principle of the IPS model is the emphasis on consumer preferences. IPS stresses the importance of implementing job finding services that are tailored to consumers' needs, desires, and abilities (Becker, Bond, Mueser, & Torrey, 2003). This focus on consumers' preferences is beneficial because it enables them to obtain jobs that they truly want. It has been found that consumers of IPS programs who obtained jobs that matched their preferences tended to have significantly longer job tenures and higher

job satisfaction (Mueser, Becker, & Wolfe, 2001). Another benefit of focusing on consumers' preferences is that it may heighten their perceptions that they are being listened to and respected. Additionally, consumers may lose interest if they are required to engage in vocational training or following job leads for a job that does not match their preferences.

Another principle that is indicative of the IPS program model is the policy of zero exclusion. This refers to the policy that consumers who have a desire to work are not barred from receiving services even if they have deficits or behavioral problems that might be regarded as preventing them from succeeding in employment. This is in contrast to many traditional vocational programs which emphasize job readiness training and require consumers to have their symptoms and/or substance abuse under control before they can receive vocational services. The zero exclusion policy is beneficial to consumers because anyone who has the desire to work may do so. Furthermore, if consumers are turned away it may discourage them from pursuing their vocational goals. This principle is based on research that has found that consumers' symptoms and/or substance abuse are not predictive in determining their vocational outcomes (Becker, Bond, Mueser, & Torrey, 2003). Furthermore, studies have not demonstrated evidence for justifying the exclusion of consumers from obtaining supported employment services due to diagnosis, work history, job readiness, or other factors that are typically used for screening purposes (Bond, 2004).

The integration of vocational rehabilitation and mental health is another principle that helps to define the IPS model. This refers to the model's requirement that staff members who provide mental health services to consumers in supported employment work closely with the consumers' employment specialists. This integration is achieved by requiring that consumers' employment specialists attend mental health treatment team meetings typically made up of social workers, a therapist, a nurse, and a psychiatrist. The presence of an employment specialist on the treatment team is beneficial because it ensures that the consumers' work goals are salient to other staff members.

Additionally, the integration of mental health and vocational services prevents consumers from having the burden of making sense of conflicting messages from

providers who do not communicate with one another. Drake and colleagues (2003) compared an integrated style of supported employment with an approach toward vocational services that was not integrated; it was found that the integrated services were more effective; they had better engagement and retention of consumers in the program, better communication between clinicians, a heightened clinician understanding of consumers' employment goals, and the use of clinical information in developing vocational plans. (Drake, Becker, Bond, & Mueser, 2003)

Ongoing support is another critical facet of the IPS model of supported employment. This principle requires that the vocational services provided by employment specialists last for an indefinite length of time. Ongoing support helps consumers because they may feel pressured if they are told that their support will only last for a specified length of time. Additionally, this principle is beneficial because of the trend that consumers of supported employment have toward short job tenures; consumers who lose or quit a job may need assistance from their employment specialist to find a new one. Ongoing support provides them with a sense of security, knowing that they have someone to go to if work conflicts arise.

Benefits counseling, also known as work incentives counseling, has recently been added as a seventh principle to the IPS model. This service requires that consumers meet with a benefits counselor so that they can discuss how benefits may change as a result of working. Benefits counseling should be an ongoing area of discussion due to the fact that one's disability benefits status may change as a result of changes in employment (Swanson, Becker, Drake, & Merrens, 2008). Not surprisingly, the fear of losing benefits is common among consumers.

Supported employment programs that claim to follow the IPS model must adequately demonstrate that they adhere to the seven aforementioned principles. Assessing fidelity is the most direct way to determine adherence to this model. There are a variety of items that are associated with each of the seven IPS principles that are assessed during IPS fidelity reviews. The following section provides an overview of program fidelity in general followed by a discussion of fidelity specific to the IPS model of supported employment.

An Overview of General Fidelity Assessment and IPS Fidelity Assessment

This section begins with a discussion regarding the purpose of measuring program fidelity, timing of fidelity assessment, levels of fidelity assessment, and various groups who undertake the fidelity assessment process. The following subsection then describes the fidelity assessment process specific to the IPS model and covers the following areas: the IPS Fidelity Scale, the importance of assessing IPS fidelity, and the IPS fidelity assessment process.

Purpose of Program Fidelity Measurement

Fidelity measurement has a variety of functions which may be applicable to both research and clinical settings. One manner in which fidelity scales may be used is to facilitate communication, for example, fidelity scales may aid the introduction of a particular program model to groups who are unfamiliar with the model. Additionally, fidelity scales help to communicate information about program standards. These scales can also enable future researchers to see exactly how a particular program or intervention was implemented and identify which specific components of a program are critical in contributing to favorable client outcomes (Bond et al., 2000).

In addition to facilitating communication, fidelity scales also aid the process of program evaluation and treatment implementation checks. These measures aid program evaluation by allowing for the following activities: monitoring programs' progress over time, identifying programs that do not adhere to particular models, and comparing programs to standard norms. When conducting research, if two or more treatments are being compared, it is imperative that fidelity checks are conducted in order to confirm that the treatments are sufficiently different from one another. These checks help to increase the statistical power of the study. Fidelity scales also enable researchers to assess the relationship between adherence to a particular model and client outcomes (Bond et al., 2000).

Timing of Fidelity Assessment

The timing of fidelity measurement for a particular program can be utilized in a variety of different ways. For example, fidelity scales can be used before a decision has

been made by an organization about which particular model to implement (Bond et al., 2000). Also, fidelity can be measured once or at multiple times after a program has been implemented (Bond et al., 2000). Since it is difficult to implement a program perfectly; fidelity scales act as a guide by pointing out areas that are in need of improvement (Bond et al., 1997).

Levels of Fidelity Assessment

In addition to the various time periods involved in measuring program fidelity, there are also different levels at which fidelity may be measured. These include the program level, practitioner level, and consumer level. Traditionally, fidelity has mainly been studied and measured at the program level; this involves evaluating the program as a whole and deciding whether or not it is operating according to a particular model. Measuring fidelity at the practitioner level involves evaluating whether or not individual clinicians are implementing a particular intervention as it was intended. Consumer level fidelity focuses on having consumers rate either their clinician or the program regarding critical treatment components. Consumers often report these ratings by completing self-report questionnaires. Enhancing methods of measuring fidelity often necessitates the utilization of data from several sources (National Association of State Mental Health Program Directors, 2007).

Fidelity Assessors

In addition to various levels of measuring fidelity, there are also many groups who conduct fidelity assessments. Oftentimes assessors outside the particular supported employment program are used such as staff from state mental health authorities or technical assistance centers. Another way in which external fidelity assessments could be conducted is by using peers from other agencies as evaluators. This involves having staff members from different agencies take turns conducting fidelity assessments in one another's agencies. Fidelity assessments can also be completed by utilizing an independent group such as a research team or national training center (Salyers, Bond, McGrew, Rollins, & Boyle, 2007).

Additionally, fidelity assessments could be conducted internally by using staff members from the agency that is implementing the particular program. In fact, internal reviews are sometimes conducted by a staff member who is involved in providing the services of the program or intervention. Alternatively, the assessment could be conducted by a separate department within the particular mental health agency such as a quality assurance department. Also, consumers of a particular mental health agency not receiving the particular services are sometimes used as fidelity assessors. The present study examined an additional group that might conduct fidelity reviews: consumers who are themselves recipients of the services. Specifically, it investigated consumers' roles in rating the level of adherence of their supported employment program to the IPS model. The next subsection provides an overview of the IPS Fidelity Scale including its origins, scoring procedures, and psychometric properties.

Origin of IPS Fidelity Scale and Scoring

The IPS Fidelity Scale, also known as the Supported Employment Fidelity Scale, is the tool that is typically utilized in order to measure the fidelity of IPS programs (Bond, et al.,1997). The content of the items on the IPS Fidelity Scale were developed from the IPS manual as well as brainstorming among experts. Each item on the IPS Fidelity Scale falls under one of three domains: staffing, organization, or services. An example of an item found on the scale is: "Caseload Size: Employment specialists manage vocational caseloads of up to 20 clients." Many of the items on the IPS scale represent what can be thought of as a continuum; each item is given a rating from 1-5 for each of the items. A score of 5 is the highest score, indicating excellent adherence to the IPS model for the particular item. A score of 1 indicates that the program is seriously lacking in that particular component of the IPS model. A total score of 65-75 indicates good IPS implementation; 56-65 indicates fair IPS implementation, and 55 and below signified a program that does not adhere to the IPS model.

Psychometric Properties of the IPS Fidelity Scale

There have been numerous research studies investigating the psychometric properties of the IPS Fidelity Scale. Bond and colleagues (1997) have found that all but one item on the scale had an interrater reliability of at least .80 and that the internal consistency for the entire scale was .92. Additionally, the IPS scale has been found to reliably differentiate between supported employment programs and other types of vocational programs (Becker, Smith, Tanzman, Drake, & Tremblay, 2001). Originally the IPS Fidelity Scale consisted of 15 items, more recently, it was revised to consist of 25 items classified into the same three domains as the original scale: staffing, organization, and service (Becker, Swanson, Bond, Carlson, Flint, Smith, & Lynde, 2008). Most of the research that exists regarding the fidelity of supported employment is based on the 15 item scale. The following section provides a discussion of why studying and assessing the fidelity of IPS programs is important.

Importance of Studying and Assessing Fidelity of IPS Programs

There are a variety of reasons as to why the assessment of IPS program fidelity is important. One such reason is that IPS fidelity items have been found to be significantly associated with favorable client outcomes. For example, Becker (2001) found that providing services in the community (rather than focusing solely on the clinic) was strongly positively correlated with higher rates of consumers who were competitively employed. Additionally, competitive employment rates were also positively correlated with the use of employment specialists who were responsible only for vocational services, and not other duties such as counseling or case management (Becker et al., 2001). It is important that components of a particular program that have been empirically found to be associated with favorable consumer outcomes are properly implemented. If these components are not properly implemented than it may be difficult for consumers to receive the maximum benefits associated with them. The following section provides a description of the procedures that are involved in measuring the fidelity of IPS programs.

The IPS Fidelity Assessment Process

The implementation of IPS fidelity assessments using the IPS Fidelity Scale are conducted in a consistent way across sites. The fidelity assessment process for IPS programs normally includes a day-long site visit (Becker, Swanson, Bond, & Merrens, 2008). Fidelity assessments typically involve two assessors who conduct the following activities in order to obtain a variety of perspectives regarding IPS fidelity: attend employment unit meetings, perform semi-structured interviews with staff members and clients, read administrative files, observe mental health treatment team meetings, and shadow job development meetings. Assessors use the IPS Fidelity Scale in order to direct their observations and interview questions and to guide them as to which information to look for in clinical charts (Bond et al., 1997). After their visit to the site, the assessors score the IPS scale and write a report about what they observed. Ideal fidelity reviewers are individuals who have adequate knowledge regarding IPS supported employment and the scale items. Additionally, reviewers should have the skills that are required in order to collect data and conduct interviews that lead to the acquisition of relevant information.

The following section elaborates on each of the four theoretical reasons as to why a consumer-rated fidelity survey should be included in the process of conducting IPS fidelity assessments. There is a dearth of empirical research regarding some of these reasons as well as investigations of consumer self reports of the fidelity of supported employment programs.

Reasons for the Need of a Consumer Fidelity Survey

Reason 1: The Use of a Consumer Fidelity Survey Would Increase Consumers' Role in Research and Program Evaluation

Traditionally, there has been a lack of utilization of consumers of mental health services in research and program evaluation (Linhorst & Eckert, 2002). However, consumers have increasingly been viewed as having a more influential role in these activities. Involvement in program evaluation and research has been found to benefit

consumers by increasing their self esteem and facilitating development of new skills (Linhorst & Eckert, 2002). Regarding IPS fidelity, consumers are currently involved in the assessments in a limited way; only a small number are chosen to participate in interviews with fidelity assessors. The present study aimed to provide every consumer within the supported employment program with the opportunity to provide input with regard to their program's IPS fidelity.

There are a variety of roles that consumers may take on when they become involved in program evaluation. Some of these roles include: contributors, targets, and reformers. As contributors, consumers are able to define and evaluate the quality of the services that they are receiving. In doing so, this serves to facilitate subsequent evaluation by other users. Consumers as targets refers to the idea that their behavior has the potential to be changed by educating them and improving circumstances that may impede their capacity to advocate for themselves. Additionally, the role of consumers as reformers refers to the idea that they have the potential to be influential in changing the mental healthcare system. This is achieved by being proactive and having a direct involvement in their interactions with clinicians. Other opportunities by which consumers can change the mental healthcare system are by utilizing using existing sources such as suggestion boxes, complaint procedures, and lobbying (Stallard, 1996).

There is also a continuing trend in the mental health field of emphasizing the goal of empowering consumers. Involving consumers in research and program evaluation, such as in the present study, can increase their empowerment and enable them to oversee the practices of programs as well as help ensure that services are of high quality (Salzer, 1997). The most common form of involvement for consumers in research is by providing information as participants, thus contributing to the data collection process. Consumers should be given the opportunity to be involved in the evaluation of organizations where they receive services since they are a major stakeholder in programs' success (Linhorst & Eckert, 2002). Involving consumers who have severe mental illnesses in program evaluation has been found to be feasible (Simpson & House, 2002).

There have been numerous studies that have utilized mental health consumers not only by collecting data from them, but also by involving them directly in the study

implementation process. For example, McQuilken et al. (2003) utilized a consumer-developed survey in order to investigate consumers' perceptions of employment barriers. The consumers were interviewed by peer consumers who had aided in the development of the survey by drawing upon their own experiences. Additionally, Lang and colleagues (1999) also had a high level of consumer involvement in their investigation of consumers' perspectives of mental health services. Specifically, they utilized peer counselors to interview consumers about various quality of life domains including social support, medication compliance, occupation, and daily living skills.

In addition to being involved in research and program evaluation, another way in which consumers can be empowered is by the practice of shared decision making. This practice refers to an interaction between healthcare providers and clients in which both parties collaborate in order to achieve a treatment decision. A tenet behind shared decision making is that consumers are the experts about their values, preferences, and goals (Adams & Drake, 2006). Shared decision making is related to the fidelity of IPS programs because of the fact that one of the principles, as previously mentioned, is the emphasis on consumers' preferences. Additionally the present study viewed consumers as experts about their own experiences within their supported employment program. The survey developed for the present study enabled consumers to be more involved in the fidelity assessment of their IPS program. The next section discusses another reason for using a consumer-rated fidelity scale; it may increase the validity of current methods for assessing IPS Fidelity.

Reason 2: The Consumer Fidelity Survey May Increase the Validity of Current Methods for Assessing IPS Fidelity

There are various concerns with regard to the validity of current methods of measuring IPS fidelity. One such concern is the fact that the validity may be threatened if internal reviewers are utilized who may be more inclined to give favorable fidelity scores than external reviewers. However, even if external reviewers are used, other issues concerning the validity of fidelity assessments remain. For example, many of the fidelity ratings are based on information obtained from clinical charts which may be

inaccurate and/or incomplete, thus decreasing the validity of the information. Since data relevant to the fidelity assessment may be missing from charts, consumers could be another source from which to obtain this information. Moreover, in many cases, consumers' self reports are the only way to access individual fidelity information for particular IPS Fidelity Scale items.

An additional concern regarding the validity of the fidelity assessment is that only a small percentage of IPS consumers are typically interviewed during the traditional program fidelity assessment process. The consumers chosen for the interview (often chosen by the team being assessed) may not be representative of all the consumers in the IPS program; anecdotally, fidelity assessors have noted that those who are selected for a fidelity interview tend to be ones who are doing relatively well. This is possibly due to the fact that those who have a higher level of engagement in the program tend to be those who are doing better and more likely to accept an invitation to participate in an interview. Consumers who are less successful may differ in their perspectives and personal experiences of the supported employment program.

Reason 3: A Consumer Fidelity Survey Would Expand Fidelity Measurement to Include Individual Measures of Fidelity

Consumer self reported measures of fidelity are examples of individual-level fidelity measures. This section provides a discussion of the utility of individual-level measures and the benefits that they could provide to IPS programs and the fidelity assessment process. Additionally, the potential applications of utilizing individual measures of fidelity are described.

Utility of Individual Measures of Fidelity

It is important to investigate how well a program model is implemented at the individual level since the desired outcome of fidelity assessments is to ultimately increase the quality of services that each individual receives (Bond, 2005). Individual assessments can facilitate early recognition of successes or failures in supported employment programs and point out if a consumer is having a problem with a certain aspect of the

program. The individual assessments could achieve this by identifying consumers who are outliers. This information is valuable since it is possible that programs may have a high level of fidelity at the program level, but poorly serve particular consumers. If several consumers have similar problems regarding the principles of the IPS model, perhaps it could help to provide necessary program changes (Falloon, Economou, Palli, Malm, Mizuno, & Murakami, 2005).

Furthermore, such a tool would provide information regarding the inter-consumer variability of IPS scale items. This information is not currently available in the fidelity assessment process. If certain scale items within a particular program were found to have a high degree of variability, then administrators and/or staff members could examine why such variability existed and then take action to correct potential problems.

Previous Research and Applications of Consumer-Rated Fidelity Surveys

Consumers' self reports have been used to measure programs' fidelity to particular models. For example, Essock, Covell, Shear, Donahue, and Felton (2006) utilized consumers' self reports to monitor providers' fidelity to a particular cognitive-behavioral intervention. They utilized telephone interviews of 60 consumers who were asked to report the frequency with which their clinicians utilized six components that were deemed to be a central part of the intervention by the developers. In order to rate the frequency of the use of the six critical components, respondents used Likert-type scales (0 signified not at all; 1, a little; 2, a moderate amount; and 3, a lot). There were two groups of respondents: those who received services where only some of the clinicians received training and those who received services where every clinician received training. Respondents where only some of the clinicians received training reported lower levels of clinicians' use of the six critical components than the other group. These researchers concluded that administering brief questionnaires to consumers were both useful and cost effective means of measuring the fidelity of the cognitive behavioral intervention.

Consumer's self reports of their program fidelity could ultimately be collected on a routine basis. One possibility for collecting this information would be to gather it

periodically from consumers via a web-based registry. Someone such as a fellow consumer of supported employment services could be trained and be available to assist consumers to use such a registry. The results of the surveys for a particular program could be calculated automatically and be made available for interested parties. This type of interface has already been piloted in what is known as The Decision Support Center (Deegan, Rapp, Holter, & Riefer, 2008). This center consisted of a waiting area within a mental health clinic that was changed into a peer run center for this purpose. This program used consumer input in order to create a one page long report that was used to aid in shared decision making during consumer-practitioner interactions. Staff and consumers had stated that this program enabled consumers to become more empowered and involved in the treatment decision making process.

Similar software applications have been utilized in other mental health centers. For example, in a project involving six clinics, investigators have piloted a semi-automated system that monitors patients' ratings of therapeutic alliance, treatment satisfaction, and substance use (Forman, et al., 2007). Additionally, a study conducted by Chinman and colleagues (2007) utilized an audio computer-assisted self interviewing (ACASI) program in order to collect data and feedback surveys from patients. Both of these studies found that these systems were clinically useful and feasible (Chinman, Hassell, Magnabosco, Nowlin-Finch, Marusak, & Young, 2007; Forman et al., 2007).

Reason 4: A Consumer Fidelity Survey May Decrease the Burden of Current Methods for Assessing the Fidelity of IPS

The introduction of a fidelity scale that consumers could complete may decrease the amount of resources needed in order to conduct IPS fidelity assessments. For example, the introduction of a self-report tool into the assessment process may decrease the time needed to interview consumers. In addition, some items currently obtained by fidelity assessor observation and/or chart review could instead be obtained from consumer self report.

Advantages, Disadvantages, and Research Regarding the Utilization of Consumers' Self Reports

Various barriers to using self reports in research have been documented in the literature. This section provides an overview of research utilizing self reports as well as the advantages and disadvantages of their use. Additionally, this section states how the present study aimed to address these barriers. Traditionally, many clinicians have been hesitant to place emphasis on consumer surveys due to the belief that since they have regular communication with their consumers, such a survey is unnecessary. However, there has been an increasing emphasis in the mental health field on utilizing consumers' self reports (Essock et al., 2006). Additionally, information derived from self reports may have implications for policy development due to the fact that policymakers and administrators may evaluate and develop mental health programs based on information obtained from consumers' self reports (Calsyn, Morse, Klinkenberg, & Trusty, 1997).

Advantages of Consumers' Self Reports

One advantage to using consumers' self reports is that certain information may not be available from anywhere else besides directly from consumers (Baldwin, 2000). Another advantage of using self reports is that other sources of similar information may lack validity. An example of such similar information is data located in consumers' charts. Self reports are often used instead of chart data due to the challenges involved with gathering data from administrative charts. One such challenge is that using charts can be costly and time consuming; gathering data via self reports is often more convenient and economical (Sobell & Sobell, 1978). A second challenge is that some consumers utilize multiple service providers, necessitating the access of multiple charts for each study participant; this greatly complicates the process of gathering chart data. Thirdly, some consumers' visits may not be recorded in the chart; this would be problematic for studies investigating healthcare utilization. Fourth, some chart entries may be difficult to read or decipher. Additionally, it may be the case that those who record patient information into charts may not be motivated to do so in a consistent and accurate manner (Bhandari & Wagner, 2005).

Disadvantages to Using Consumers' Self Reports

One disadvantage of using self reports is that there are a variety of uncontrollable factors that may influence the data. Such factors include the following: cognitive ability, recall time frame, and type of utilization. Self reports of healthcare utilization depend on consumers' ability to recall information about their service use. Consumers' cognitive ability to complete this task may be compromised for a variety of reasons (Bhandari & Wagner, 2005). One reason is that those who have mental illnesses may suffer from cognitive deficits that preclude them from providing accurate information. However, the extent of this argument is not fully known (Goldberg, Seybolt, & Lehman, 2002). The present study aimed to minimize this issue by providing memory prompts. Additionally, the survey developed for this study only asked a few questions regarding mental health service utilization.

It has been found that as the time frame in which respondents are asked to report their healthcare utilization increases, the accuracy of their reports decreases. Therefore, in order to increase the accuracy of self reports of mental healthcare utilization, the time frame of reporting should be limited to services used no longer than the past 6 months. Additionally, it has been found that as the frequency of service use increases, the accuracy of reporting decreases. The type of healthcare utilization is also relevant since self report accuracy is influenced by whether or not the service is associated with stigma; this is often an issue with reports of mental health service use (Bhandari & Wagner, 2005). The present study addressed the issue of time frame since the questions that did ask about service utilization only asked the respondents to report information regarding meetings with their employment specialists within the last three months. The next section provides an overview of research investigating the validity of self reports of mental health service utilization.

Research Investigating the Validity of Self Reports of Mental Health Service Utilization

There is a lack of empirical consensus regarding whether or not self reports of mental health service use are valid. A potential reason as to why this research has been mixed is that studies differ widely in their definition of "accuracy." For example, some

studies classify a self report as accurate only if it perfectly matches another data source; other studies deem the information sources to be accurate if there are minor differences. Furthermore different measures of accuracy are used across studies; these may include Cohen's kappa, percentage agreement, percentage underreporting, or percentage overreporting (Bhandari & Wagner, 2005). An additional reason for mixed research findings may be that a gold standard for measuring mental health service use does not yet exist (Rhodes & Fung, 2004).

Some studies have found that consumer self reports are a reliable and valid source of information. For example, Calsyn and colleagues (1997) found that the agreement between case manager and consumer reports of service utilization varied with regard to the content of the questions that were asked. Specifically, it was found that consumers' self reports of service utilization best matched those of the case managers in categories that involved levels of service that reflected more highly valued needs; employment was considered to be one of these highly valued needs (Calsyn et al., 1997). Relating these findings to the present study, the items that asked consumers about service utilization were about services that they receive from their employment specialist. Additionally, Golding, Gongla, and Brownell (1988) investigated respondents' self reports of mental health service use within the past year and found that the respondents' were relatively accurate. Hennessy and Reed (1992) also investigated the level of agreement between consumers' self reports of mental health service use with that of providers' computerized records. They also found that the level of consumers' reporting errors was relatively small (Hennessy & Reed, 1992).

One the other hand, evidence suggests that consumers tend to either overreport or underreport utilization of mental health services (Golding et al., 1988). For example, it has been found that particularly serious episodes of health events are less likely to be underreported. Other events that are less intense in nature are more likely to be underreported (Golding, et al., 1988). Clark, Ricketts, and McHugo (1996) also concluded that self reports are likely to underestimate hospital use. Another concern regarding the use of client self reports is that survey respondents may inaccurately report mental health service utilization for motivational reasons (Golding et al., 1988).

Despite these limitations, consumers' self reports may be valuable for the present study due to the fact that for certain items regarding IPS fidelity, they may be in a better position to provide answers than staff members. For example, consumers likely have greater insight into their own preferences and personal experiences than staff members. Additionally, as previously mentioned, often consumers may be the only existing data source for certain information. For the present study, it was an open question as to whether or not consumers would be valid sources of supported employment program fidelity. The following section provides an overview of consumer satisfaction with mental health services, reasons for the measurement of consumer satisfaction, followed by methodological shortcomings associated with satisfaction measures.

Consumer Satisfaction with Mental Health Services: An Overview and Reasons for Investigation

Satisfaction measures are also used to gather information about consumers' perceptions of their mental health programs. Lebow (1983, p. 212) defines consumer satisfaction as "the extent to which services gratify the client's wants, wishes, or desires for treatment." Satisfaction of mental health services is based on consumers' expectations and preferences regarding the services, along with their perceptions of interactions with providers (Howard, El-Mallakh, Rayens, & Clark, 2003). Satisfaction with mental health services is the outcome measure that is used most often in order to determine consumers´ opinions about the services they are receiving (Howard et al., 2003). Consumers' opinions could also be assessed by directly asking them what they think about specific program components. Both research and clinical settings have increased the emphasis that is placed on consumer satisfaction in recent years.

Importance of Measuring Consumer Satisfaction

If consumers are not satisfied with their services, then they are more likely to drop out. Consumers' satisfaction has been found to influence both their search and use of mental health services (Kalman, 1983). It is important to maintain consumers in mental health programs because it has been found that individuals with severe mental illnesses

who use these services have a better chance of maintaining stability in their community than those who do not use them (Sullivan & Spritzer, 1997). Additionally, studies have demonstrated a positive relationship between satisfaction and treatment adherence (Mason, Olmos-Gallo, Bacon, McQuilken, Henley, & Fisher, 2004). The measurement of satisfaction is also important since it could enable programs to do a better job of responding to consumers' needs. Also, consumer satisfaction has promising implications if applied to areas such as training and professional development. For example, therapists who are undergoing training can utilize the feedback and satisfaction ratings in order to aid in the learning and skill development (Margolis, Sorensen, & Galano, 1977).

The purposes of consumer satisfaction can be categorized into three domains: as a key objective of care, an index of outcome, and as an indicator of programs' quality of care (Stallard, 1996). Consumer satisfaction with services is often viewed as a key objective of care because of the assumption that consumers should have a right to high quality services that they are satisfied with. Consumers invest a great deal of time, emotional energy, and monetary resources in their services; not unlike directors, staff members, and third party payers. Many practitioners may feel threatened by the idea of measuring consumers' satisfaction. However, the goal of providing satisfaction should not be practitioners' main objective (Ruggeri, 1994). Keeping consumers satisfied is important, but another goal should be delivering evidence-based treatment and aiding consumers in obtaining favorable outcomes. In other words, components of evidence-based practices may be effective but not necessarily viewed as favorable to consumers. An example of this may be instructing consumers to complete homework for cognitive behavior therapy.

Researchers and providers have also used satisfaction as an index of outcome. A review by Chue (2006) indicated that consumer satisfaction was found to strongly influence treatment adherence. Additionally, Holcomb, Parker, Leong, Thiele, and Higdon (1998) found that there is a strong relationship between patient satisfaction and self reported symptoms, daily functioning, and self reported improvement. They then concluded that satisfaction is a valid and important measure of outcome that should be used to evaluate mental health services. However, more commonly, research does exist

showing that consumer satisfaction measures have an insignificant association with symptom change (Pekarik & Guidry, 1999).

Consumer satisfaction has also been used as a technique to evaluate mental health programs' quality of care. Many consider satisfaction measures as necessary complements to the measures of healthcare quality that are obtained by administrations. Such measures include clinical charts and administrative records (Druss, et al., 1999). Shipley and colleagues (2000) found that consumer satisfaction was a more accurate indicator of quality of care than clinician satisfaction or standard quality of care indicators. This was concluded due to the finding that consumer satisfaction ratings were more sensitive to differences in quality of services than the clinician and referrer ratings. Furthermore, clinician and referrer ratings of consumer satisfaction did not positively correlate with consumers' self reports of satisfaction.

Additionally, Davis and colleagues (2008) measured consumers' satisfaction with a 6 week CBT program and found that they were satisfied with their program. They concluded that self reported satisfaction data is a useful source of information to evaluate a CBT intervention for consumers with schizophrenia. However, the researchers did indicate that further research is needed in order to identify the specific components of CBT that the consumers labeled as either positive or negative (Davis, Ringer, Strasburger, & Lysaker, 2008). Although consumer satisfaction surveys have been used in program evaluation, they are not a complete measure of treatment effectiveness; other sources are also needed (Margolis et al., 1977). Little is known about the association between administrative measures (such as number of visits, chart information, follow up appointments, and readmissions) and consumer satisfaction in terms of evaluating a program's quality of care (Druss et al., 1999). Additionally there is a lack of empirical investigations of the relationship between consumer satisfaction and program fidelity.

Satisfaction Among Consumers of Supported Employment Programs

Consumer satisfaction with mental health services was explored through a survey conducted by the National Alliance on Mental Illness (Hall, Graf, Fitzpatrick, Land, & Birkel, 2003). One such mental health service that was investigated was IPS supported

employment. Specifically, it found that a large proportion of consumers were not satisfied with the supported employment services that they were receiving. Many of the complaints voiced in the survey concerned a lack of some of the central principles of the IPS model of supported employment. Additionally, it was found that supported employment had the lowest satisfaction ratings out of all of the interventions. The satisfaction scores for supported employment were low in the following areas: access, timeliness, quality, and safety. A lack of these elements may be associated with low fidelity to the IPS model. However, it is unclear which specific components of the supported employment program respondents viewed as being low on these four dimensions.

These findings are also a further indication that fidelity assessments are needed to ensure that programs are providing services that are of high quality (Hall et al., 2003). Consumer satisfaction ratings can provide assessors with a clue as to which components of a particular program are not serving consumers in a satisfactory way. Perhaps this would enable fidelity assessors to pay extra attention to areas that have a low level of consumer satisfaction. The following section discusses the various methodological issues that are associated with measuring consumer satisfaction with mental health services. These concerns may apply to the measurement of consumer satisfaction for the present study.

Methodological Concerns with Measuring Consumer Satisfaction with Mental Health Services

One criticism of satisfaction questionnaires is that their validity and reliability have often been questioned. The concern of the validity of consumer satisfaction measures is complicated due to the fact that there is no standard by which to compare satisfaction measures (Fitzpatrick, 1991). This is largely due to the fact that satisfaction measures are often constructed by researchers for their particular purposes as opposed to a widely agreed upon standard measure. Furthermore, in such studies the basis from which the content of the questionnaire was developed is often unreported (Stallard, 1996).

Another methodological issue in the measurement of satisfaction with mental health services is potential confounding variables. For example, a confounding variable when measuring satisfaction may be the particular point during treatment in which satisfaction is assessed (Stallard, 1996). Consumers' satisfaction may change over time and be influenced by clinical outcomes (Fitzpatrick, 1991). Also, consumers may be hesitant to give honest answers while still in treatment, worried that their responses may somehow affect the care that they are currently receiving (Lebow, 1982). This concern may contribute to consumers' tendency to give favorable responses when filling out satisfaction questionnaires. In fact, satisfaction with mental health services has typically been found to be relatively high (Stallard, 1996). This finding has been found regardless of the setting in which satisfaction is measured (Lebow, 1982). These issues can be somewhat reduced by having non-staff members administer the survey, thus maintaining the anonymity of the respondents. Another way in which these issues could be avoided would be the use of web based surveys and including non-satisfaction items in the questionnaire.

Other concerns regarding the methodology of satisfaction questionnaires are specific to the population of respondents who utilize services from mental health centers. For example, it has been argued that consumers are not capable of assessing the quality of interventions because of the assumption that they do not have the knowledge that is needed in order to evaluate complex and technical interventions (Stallard, 1996). Additional concerns, as previously mentioned, involve the various cognitive deficits that individuals with severe mental illnesses may have.

Many satisfaction surveys have been found to be a flawed indicator of healthcare quality (Cleary, 1999). However, it is now recognized that there is a need for the development and expansion of rigorous methods besides clinical conversations in order to obtain consumers' opinions on topics such as treatment decisions and quality of care (Cleary, 1999). Those who support the use of consumer satisfaction acknowledge the merit of the above arguments but suggest that they are insufficient grounds for dismissing consumers' reports of their satisfaction (Lebow, 1982). Such criticisms do not fully take into account the various strengths that may be associated with measuring satisfaction.

Regarding the argument that consumers cannot report satisfaction adequately, it is maintained that the views of consumers are important in that they are a unique perspective of treatment (Lebow, 1982). Furthermore, it should not be assumed that consumers distort their reports since in most cases they can make reasonable judgments about whether or not the treatment they receive is adequate. As mentioned previously, satisfaction measures are able to provide a unique perspective on areas of a particular program that may need to be changed and improved. Overall, consumer satisfaction has been deemed to be a useful but flawed way to assess services. Therefore, satisfaction should be included with evaluative data from other sources when assessing program quality (Lebow, 1982).

1.3 Purpose and Research Questions of Present Study

The present study examined the possible utility and validity of consumers' self reports of fidelity of an IPS program. The goal of this study was to develop a survey in which consumers report on their personal experiences in a supported employment program. This survey was composed of 57 questions based off of 15 items from the recent 25-item IPS Fidelity Scale. The 15 items from the IPS Fidelity Scale that were assessed in the consumer survey can be seen in Table 1. Additionally, Table 2 shows each question from the consumer survey as well as which IPS fidelity item that it was intended to measure.

The present research study was a concordance study. There were three questions that the proposed study aimed to answer: (1) Are consumers' self reports of IPS fidelity information valid? Specifically, do consumers' reports agree with other available fidelity sources such as administrative charts, employment specialists' surveys, and an IPS fidelity assessment? (2) Do consumers' ratings of satisfaction with their supported employment program correlate with their ratings of their program's fidelity? Specifically, it was hypothesized that consumers' scores on their fidelity surveys would positively correlate with their level of satisfaction with their IPS program. This is hypothesized due to the fact that some of the principles of the IPS model, such as individualized job search and rapid job placement seem to be consistent with consumer satisfaction. Furthermore,

consumers who obtain jobs would be more satisfied; those clients would be more likely to obtain employment if the program is congruent with principles of evidence-based IPS supported employment. (3) Which questions do consumers think that they are capable of answering? Within the supported employment literature the accuracy of differing sources of fidelity information has not been well studied. For the present study it was an open question as to whether or not consumers' self reports of fidelity information were valid.

CHAPTER 2. METHOD

The study was conducted in two phases; the first focused on survey development. The objective of this phase was to pilot and refine the consumer IPS fidelity survey, employment specialist survey, and chart review form that were developed by the researcher. The second phase focused on data collection and utilized the refined survey in order to collect fidelity information about the IPS program from consumers' self reports.

2.1 Design

The research design utilized in this study was a concordance study using a volunteer sample of consumers in one IPS program, along with a volunteer sample of employment specialists from the same program. A consumer fidelity survey was developed that asked consumers questions related to the fidelity of their IPS program and satisfaction. Fidelity information gathered from consumers' administrative charts, employment specialists, and an existing fidelity assessment served as potential validations of consumers' answers.

2.2 Setting

The study was conducted in one community mental health center in an urban setting located in a Midwestern US state. The mental health center offers supported employment services (as well as other mental health services) to those with severe mental illnesses.

2.2 Participants

The sampling frame for the consumer sample was the roster of approximately 112 consumers who received supported employment services from the mental health center.

One-hundred-and-one letters were sent to eligible participants; 30 of the 101 consumers (29.7%), enrolled in the present study. Fourteen (46.6%) participants were male and the mean age was 46.1 (SD = 8.08, min = 29, max = 63). Twelve participants (40.0%) had a principal diagnosis of schizoaffective disorder (this number includes 1 participant with paranoid schizophrenia), 16 participants (53.0%) had a mood disorder, 1 participant had a psychotic disorder not otherwise specified, and 1 had a personality disorder. For the most part, consumers gave no reason for refusing beyond their wish to not participate in a research study. The sampling frame for employment specialists was the roster of employment specialists who worked in the supported employment program at the mental health center. Eight employment specialists were invited to participate in the study; 5 (63%) enrolled. The reason that the three employment specialists gave for not enrolling in the study was that they were too busy.

Recruitment of Consumers

Consumers were recruited from May to October of 2009, they were sent a recruitment letter in the mail inviting them to participate and informing them about the purpose of the study and that all of their information would remain confidential (Appendix A). Potential respondents were also sent an informed consent form (Appendix B), a release of health information, (Appendix B) and a stamped envelope. The researcher contacted each potential respondent by phone, if they agreed to participate in the study they were then instructed to send back signed copies of the informed consent form and release of health information to the researcher. Interviews were conducted on a rolling basis between May and October of 2009.

Recruitment of Employment Specialists

The present study was introduced to employment specialists during a staff meeting. They were informed that they might be contacted at a later time to complete a brief questionnaire regarding each of their consumers that chose to participate in the study. Additionally, a copy of the informed consent form was passed out during the meeting (Appendix B). The researcher also informed the employment specialists that

they would be contacted to enroll in the study once all of the surveys were collected from the consumer participants.

2.4 Measures

Development and Scoring of the Consumer Fidelity Survey and Chart Review Form

The variables that were investigated included: consumer self reports of IPS program fidelity, employment specialist reports of IPS program fidelity, consumer satisfaction, consumer age, ethnicity, gender, and diagnosis. As shown in Appendix C, the consumer survey includes 67 items tapping into 15 items from the IPS Fidelity Scale (Becker et al., 2008). An example of a question is: "What kinds of things does your employment specialist help you with? Check all that apply: transportation, medications, housing, budgeting money, or errands." Questions were also added asking about any likes and dislikes about the program as well as opinions about the survey. The chart review form was identical to the consumer survey except that the wording was changed slightly by making the questions refer to the consumers in the third person and items that were more subjective in nature were deleted; a total of 6 items were deleted. An example of a deleted item included the following: "Do you feel that the staff at the mental health center encourages clients to work?"

The decision as to which IPS Fidelity Scale items to include in the consumer survey was made by reviewing the scale and classifying each item into one of the following categories: individual level items, program level objective, or program level qualitative. Items were placed in these categories according to how information is typically gathered during IPS fidelity assessments; some of the items were placed into more than one category. The term "program level objective" refers to those items by which assessors can gather fidelity information about the particular program without having to make subjective quality judgments; these items are often easily obtained from records within the agency such as consumers' administrative files. An example of such information would be the caseload size of each employment specialist.

Items placed in the "individual level" were activities that refer to one on one interactions that consumers would know from direct experience. Survey items regarding current employment experiences were asked only of those participants who were currently employed, as those who were unemployed were not able to provide this information. The items placed in the category of "program level qualitative" were those items which were viewed as being most easily obtained by assessment activities that were more subjective in nature such as during staff interviews or observations. Table 3 shows all of the IPS Fidelity Scale items organized according to these categories. Additionally, the instruments used for each of the measured variables can be seen in Table 4.

Consumer IPS Fidelity Survey and Chart Review Subscale Development

The subscales of the researcher-developed surveys included: benefits counseling (any activities having to do with work incentive planning), staffing (items that measure staffing characteristics of the employment team such as caseload size), organization (items that tap into the "organization" section of the IPS Fidelity Scale which include items such as employment specialist involvement on an integrated treatment team), engagement (all activities that have to do with client outreach such as meeting them in the community and involving their family members), job search (all activities that are related to the active job search process for all clients), and employment support (this includes on the job support provided to employed clients). The order of the items during the phone administration of the survey did not correspond with the item groupings according to these subscales; this was done to aid in the flow of administration of the survey. For example, questions that pertained to consumers' entrance into the program were asked first. The items organized according to the subscales can be seen in Table 5.

Scoring the Consumer IPS Fidelity Survey and Chart Review Form

The possible responses to each item on the consumer survey as well as the chart review form were determined as to whether or not they were consistent with high level fidelity (according to the IPS Fidelity Scale). Most of the survey items were dichotomous with yes = 2 (indicating high IPS fidelity) and no = 1 (indicating low IPS

fidelity); however some of the items were reverse coded. Some of the consumer survey items that were trichotomous were recoded to be dichotomous; this dichotomization was based on the distribution of responses. Upon completion of the survey, each consumer received an overall self reported fidelity percentage. This score was derived by adding up the total possible points that the particular consumer could have gotten on the consumer survey. Then the total number of points obtained was summed and a percentage of fidelity was calculated for each consumer based on the total possible score for that consumer after excluding items that were not answered. A percentage was calculated rather than a sum due to the fact that a sum would be misleading in that consumers who had a low fidelity response (score of 1) for an item would have a higher score on that item than for a consumer for which that same item did not apply to them. An example of such an item would be, "Did you get to ask the benefits counselor questions?" This item would not apply to consumers who never saw a benefits counselor. A fidelity score percentage was also calculated for the chart review form.

The chart review form was scored in an identical manner as the consumer survey; however criteria for specific items were developed as to how to judge whether the content of the chart reflected a "no" or "don't know" response. Typically an item received a "no" response if there was no documentation of the item in the chart; however there were some exceptions to this criteria. These exceptions are explained as follows: For the item asking if the client worries about losing benefits, if there was nothing mentioned in the chart about worry about this, then "don't know" was recorded. For the item asking if meeting with the benefits counselor was helpful, if there was no mention that the meeting was helpful, "don't know" was recorded. For the same item, if there was an indication that the consumer was still worried about benefits or found the meeting to be unhelpful, then "no" was recorded.

For the item "did the ES initiate the first contact with the client, "yes" was recorded only if the chart specifically stated that the ES made the first contact; "no" was recorded only if the chart specifically stated that the consumer was the first to make contact; otherwise "don't" know was recorded. For the item, "has the ES ever given the client a reminder call about an appointment?", if nothing was documented in the chart

then a "don't know" was recorded. For the item, "what kinds of things does the ES help the client with; check yes or no for each item" a "no" was recorded if there was no documentation in the chart. For items that asked whether various staff members asked consumers about their job search the answer choices included very little, somewhat, and a lot, very little was recorded if they talked one or fewer times, somewhat if they talked 2 to 3 times, and a lot if they talked more than 3 times about consumer's job or job search.

Employment Specialist Survey Development

The employment specialist survey included items from the consumer version of the survey that were modified so that the employment specialist could answer them for each consumer. It included items that could not be easily gathered from chart data and that the employment specialist would be able to answer. An example of such a question is the following: "When you meet with (consumer name), who decides where you meet?" The employment specialists were given a survey for each member of their caseload that participated in the present study. Each employment specialist answered 8 items that pertained to the supported employment program in general as well as 19 questions for each consumer on their caseload who participated. This survey was scored using the same methodology to score the consumer survey. The employment specialist version of the survey can be seen in Appendix C.

Attkisson CSQ-8 Satisfaction Questionnaire

Consumers completed the Attkisson CSQ-8 client satisfaction questionnaire (Larsen, Attkisson, Hargreaves, & Nguyen, 1979). This questionnaire includes 8 questions that ask service recipients about their satisfaction with services they receive. This survey has been used in a wide variety of settings and has high internal consistency (Cronbach's alpha = .92) (Larsen et al., 1979; De Wilde & Hendriks, 2005). Employment specialists also completed three questions about consumer satisfaction adapted from this questionnaire. Specifically they reported their perception of their consumers' overall satisfaction with the supported employment services, the type of services received, and the amount of services received. There were two phases involved

in the present study. Phase 1 focused on survey development and Phase 2 focused on data collection. Detailed descriptions of each of these phases are in the following sections. These sections are followed by an explanation of the data analyses for the present study.

2.5 Procedure

Phase 1

The purpose of the first phase was to pilot the consumer survey, employment specialist survey, and chart review. Consumers were sent the recruitment materials and then contacted by phone in order to invite them to come to the mental health center to participate in the pilot interview. A roster was kept of each consumer who was invited to participate in the study. They were each given an ID number which was placed on the survey response form of participating consumers. This roster of names and ID numbers was stored in a password protected computer, answer sheets were kept in a locked file drawer at the mental health center.

The respondents who agreed to pilot the survey read and signed the informed consent form and release of health information. The respondents were then asked the questions from the consumer survey. After Phase 1 was complete, information from the responses as well as feedback from respondents was used to refine the survey items. The survey was piloted with 4 consumers, 2 in face-face interviews and 2 using telephone interviews. Questions that this first phase aimed to answer included the following: (1) How long does it take to complete the survey? (2) Are the questions understandable? (3) What can make the questions clearer? And (4) Are there other questions that the respondents suggest should be asked? The answers to these questions guided the alteration of the consumer survey for the purposes of the data collection phase (Phase 2). Additionally, during Phase 1, two employment specialists were piloted; they did not have any suggestions regarding the survey items. Also, the chart review was completed by the researcher for each respondent after the pilot interviews were completed. The chart review form can be seen in Appendix C.

Phase 2

The second phase focused on data collection and utilized the refined version of the consumer survey. Data were collected from both consumers and administrative files, employment specialist surveys, and the existing IPS fidelity assessment results. The IPS fidelity assessment results were obtained from an assessment using the IPS Fidelity Scale that was completed in May of 2009. Consumer respondents completed the survey on a rolling basis; as soon as each respondent returned his/her informed consent form they were contacted by phone to complete the survey. After each respondent completed his/her survey, the administrative chart review was conducted by the researcher; this took place between one and two weeks after each consumer phone interview was completed.

After all consumer surveys were completed the employment specialists were given their surveys. The packets of surveys were placed in the employment specialists' mailboxes at the mental health center. Upon completion of the surveys, the employment specialists were instructed to place the envelope in the researcher's mailbox at the mental health center. The 4 piloted employment specialist surveys were completed in May of 2009; the remaining 10 were completed in September and October of 2009.

Psychometric Properties

Additionally, during the second phase a second rater was used in order to demonstrate percent agreement for the chart review process. Four of the consumer participant charts were reviewed by the second rater; this rater was blind to the ratings of the researcher. The mean percent agreement was 85.6%. The percent agreement for each participant's chart was as follows: Participant 1 (88.6%, N = 36 comparisons); Participant 2 (71.0%, N = 31 comparisons); Participant 3 (94.0%, N = 33 comparisons); and Participant 4 (88.6%, N = 35 comparisons). The internal consistency of the entire survey as well as subscales for both the consumers and chart reviews were also calculated. The Cronbach's alpha values for the consumer survey subscales were as follows: benefits, α = .15 (N = 3 items); job search, α = .51 (N = 9 items); and organization, α = .96 (N = 6 items). The Cronbach's alpha values for the chart subscales were as follows: job search, α = .86 (N = 5 items). For the remaining subscales, as well

as the surveys as a whole, the internal consistency was undefined. For the present study, the Cronbach's alpha for the Attkisson satisfaction questionnaire was .80 (N = 8 items).

2.6 Data Analysis

All of the data were double entered into the SPSS program in order to lessen the likelihood of data entry errors. First, the data were inspected to see if there were any missing data. Depending on the extent to which data were missing, a decision was made as to whether or not to exclude a participants' data from the analyses. For the present study it was not necessary to exclude any data from the analyses. The time taken to administer both the consumer surveys and chart reviews was recorded.

In order to answer the first research question (Do consumers' self reports of IPS fidelity agree with other available sources of IPS fidelity information?), several statistics were calculated. First, the percentages of high fidelity responses were calculated for each applicable source for each item. A high fidelity response refers to an answer that is consistent with the IPS model; this was determined by using the scoring criteria as described earlier. A notable discrepancy of percentage high fidelity endorsements for a particular item was arbitrarily defined to be a difference of 20% or higher. Fisher's exact test was calculated to see if the percentage of high fidelity responses for each source were significantly different from one another. Additionally, for each item the percentage of agreement was calculated between the different information sources: consumer self report survey, chart, and employment specialist survey.

Additionally, a kappa statistic was calculated for each survey item for which there was more than one source. The degree of agreement on the kappa was classified using the standards described by Landis and Koch (1977). Specifically, kappas below 0 were considered to indicate no agreement; .1 to .2 slight agreement; .21 to .40 fair agreement; .41 to .60 moderate agreement; .61 to .80 substantial agreement; and .81 to 1.00 almost perfect. For the present study, moderate to almost perfect agreement (kappa from .41 to 1.00) was considered to be a desirable indicator of agreement. For the kappa statistic analysis of dichotomous items, the following power analysis was derived from a chart; regarding kappa statistics for dichotomous items, for a power of .80 and a kappa statistic

of .40 (at least at the moderate level), and a proportion of positive ratings made by 2 raters of .50, the sample number required is 39 participants (Sim & Wright, 2005).

Not all combinations of sources were calculated (for percentage agreements, kappa statistics, and Fisher's exact test) due to the fact that certain information could only be gathered from certain sources. For example, for the question regarding how satisfied the consumer is with the program, this information was not recorded in charts, thus no comparison could be made between these sources. Additional reasons why some of the aforementioned statistics were not calculated was due to a lack of variation in responses and a high number of "N/A" (not applicable) or "DK" (don't know) responses. Pearson correlations were conducted between overall fidelity percentage scores as well as for the subscales between consumer surveys and chart reviews.

In order to answer the second research question (Do consumers' ratings of satisfaction with their IPS program correlate with their ratings of their program's fidelity?) a Pearson correlation between the total scores on the Attkisson satisfaction survey and consumers' overall fidelity percentage score was calculated. Additional Pearson correlations were conducted between consumer total satisfaction and the consumer survey subscales. Kappa statistics were also calculated between the three Attkisson satisfaction items that were asked of both consumers and employment specialists.

For the third research question (Which questions do consumers think they are capable of answering?), the respondents were asked after each section whether or not there were any items that they had trouble understanding what was being asked. The rates for which the clients had difficulty answering the questions for each section were compared to see which section has the highest rates. Additionally, the rates of "don't know" (DK) responses and non-applicable (N/A) responses were recorded.

Additional statistical analyses were conducted in order to evaluate whether or not particular confounding variables were a concern for the present study. For example, one way ANOVAs were conducted in order to see if there were significant differences due to employment specialist assignment regarding client satisfaction or client self reported IPS fidelity percentage scores. For these two ANOVAs, the total percentage fidelity scores

were analyzed; the item level was not analyzed. Only 3 of the 5 participating employment specialists were included in these analyses because of the small sample size. Overall, there were 9 consumer participants who had employment specialists that did not participate in the present research study. Thus, concordance with employment specialist ratings could not be examined for these participants.

Finally, to examine whether or not the respondents' employment status was a confounding variable (regarding satisfaction and fidelity percentages scores) two t-tests were performed. An additional concern for the present study was that the sample contained a subgroup of participants who were already enrolled in a study investigating the effectiveness of supported employment programs. In order to evaluate whether or not this was a confounding variable a t-test was performed to see if those participants in the existing study differed on either satisfaction or consumer fidelity ratings.

CHAPTER 3. RESULTS

3.1 Phase 1 (Survey Pilot) Results

The aim of Phase 1 was refinement of the consumer survey and chart review form. Feedback gathered from four respondents during this phase led to minor changes. For example, the wording of several items from the consumer survey was changed slightly in order to aid in the flow of administration. Additionally, one redundant question was deleted. Another aim of Phase 1 was to see if respondents had suggestions for additional questions; however respondents made no suggestions.

3.2 Phase 2 (Data Collection) Results

Descriptive Statistics

The administration of consumer report survey averaged 25.3 minutes (SD = 9.8, min = 10, max = 60). Not counting the time taken to retrieve the charts, the chart review averaged 26 minutes per chart (SD = 6.9, min = 15.0, max = 36.0). The descriptives for the percentage fidelity score for consumers were as follows: range = 20.1, min = 70, max = 90.1, M = 84.5, SD = 4.8. The descriptives for the percentage fidelity score for the chart reviews were as follows: range = 13.5, min = 78.9, max = 92.4, M = 86.3. The descriptives for the possible points on the consumer surveys were as follows: range = 38, min = 80, max = 118, M = 102, SD = 106.9; for chart review forms: range = 30, min = 64, max = 94, M = 76.4, SD = 8.7. The following sections provide the results for the agreement between each of the sources (consumers and administrative charts; consumers and employment specialists, and employment specialists and charts).

Do Consumers' Self Reports of Fidelity Information Agree With Other Sources?

Agreement Between Consumers and Administrative Charts

Mean fidelity score percentages were high for all three sources: consumers (M = 84.5%, SD = 4.9, N = 30); employment specialists (M = 90.3%, SD = 4.5, N = 22), and charts (M = 86.0%, SD = 4.3, N = 30). Overall, agreement between consumers and administrative chart information was poor, mean kappa = .28 (SD = .33, N = 37 fidelity items). The kappas between sources for each of the survey subscales and items are located in Table 5. Kappas for 4 of the 5 subscales ranged from slight to fair agreement. The only subscale with at least a moderate mean kappa was the organization subscale.

Regarding agreement between consumers and charts at the item level, 25 (68.0%) of 37 kappas were below the moderate level of .40. However, there were several kappas between consumers and administrative charts that were at the moderate level (.40) or above; these items were considered notable if they were based on 10 or more consumers. Most of these were found either within the organization subscale or the staffing subscale. These included the following items from the organization subscale: "Was the consumer referred to another vocational program?"; "Does the consumer receive services at a different mental health center?"; "Does the consumer receive services from a psychiatrist at the mental health center?" and "Does the consumer ever meet with the employment specialist and other staff members at the same time?" Items with kappas of .40 or higher on the staffing subscale included the following: "Has the employment specialist helped the consumer with grocery shopping and/or other errands?"; "Has the employment specialist helped the consumer with transportation?; and "Has the employment specialist helped with delivering medications to the consumer?"

Pearson correlations between consumer surveys and chart reviews are located in Table 6. The overall consumer fidelity percentage scores and chart fidelity percentage scores were not associated. The only significant positive correlation between the consumer subscale and its corresponding chart subscale was found for the organization subscale.

Another indicator of agreement between consumers and administrative charts was the discrepancy between the percentages of either source that endorsed responses consistent with high IPS fidelity. Fisher's exact test was used to evaluate if any discrepancies were statistically significant; however, none were. In lieu of a statistical finding a rule of thumb was used; any discrepancy greater than 20% was regarded as noteworthy. As shown in Table 5, 14 (26%) of the 54 items had a discrepancy of 20% or greater. The highest discrepancies included the following: 76.9% (N = 13) of consumers reported that they talked about their job/job search with their psychiatrists whereas only 14.3% (N = 14) of the chart reviews indicated that this was the case; 61.1% (N = 18) of consumers and 20% (N = 24) of the chart reviews indicated that their case manager discussed the job search; and 56.7% (N = 30) of consumers and 83.3% (N = 30) of the chart reviews indicated that the consumer was seeing a case manager at the mental health center.

Agreement Between Consumers and Employment Specialists

Overall, the agreement between consumers and employment specialists was poor. The mean kappa between these sources indicated slight agreement. At the item level, only 1 of 11 kappas calculated between consumers and employment specialists reached a moderate level of agreement: "Has the ES has spoken with the consumer's family about the job/job search?" The greatest discrepancies of percentage endorsements between consumers and employment specialists were found for the following items: "Who decides where to meet?" with 47.4% (N = 28) of consumers and 86.4% (N = 22) of the employment specialists indicating a high fidelity response; "Has the consumer spoken with anybody else about benefits?" with 21.4 (N = 29) of consumers and 63.6% (N = 22) of employment specialists giving a yes response; and "Has the employment specialist spoken to the consumer's family about his/her job/job search?" with 10.7% (N = 28) of consumers and 45.5% (N = 22) of employment specialists giving a yes response. Fisher's exact test was not significant for any of the differences in percentage endorsements of high fidelity responses. Additionally, the kappas between consumers and employment specialists for the satisfaction items ranged from slight to fair.

Agreement Between Administrative Charts and Employment Specialists

Eight items had a sufficient number of respondents to calculate the agreement between administrative charts and employment specialists. Only 1 of the 8 kappas was equal or above the moderate level of .4. There were noteworthy discrepancies in percentage endorsements between charts and employment specialists for the following items: "Has the consumer met with the employment specialists and other staff members at the same time", 18.5% (N = 27) of the charts and 52.4 % (N = 21) of the employment specialists reported yes; "The mental health center referred the consumer to another vocational program", 63.3% (N = 30) of the charts and 89.5% (N = 19) of employment specialists stated yes; "Disclosure was an ongoing topic between the consumer and employment specialist", 50.0% of charts reported yes (N = 24) and 75.0% (N = 20) of employment specialists reported yes. The Fisher's exact tests for these differences in percentages were not significant.

Do Consumers' Ratings of Satisfaction with their Supported Employment Program Correlate with their Ratings of their Program's Fidelity?

Consumer fidelity percentage scores were significantly and positively correlated with consumer satisfaction scores ($r = .65$, $p = <.01$). Consumer satisfaction was also positively correlated with the fidelity percentage scores of three subscales (consumer engagement, consumer organization, and consumer job search) on the consumer survey; these correlations are located in Table 6.

Which Questions Do Consumers Feel That They Are Able to Answer?

In order to determine which questions consumers felt that they could answer, the number of "don't know" responses was recorded. For some of the items on the consumer survey, there was a high number of "don't know" responses as shown in Table 7. An item was considered to have a high number of "don't know" responses if 5 or more consumers gave the response of "don't know." There were a total of 5 items that had a high rate of "don't know" responses. One area in which consumers reported a high

number of "don't know" responses was the "organization" subscale. This subscale included items that referred to the supported employment programs' policies, including items related to zero exclusion. Other items that had a high number of "don't know responses included the following: "After expressing interest in joining the supported employment program, how long did you have to wait to enroll as a client?" (N = 6 "don't know responses); and "When did you first meet with a potential employer after joining the supported employment program?" (N = 5 "don't know" responses).

Regarding consumers' overall impression of the survey, they felt that the questions were not difficult to answer. The average response was 4.17 (SD = .85) to the question "answering these questions was difficult." Additionally, the respondents were asked after each section whether or not there were any items that they had trouble understanding what was being asked; only one respondent reported any problems. Some of the questions could only be answered by the consumers; these included the following: "I felt pressured to take a certain type of job", "My ES encourages me to work" and "I have heard other clients' stories about obtaining employment."

With regard to the chart reviews, some items had a high number of "not documented" responses including the following: "How long after the client expressed interest in the supported employment program did it take for him/her to become enrolled?" (N = 24); "Who decides where the ES and client meet?" (N = 24); "How long after the client entered the supported employment program did it take for him/her to meet with a potential employer?" (N = 14); "Was the client the first one to initiate contact with the ES, or did the ES contact the client first?" (N = 18); and "Has the ES ever given the client a reminder call about meeting?" (N = 17).

Analyses for Confounding Variables

An analysis of variance indicated that there we no differences for consumer satisfaction and consumer fidelity percentages based on employment specialist assignment. T-tests also revealed no differences for consumer satisfaction and consumer fidelity percentages for the following groups: employed vs. unemployed, participants of an existing research study vs. non-participants; these results are located in Table 8.

3.3 Summary of Results

All three sources (consumers, charts, and employment specialists) indicated high IPS fidelity responses on the surveys. However, there was a low level of agreement between sources at both the subscale level and item level. Overall the results of this study indicate that there was low agreement between consumers and charts and even lower agreement between consumers and employment specialists. Although there was an overall low level of agreement between sources, there were several items that had a moderate or higher degree of agreement. Additionally, a Pearson correlation demonstrated that the fidelity score percentage for consumers and the fidelity score percentage for charts were not related. However, the study did find a positive correlation between the consumer fidelity score percentage and consumer IPS program satisfaction ratings. There were several items in which the consumers had difficulty answering which was reflected by the high number of "don't know" responses. These included items that seemed to tap program level policies such as zero exclusion. However, the majority of the items on the consumer survey could be answered by consumers.

CHAPTER 4. DISCUSSION

As reviewed in the Introduction, little research has investigated the feasibility of using consumers to evaluate the fidelity of evidence-based practices, including IPS supported employment. The purpose of this study was to investigate the feasibility of utilizing consumers to rate the fidelity of their IPS programs. Specifically, this study investigated whether or not consumers' reports of IPS fidelity agreed with other available sources of fidelity. Additionally, it was hypothesized that the correlation between consumers' self reported IPS fidelity and satisfaction would be positive. Possible implications of this study's findings for utilizing consumers in IPS fidelity assessments will be discussed.

4.1 Do Consumers' Self Reports of Fidelity Information Agree with Other Available Sources?

Overall the mean fidelity score percentages were high for all three sources (consumers, administrative charts, and employment specialists). One reason for this may be due to the fact that the study was conducted at one mental health center that was known to have high fidelity to the IPS model. An expert fidelity review conducted during the time of the current survey found that this site scored a 72/75 indicating very good IPS implementation.

Each source independently indicated a high level of fidelity, however most indicators of agreement between each of the three sources were low. Potential reasons for this lack of agreement will be discussed below. First, agreement between consumers and charts will be discussed, then agreement between consumers and employment specialists, followed by agreement between employment specialists and administrative charts.

Consumers and Charts

Four explanations for the lack of agreement between consumers and charts were poor chart documentation, different points of views, survey development, and item content. Regarding poor documentation, there was a high rate of missing data for some items. While there are guidelines regarding which information to enter into charts, at this mental health center the forms provide only an open space for progress notes; there is no systematic form requiring certain types of information to be documented on a routine basis. For some charts it was difficult to follow a timeline of outcomes. For example, outcomes were hard to follow in cases in which consumers had many job application submissions and interviews. In other instances the charts stated that a consumer had an appointment with a benefits counselor but details about the appointment were not documented.

Another potential reason for the lack of agreement between consumers and charts may be a reflection of differing points of view. Consumers' personal experiences within an IPS program may be quite different than what is captured during chart reviews by clinicians. For example, there may have been circumstances surrounding some of the events (such as job search activities) that were not documented in the charts. An example of such circumstances included the fact that a consumer stated that she did not want a job that involved standing but the job search involved jobs that required standing for long periods of time. This discrepancy between the consumer's job preferences and job requirements was not documented in the charts, leading to a low level of agreement.

Another explanation for the lack of agreement may be that consumers are not valid reporters of IPS fidelity information. Existing research investigating the validity of self reports of consumers' service utilization is characterized by mixed findings (Golding et al., 1998; Hennessy & Reed, 1992; Bhandari & Wagner, 2005). For the present study, it may be that some consumers did not remember answers to particular questions, but reported what they believed had occurred. Research has indicated that the accuracy of consumer self reporting decreases markedly after 6 months (Bhandari & Wagner, 2005). A few of the questions for the present study asked about events that may have occurred more than 6 months ago; these items were difficult for the consumers to answer.

Other possible reasons for the lack of agreement between consumers and charts may have to do with survey development. For example, the consumer survey and chart review form was developed directly from the IPS Fidelity Scale. The charts were not consulted before the survey development phase; they are not organized according to the IPS Fidelity Scale. Similarly, consumers were not consulted before developing the survey. Although both the consumer surveys and chart review forms were piloted, an alternative method would have been to develop a focus group of consumers prior to developing the survey. This focus group could have discussed which components of IPS fidelity programs were more important to consumers and also gain an idea of the types of items they felt they would be able to report on. This group could also have explored which types of responses would be easier to answer: dichotomous choices or Likert-type items. During the pilot phase of the present study none of the consumers had any suggestions regarding additional questions; thus the survey was largely a product of the researcher and not the consumers.

Additionally, the lack of agreement between these sources may be due to the content of response choices. For example, all of the items that asked consumers whether or not they talk about their job or job search with case managers, nurses, and psychiatrists had low agreement. The answer choices for these items were as follows: "very little, somewhat, and a lot." The lack of agreement between consumers and charts for these items could be a function of differences between the consumers' and chart reviewer's definition of "very little, somewhat, and a lot." The potential difference in interpretation between consumers and the chart reviewer could have been avoided by providing definitions to consumers for "very little, somewhat, and a lot." The answer choice criteria should have been standardized for both consumers and the chart reviewer.

Another reason for the lack of agreement between consumers and charts could be that some types of item content may be easier for clients to report on. Perhaps the items that were found to have at least moderate agreement between consumers and charts are items that consumers are better able to report. Based on the kappa values for agreement between consumers and charts, it seems that consumers are better able to report on services they have received that are more behavioral in nature. All of the kappas that are

above the moderate level of .40 seem to reflect behaviors on the part of the staff members (i.e. “Does the employment specialist help with transportation?”; “Does the consumer meet with the employment specialist and other staff members at the same time?”). Withregard to service behaviors of employment specialists, it seems that there are particular behaviors that consumers are better able to report on. For example, the kappas were high for items asking whether or not the employment specialist helps with transportation or medication delivery. The kappas were low for items that asked whether or not the employment specialist helped with housing issues, budgeting, and errands. A potential reason for this difference in agreement for similar questions could be that these activities are more salient to consumers; in other words, the behavioral items that had higher kappas were those that seemed to be in the employment specialists’ job description. Additionally, there was not much variation in responses for the item that asked if the employment specialist helps with medication delivery. Additionally, based on the kappas between consumers and charts, it appears that consumers are not able to report as accurately on discussions that they have had with staff members, with one exception: “Have you discussed your job/job search with your case manager?”

Consumers and Employment Specialists

Overall there was even lower agreement between consumers and employment specialists than between consumers and charts. The kappas between consumers and employment specialists mostly ranged from slight agreement to fair agreement. One possible reason for this lack of agreement may be the differences in perspectives; employment specialists may view certain events as more salient than do consumers and perhaps find them easier to report. For example, there may be certain items that employment specialists are required to document as indicators to their supervisors. For example, documentation of completion of a benefits profile is required by the state office of vocational rehabilitation at certain time frames for this particular mental health center. Depending on the time frame of this event, consumers may not remember details about discussing benefits. Employment specialists are better prepared conceptually to think about fidelity due to their job requirements such as completing charts, attending

meetings, and thinking about their consumers. For this reason it is may be easier for employment specialists to report on fidelity information than it is for consumers. Another reason for lack of agreement between consumers and employment specialists may be that consumers have more affect associated with some of the items which may impact their memory.

Additionally, for some items the employment specialists (as well as consumers) simply may not have been absolutely sure, but just made their best guess. For example, when consumers were asked to indicate the locations that they have met their employment specialist within the last three months they may have made educated guesses based on usual meeting locations. Another possible reason for the discrepancy between these two sources may be due to the fact that employment specialists may indicate that consumers are more involved in the decision process than consumers actually experience. For example, there was a low level of agreement for the item that asked whether or not consumers had input on meeting locations with their employment specialists; perhaps employment specialists feel that they allow consumers to have more input than consumers feel that they receive. There were only 11 questions that were asked of both consumers and employment specialists. Therefore conclusions regarding the agreement between consumers and employment specialists are limited for the present study.

The level of agreement regarding satisfaction was low between consumers and employment specialists. A potential reason for this could be that employment specialists do not know the level of satisfaction of the consumers; perhaps they do not routinely elicit this type of information. Additionally some consumers may not feel comfortable telling their employment specialists that they are dissatisfied with particular aspects of the services. This finding for the present study is similar to existing research that has found that clinicians' ratings of consumer satisfaction did not correlate with consumers' ratings of satisfaction with their program (Shipley et al., 2000).

Charts and Employment Specialists

There was also poor agreement between charts and employment specialists. However, only 8 kappa statistics were calculated comparing responses between these two sources. The discrepancies between these two sources may be due to inaccurate documentation of these particular 8 items in the charts. All of the items that were both in the chart review and asked of employment specialists were coded from progress notes that the employment specialists wrote themselves. Possible reasons for this discrepancy may be because the employment specialists did not document the items well in the charts. Additionally, perhaps the employment specialists knew that items such as "Did you discuss how involved the consumer wanted you to be in the job search?" and "Did you discuss disclosure?" should be answered "yes" in order to be consistent with the IPS model. Additionally, these conversations may have taken place a long time prior to survey completion; ES's may have forgotten.

4.2 Do Consumers' Ratings of IPS Program Satisfaction Correlate with their IPS Fidelity Ratings?

The positive correlation between consumers' fidelity score percentages and their satisfaction with the program supported the study's hypothesis. One interpretation is that consumers who view their employment specialist as operating consistently with the IPS model feel as if their needs are being met. Those that view their employment specialist as operating at a lower level with the IPS model may feel that their needs are not being met and thus be less satisfied with the program. It is difficult to draw more specific conclusions regarding the relationship between satisfaction and IPS fidelity due to the fact that consumers were not asked how satisfied they were with particular aspects of the supported employment program as denoted by the IPS Fidelity Scale. However, overall satisfaction was positively and significantly correlated with the following consumer survey subscales: engagement, organization, and job search. This indicates that programs that maintain high fidelity will have consumers that are happier with the services. High fidelity to the IPS program has been found to be associated with better

employment outcomes (Becker et al., 2001); which would lead to consumers being more satisfied with services. This is consistent with the findings in the present study due to the fact that the "job search" subscale was correlated most highly with consumer satisfaction. The findings of this study providing information about consumer perception of IPS fidelity and satisfaction.

4.3 Which Questions Do Consumers Feel Capable of Answering?

The present study demonstrated that consumers are better able to answer some types of fidelity questions than others. The items that had a high rate of consumers responding with "don't know" included items that had to do with program level policy such as zero exclusion. It may be that consumers were unable to answer such questions because they did not apply to them. While there were many items on the organization subscale that consumers were not able to answer, this was also the subscale that had the highest number of items that had a kappa level of .4 or higher. This finding suggests that within various domains of IPS fidelity, there are some things consumers may be able to report on, but other things that they definitely are not able to report on.

The high number of "don't know" responses to some items could be a function of the way survey items were asked and not necessarily consumers' inability to answer some of these questions; in other words if the questions were asked differently then consumers may have been able to answer them better. This reasoning specifically applies to the following items: "After expressing interest in joining the supported employment program, how long did you have to wait to enroll as a client?" and "When did you first meet with a potential employer after joining the supported employment program?" It may be that these items were difficult for consumers to answer due to the fact that these events potentially happened as long as 2 years prior to completing the survey for the current study. Furthermore, there are other items for which all sources were poor, not just consumers. Further research is needed in order to determine which types of IPS fidelity items consumers are able to answer.

There were 10 items on the consumer survey that were central to the 7 principles of the IPS model. The survey items for the present study tapped into the following IPS

principles: zero exclusion, benefits counseling, focus on competitive employment, rapid job search, and individualized job search. Overall the agreement between consumers and charts was poor for these items. The highest kappa level was for an item tapping individualized job search ("Did the job search match your preferences?"). These low kappas indicate a concern as to whether or not consumers are able to report on the main principles of IPS fidelity. However, for these particular items, they are alternate explanations other than that consumers are poor reporters of IPS fidelity information. Table 5 indicates that for some of these items, kappa statistics were unable to be calculated due to restriction of range. These included items asking whether or not consumers had been barred from services because of a criminal record, substance abuse problem, and whether or not there were any conditions that had to be met prior to receiving services. For the items asking about competitive employment, most could only be answered by consumers so kappa statistics were not calculated; these included items asking consumers if they received work brochures, saw posters about working, or heard others' work stories. However some of the kappa statistics, specifically those related to the policy of zero exclusion could not be calculated due to a low variability in responses. An additional reason for the lack of agreement could be due to poor documentation in the charts. It is difficult to assess which source in some of the comparisons is truly the correct source. Further research is needed before conclusions can be drawn as to whether or not consumers are valid sources of program information regarding the core principles of the IPS model.

4.4 Study Limitations

One limitation of the present study regarding external validity is that by the use of only one site, the sample was not representative of all consumers of IPS. The external validity was also limited due to the fact that the one site had a high fidelity to the IPS model, resulting in a lack of variation in responses. The presence of volunteer bias may also have been an issue for the present study; perhaps those who volunteered for the present study were more likely to be satisfied with the supported employment program than those who did not participate. Volunteer bias could have impacted the results of the

study due to the fact that there may be a ceiling effect for satisfaction. An additional limitation for the present study was alpha inflation. This was a concern for the present study due to the fact that many kappas were calculated that could have led to Type 1 errors. Additionally, the internal validity for the study is lessened due to the fact that this is an observational study with non random sampling. Another limitation is the relatively small sample size for this study; the results were underpowered.

An additional limitation is the uncertainty of the construct validity of the survey developed for the present study. Specifically, it is unclear if the scoring criteria truly captured IPS fidelity. This is due to the fact that some of the items on the survey may be centrally related to IPS Fidelity Scale items (such as "Did your job search with the employment specialist match your preferences?") whereas other items are indirectly related to IPS scale items such as: "Did your employment specialist help you with housing?" Perhaps IPS fidelity may be better capture by weighting items more that tap into the seven central principles of IPS supported employment.

A possible confounding variable for the present study was the delay in time between the consumer and employment specialist survey completions. The consumer surveys were completed in May to early September, 2009; four the employment specialist surveys were completed in May; the rest were completed at the end of September to mid October of 2009. This may have especially impacted the concordance for the following survey item: "How many times (and where) did you meet your employment specialist in the past 3 months?"

The lack of agreement between sources for the present study brings up the question of "which source is correct?" For the present study it is difficult to determine this due to the inconsistencies between all three sources (consumers, charts, and employment specialists). This determination is further complicated due to the documented disadvantages of self reports and chart reviews. For the present study it may be unclear as to what exactly was being measured. For example, perhaps the consumer fidelity scale could be considered to be a measure of satisfaction; also the chart review form may have been measuring chart documentation characteristics rather than the construct of IPS fidelity. These questions would be easier to answer if there was a

standardized way of reporting IPS information in charts; this would ensure that important fidelity information gets recorded. Specifically, if forms in administrative charts were set up to be consistent with the IPS Fidelity Scale, then it would be easier to make stronger conclusions regarding the agreement between consumers and charts.

For the present study it is also unclear as to which statistic would be an accurate reflection of agreement. For example, there are limitations associated with using the kappa statistic as an indicator of agreement. One such limitation is that the origins for the cut-offs for agreement were arbitrary. An additional limitation pertaining to the present study is that the sample size was small; causing the kappa statistic analysis to be underpowered. Furthermore for some items that had high endorsement from each source (i.e. above 90%) then kappa is of less importance from the standpoint of program fidelity; in other words the kappa statistic may not be a useful indicator of agreement. Kappa is limited for the present study due to the fact that the restriction of range may contribute to the low degree of agreement. More research is needed in order to determine which types of statistics/comparisons would provide accurate and fair representation of IPS fidelity agreement between sources. Some degree of discrepancy between sources will always exist in IPS fidelity assessments; currently there is no gold standard for handling discrepancy between sources.

4.5 Clinical Implications of Present Study

The findings of the present study highlight some of the aforementioned reasons mentioned in the Introduction as to why a consumer IPS fidelity survey is needed. One such reason is that the use of a consumer fidelity survey would increase consumer's role in research and program evaluation. While empowerment was not directly measured, the majority of clients indicated that they felt appreciated as a result of being asked to complete the survey. A second reason as why a consumer fidelity survey is needed is that it may increase the validity of current methods for assessing IPS fidelity. For the current study, the lack of agreement between consumers, administrative charts, and employment specialists found in the present study serves as an indication that current methods of measuring IPS fidelity are missing out on certain information, namely input

provided from consumers. If consumers were used on a wider basis in IPS fidelity assessments, it could provide reviewers with a fuller picture of the fidelity of supported employment programs. Furthermore, this study also showed that there are various kinds of information that could only be obtained from consumers.

The findings of this study also highlighted another reason why a consumer IPS fidelity survey is needed: such a tool would expand fidelity measurement at the program level to include individual measures of fidelity. This is important in part, due to the fact that a program may have high fidelity at the program level but have low fidelity when it comes to serving particular consumers. This was evident in the present study; during some interviews as well as chart reviews it was found that some consumers' preferences were not being emphasized by the employment specialist during the job search, and that some were employed in seasonal or volunteer jobs. These occurrences violate some of the principles of IPS fidelity, namely individualized job search and a focus on competitive employment. This is contradictory with the supported employment center's IPS fidelity score of 72/75; indicating very good fidelity to the IPS model.

The fourth reason presented as to why a consumer IPS fidelity survey is needed was to reduce the burden of independent fidelity raters. While the present study did not measure this question directly, it did indicate that the administration of the consumer surveys was feasible in the sense that the majority of items on the IPS fidelity survey could be answered by consumers. For the present study recruitment of consumers was the most labor intensive. The next section will discuss areas for future research regarding the increased utilization of consumers in IPS fidelity assessment.

4.6 Future Directions

The findings of the present study have highlighted areas for future research regarding the use of consumers in assessing IPS fidelity. One such task for future research would be to refine a consumer survey to use in other IPS programs.
This research would need to include the use of a larger sample size and psychometric testing of the survey. This process could be aided by utilizing a focus group of consumers to gain their perspectives on fidelity of IPS programs. Such groups could also

address which types of responses (i.e., dichotomous or Likert-type scales) would be best to use on such a survey. Once such a survey is refined and tested then consumer fidelity surveys could be given to consumers of IPS programs on a wide scale. This could be achieved via an online database or computer kiosks located at supported employment programs. This would increase the feasibility of collecting information from a large number of consumers throughout multiple supported employment programs. Future research could be aimed toward developing and implementing such a database.

Future research would also need to test this survey in a variety of supported employment programs that range from low to high IPS fidelity. It would be an important finding if such a study demonstrated that consumers in high IPS fidelity programs consistently reported higher IPS fidelity percentage scores than those in low IPS fidelity programs; this may indicate that consumers are reliable reporters of IPS fidelity information. The consumer survey would also need to be tested in other types of vocational settings besides IPS; such examples include vocational rehabilitation programs and sheltered workshops. It would be useful to know if a consumer survey would be able to differentiate between different types of vocational models.

Another research question would be to investigate the relationship between consumers' self reports of IPS fidelity and various vocational outcomes. Consumers could be given the survey and then be questioned about vocational outcomes at differing time points. Such vocational outcomes could include number of job application submissions, number of interviews, attainment of competitive employment, number of hours worked, and hourly wage. It could be investigated as to whether or not the consumer fidelity survey would be able to predict consumers' vocational outcomes. Such a finding would further demonstrate the importance of using consumers to assess the fidelity of IPS programs. Also, the present study, due to the restriction of range limitation, did not provide information as to the inter-consumer variability of IPS items. Future research could utilize a Likert-type scale in order to investigate the degree of variability between consumers.

There also needs to more research investigating consumer satisfaction of particular components of IPS programs. The finding of the present study that satisfaction

was positively correlated with consumer-reported fidelity suggests that there is a relationship between these two constructs. Further research investigating satisfaction of IPS programs may help to shed more light on this finding. This research would need to be done in supported employment programs that vary in their level of IPS fidelity. It would be interesting to see if the same relationship found in the present study between consumer-rated IPS fidelity and satisfaction would be present in programs with low fidelity to the IPS model. A hypothesis would be that those clients who view their program as having a high adherence to the IPS fidelity (and get jobs) are more satisfied than those clients who do not.

Given the present study's finding of the lack of agreement regarding satisfaction ratings between consumers and employment specialists, research is needed investigating the factors as to why this may be the case. Areas of investigation that may be tied with IPS satisfaction could include the therapeutic alliance between consumers and employment specialists as well as shared decision making. Another way to approach research investigating the lack of agreement of satisfaction ratings could be to investigate employment specialists' views of consumers; for example, whether or not they view certain clients as unmotivated or difficult. The association between employment specialists' reported challenges in helping consumers to find jobs and consumers' reported worries about the job search could be investigated.

4.7 Conclusion

This present study is the first to investigate the feasibility of using consumers to assess IPS fidelity. It has also provided some information as to a possible relationship between consumer-rated IPS fidelity and satisfaction. The present study has raised an important point that current methods of IPS fidelity assessments may not be capturing an entirely accurate picture of consumers' experiences in supported employment programs. It is clear, based on the findings of the present study that a wider involvement of consumers in the IPS fidelity assessment process is needed; particularly because the low agreement between sources suggests that current methods of IPS fidelity assessments may be missing out on a fuller picture of consumers' perspectives. Additionally, this

study demonstrated that some of the individual consumers are not receiving services that are consistent with high IPS fidelity although the site is a program that score high on the IPS fidelity assessment. Further research is needed investigating the use of consumers in IPS fidelity assessments.

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TABLES

Table 1

IPS Fidelity Scale Items and Sources

	Consumer Fidelity Survey	Employment Specialist Survey
Zero Exclusion	x	x
Rapid job search	x	
Assertive engagement and outreach	x	
Ongoing work based vocational assessment	x	
Vocational generalists	x	
Work incentives planning	x	x
Agency focus on competitive employment	x	x
Individualized job search	x	x
Employment services staff	x	x
Job development-quality of employer contact	x	
Disclosure	x	x
Community based services	x	
Individualized follow-along supports	x	
Time unlimited follow-along supports	x	
Competitive jobs	x	x

Table 2

Consumer Fidelity Survey Items Organized by IPS Fidelity Scale Domain

IPS Fidelity Scale Domain	Consumer Survey Item	Employment Specialist Survey Item
Work Incentive Planning	Do you worry about losing benefits? Have you talked to your ES about how benefits? Have you talked to a benefits counselor? Was meeting with the benefits counselor helpful? Did you ask the benefits counselor questions? Did you get a report about your benefits? Have you talked to anyone else at the mental health center about benefits? How long ago was it that you met with the benefits counselor?	Did X get a report his/her benefits? Has X talked to anyone else at the mental health center about benefits?
Rapid Job Search	Did you initiate the first contact with your ES? When did you first meet with a potential employer after joining the SE program? After you expressed interest in joining the employment program, how long did you have to wait to enroll as a client?	Did you initiate the first contact with X?

Table 2 (continued).

Consumer Fidelity Survey Items Organized by IPS Fidelity Scale Domain

Fidelity Scale Domain	Consumer Survey Item	Employment Specialist Survey Item
Zero Exclusion	Can anyone ask to get help with SE services?	Can anyone ask to get help with SE services?
	Are clients denied services if they have a jail history?	Are clients denied services if they have a jail history?
	Were there any conditions you had to meet?	Are there any conditions that must be met in order receive SE services?
	Were you required to be a client of Vocational Rehabilitation?	Are clients required to be a client of Vocational Rehabilitation?
	Were you referred to a different vocational program?	Did the mental health center refer X to a different vocational program?
Agency focus on competitive employment (also competitive jobs)	Does the mental health center have work posters?	
	Does the agency have work brochures (were you given one)?	
	Are there meetings where clients talk about success stories?	Are there meetings where clients talk about success stories?
	Have you heard clients' success stories?	
	Does your ES encourage you to work?	
	Is your job located at a mental health center?	
	Is your job temporary?	
	Do you feel that the staff encourages clients to work?	
	What are you paid?	

Table 2 (continued).

Consumer Fidelity Survey Items Organized by IPS Fidelity Scale Domain

Domain		Survey Item
Assertive engagement/outreach by integrated treatment team	When you have had an appointment with your job coach, has he/she ever given you a reminder call? Have you been asked to share your work story? Does your job coach try to involve your family members in your job search?	When you have an appointment with X do you ever give him/her a reminder call? Has X been asked to share his/her work story with other clients? Have you involved X's family members in his/her job search or employment process?
Vocational Generalists	What contact have you had with members of the employment team? Who helped you with vocational assessment? Who helped you with your job search?	
Individualized Job Search	Has your job coach asked you about the following: Work history? What type of job you would like to have? How many hours per day you would like to work? How many hours per week you would like to work? How involved you wanted him/her to be in the job search process?	Did you ask X how involved he/she wanted you to be in the job search process

Table 2 (continued).

Consumer Fidelity Survey Items Organized by IPS Fidelity Scale Domain

Fidelity Scale Domain	Consumer Survey Item	Employment Specialist Survey Item
Job development-quality of employer contact	Did your ES make contact with an employer on your behalf? Did you talk to employers of jobs in your area of preference? Who decides where you and your ES meet?	
Disclosure	Did you and your ES discuss Disclosure ..if yes, is this an ongoing discussion topic? Did your ES require you to disclose your psychiatric condition to your employer?	Did you and your ES discuss disclosure? ..if yes, did you discuss it more than once?
Ongoing work based vocational assessment	Has the ES offered you suggestions for solving work related problems?	
Time unlimited follow along supports	My ES helped me find a job after one ended	
Individualized follow along supports	Are you getting mental health services at a different MHC Do you receive services from a case manager, counselor, or therapist at the mental health center? (does he/she discuss the job search process) Do you receive services from a psychiatrist at the MHC?(discuss the job search process) Do you receive services from a nurse at the MHC? (discuss job search)	

Table 2 (continued).

Consumer Fidelity Survey Items Organized by IPS Fidelity Scale Domain

Fidelity Scale Domain	Consumer Survey Item	Employment Specialist Survey Item
Employment Services Staff	Does your ES help you with the following: Transportation Medications Housing situation Budgeting money Grocery shopping/other errands	What have you helped X with? Transportation Medications Housing situation Budgeting money Grocery shopping/other errands
Community based	How often do you meet at office? How often do you meet at your home? How often have you met with your ES in the community? Who at the center has helped you with support on the job? Has your ES ever met you at your place of employment?	

Table 3

Classification of IPS Fidelity Scale Items

Self Report	Program-Level Objective	Program-Level Qualitative
ST2: employment services staff: ES provides only employment services	ST1: caseload size: maximum of 20 clients	O2: integration of rehabilitation with mental health treatment through frequent team member contact
O6: zero exclusion: all clients that want to work receive SE services	ST3: vocational generalists: Every ES carries out all phases of employment process	O3: collaboration between employment specialists and VR counselors
O7: agency focus on competitive employment	O1: integration of rehabilitation with mental health treatment by team assignment: ES is part of 3 treatment teams	O4: vocational unit; at least 2 full time employment specialists consist of the employment unit
S1: work incentives planning: benefits counseling before employment	S1: Work incentives planning	05: Role of employment supervisor: the vocational unit is led by an SE team
S2: Disclosure: ES provides help in deciding if client wants to tell employers he/she has a disability	S4: rapid job search	O6: zero exclusion
S4: rapid job search	S5: individualized job search	O7: agency focus on competitive employment
S5: individualized job search	S6: job development: ES makes at least 6 face to face employer contacts per week	08: executive team support for SE: agency executives assist with SE implementation
S10: competitive jobs	S8: diversity of job types: ES helps clients find different jobs	S2: disclosure

Table 3 (continued).

Classification of IPS Fidelity Scale Items

Self-Report	Program-Level Objective	Program-Level Qualitative
S11: Individualized follow along supports: ES aids client throughout the employment process	S9: diversity of employers: ES aids in obtaining jobs with different employers	S3: ongoing vocational assessment
S12: time unlimited follow along supports	S10: competitive jobs	S7: job development-quality of employer contact
S14: assertive engagement and outreach by integrated treatment team: makes attempts to reach clients who are not engaged	S12: time-unlimited follow-along supports S13: community based services	S11: individualized follow along supports S14: assertive engagement and outreach by integrated treatment team
ST3: Vocational Generalists		
S3: Ongoing work based vocational assessment		
S13: community-based services:		
S7: Job development-employer contact		

Table 4

Sources Used for Variable of Investigation

Variable	Source
Objective measure of supported employment	IPS Fidelity Scale from fidelity assessment
Program fidelity	conducted in May of 2008
Client satisfaction	Attkisson CSQ-8 Satisfaction Questionnaire
Client demographics: age, gender, ethnicity	Consumer Rated Fidelity Scale
Client diagnosis	Client administrative chart

Table 5.

Indicators of IPS Fidelity Information Agreement Between Consumers, Administrative Charts, and Employment Specialists

Subscale labels and means	Items (high fidelity response)	% Client high IPS fidelity	% Chart high IPS fidelity	% ES high IPS	Client agreement with chart		Client agreement with ES	Chart agreement with ES
		%(N)	%(N)	%(N)	Kappa(N)	%	Kappa(N) %	Kappa(N) %
1. Work incentives counseling								
	1.1 Worry about losing benefits? (no)	31.0 (29)	93.8 (17)		-.02 (17)	59.0		
	1.2 ES discussed benefits (yes)	85.7 (28)	67.9 (28)		.15 (28)	67.9		
	1.3 met w/ benefits counselor (yes)	28.6 (28)	35.7 (28)		.12 (27)	63.0		
	1.4 Benefits counselor was helpful (yes)	87.5 (8)	100.0 (5)		-			
	1.5 Asked benefits counselor questions(yes)	100.0 (8)	100.0 (4)		-			
	1.6 Received benefit report (yes)	71.4 (7)	100.0 (6)	94.7 (21)	-		-	-
	1.7 Talked to anyone else at the MHC about benefits (yes)	21.4 (29)	60.7 (28)	63.6 (22)	0 (28)	43.0	.01 (22) 36.4	-
Work incentives counseling means		60.8	79.7	79.2	Kappa M =.10 % M = 58.2		-	-

Table 5 (continued).

Indicators of IPS Fidelity Information Agreement Between Consumers, Administrative Charts, and Employment Specialists

Subscale labels and means	Items (high fidelity response)	% Client high IPS fidelity	% Chart high IPS fidelity	% ES high IPS	Client agreement with chart	Client agreement with ES	Chart agreement with ES
2. Job search		%(N)	%(N)	%(N)	Kappa(N) %	Kappa(N) %	Kappa(N) %
	2.1 Time to enrollment after client expressed interest (less than 2 weeks)	91.3 (23)	100.0 (4)	100.0 (9)	-	-	-
	2.2 Discussed place to meet (yes)	47.4 (28)	100.0 (4)	86.4 (22)	-	.10 (20) 75.0	-
	2.3 Discussed work history (yes)	93.3 (30)	93.3 (30)		-.07 (30) 87.0		
	2.4 Asked about job choice (yes)	96.7 (30)	96.7 (30)		-.03 (30) 93.3		
	2.5 Discussed hours per day (yes)	93.3 (30)	80.0 (30)		.20 (30) 80.0		
	2.6 Discussed days per week (yes)	93.3 (30)	76.7 (30)		.13 (30) 76.7		
	2.7 Discussed ES's role (yes)	90.0 (30)	83.3 (30)	90.9 (21)	-.10 (30) 73.0	-.10 (21) 85.7	-.05 (21) 90.5
	2.8 Discussed disclosure (yes)	75.9 (29)	80.0 (30)	95.2 (21)	-.29 (29) 53.3	.20 (20) 75.0	-.05 (21) 90.5
	2.9 Disclosure ongoing (yes)	66.7	50.0 (24)	75.0 (20)	-.10 (14) 43.0	.30 (12) 66.0	-
	2.10 Felt pressured to take job (no)	73.3 (30)					
	2.11 Respect of job choices (yes)	69.2 (26)	95.7 (23)		.30 (21) 81.0		
	2.12 Met employer (< 1 month)	47.4 (16)	37.5 (16)		.20 (10) 60.0		
	2.13 Referred to employers (yes)	93.3 (30)	100.0 (30)	-	-		
	2.14 ES contacted employers (yes)	67.8 (28)	96.4 (28)		.20 (27) 74.0		
	2.15 Client met employers (yes)	86.7 (30)	93.3 (30)		.40 (30) 90.0		
Job search subscale means		79.0	84.5	89.5	M kappa = .22 M % = 73.8	M kappa = .13 M % = 75.4	M kappa = -.05 M% = 90.5

Table 5 (continued).

Indicators of IPS fidelity information Agreement Between consumers, Administrative Charts, and Employment Specialists

Subscale labels and means	Items (high fidelity response)	% Client high IPS fidelity	% Chart high IPS fidelity	% ES high IPS	Client agreement with chart		Client agreement with ES		Chart agreement with ES
		%(N)	%(N)	%(N)	Kappa(N)	%	Kappa(N)	%	Kappa(N) %
3.Engagement									
	3.1 Client initiated first meeting (no)	84.6 (26)	100.0 (10)	100.0(22)			-		-
	3.2 MHC encourages jobs (yes)	86.3 (28)					-		
	3.3 MHC has work brochures (yes)	50.0 (26)					-		
	3.4 Client given work brochure (yes)	38.5 (13)		-					-
	3.5 MHC has work posters (yes)	35.7 (28)		-					
	3.6 MHC has meetings where clients talk about employment (yes)	65.5 (29)							
	3.7 Client heard work stories (yes)	46.7 (30)	70.0 (30)	-			-		-
	3.8 How often meet at office (never)	40.0 (30)	70.0 (30)	-	-.10 (30)	40.0			
	3.9 How often meet at home (at all)	100.0(30)	86.7 (30)	-	-				
	3.10 How often meet in community (always or usually)	47.0 (30)	72.0 (29)	-	-.10 (29)	31.0			
	3.11 Client got reminder call (yes)	66.7 (30)	66.7 (12)	81.8 (22)	.40 (12)	64.3	-.40 (22)	36.4	-.20 (8) 50.0
	3.12 ES encourages client to work	90.0 (30)							
	3.13 Talk to family about job (yes)	10.7 (28)	30.0 (29)	45.5 (22)	.30 (27)	67.0	.40 (21)	71.4	-
Engagement subscale means		58.6	70.8	75.8	Mean kappa = .13 Mean % = 50.6		M kappa = 0 M % = 53.9		-

Table 5 (continued).

Indicators of IPS Fidelity Information Agreement Between Consumers, Administrative Charts, and Employment Specialists

		% Client high IPS fidelity	% Chart high IPS fidelity	% ES high IPS	Client agreement with chart		Client agreement with ES	Chart agreement with ES
Subscale labels and means	Items (high fidelity response)	% (N)	% (N)	% (N)	Kappa(N)	%	Kappa(N) %	Kappa(N) %
4. Organization								
	4.1 Anyone can get services (yes)	81.0 (20)		-			-	
	4.2 Excluded due to jail history (no)	93.3 (15)		-			-	
	4.3 Exclusion due to drug use (no)	90.0 (20)		-			-	
	4.4 Have to meet conditions (no)	96.4 (29)	95.8 (25)	-			-	
	4.5 Required to enroll in VR (no)	89.3 (29)		-			-	
	4.6 Referred to other program (no)	72.4 (29)	63.3 (30)	89.5 (19)	.70 (29)	86.2	-.10 (18)	-.20 (19) 57.9
	4.7 Goes to other MHC also (no)	56.7 (30)	58.6 (29)		.50 (29)	73.3		
	4.8 Client sees a case manager (yes)	56.7 (30)	83.3 (30)		.20 (30)	63.3		
	4.9 Case manager discusses job search with client (some or a lot)	61.1 (18)	20.0 (24)		.90 (16)	37.5		
	4.10 Client sees a psychiatrist (yes)	43.3 (30)	46.7 (30)		.50 (30)	76.7		
	4.11 Psychiatrist discuss the job search (some or a lot)	76.9 (13)	14.3 (14)		-			
	4.12 Sees a nurse at the MHC (yes)	73.3 (30)	86.7 (30)		.30 (30)	76.7		
	4.13 Nurse discuss job (some/ a lot)	73.3 (21)	61.5 (26)		.02 (20)	76.7		-
	4.14 Staff meet at same time (yes)	21.7 (24)	18.5 (27)	52.4 (21)	.40 (23)	78.0	-.20 (16) 37.5	-.02 (18) 44.4
Organization subscale means		70.4	52.9	71.0	Kappa M = .44 % M = 71.1		KappaM = -.15 % M = 57.7	kappaM = -.11 % M = 51.2

Table 5 (continued).

Indicators of IPS Fidelity Information Agreement Between Consumers, Administrative Charts, and Employment Specialists

Subscale labels and means	Items (high fidelity response)	% Client high IPS fidelity	% Chart high IPS fidelity	% ES high IPS	Client agreement with chart		Client agreement with ES		Chart agreement with ES	
		% (N)	% (N)	% (N)	Kappa (N)	%	Kappa (N)	%	Kappa (N)	%
5. Staffing										
	5.1 ES helps with transportation (no)	30.0 (30)	46.7 (30)	52.2 (22)	.60 (30)	80.0	.20 (23)	59.0	.60 (22)	77.2
	5.2 ES helps with medication delivery (no)	90.0 (30)	93.3 (30)	100.0(22)	.40(30)	90.0	-		-	
	5.3 ES helps with housing situation (no)	90.0 (30)	96.7 (30)	72.7 (22)	-.10 (30)	86.7	.10 (22)	72.7	.20 (22)	72.0
	5.4 ES helps with client's budget (no)	90.0 (30)	93.3 (30)	90.9 (22)	-.10(30)	83.3	-.10 (22)	81.8	-.10 (22)	86.4
	5.5 ES helps with client's errands (no)	100.0(30)	96.7 (30)	95.5 (22)	.70 (30)	96.7	-		-	
	5.6 Who helped client with vocational assessment? (ES)	63.0 (27)	72.4 (29)		.02 (30)	50 .0				
	5.7 Who helped client with job search?(ES)	100.0(30)	100.0 (30)	-	-		-		-	
Staffing subscale means		80.4	85.6	82.3	Kappa M = .25 % M = 81.1		Kappa M = .07 % M = 71.2		Kappa M = .23 % M = 78.5	

Table 5 (continued).

Indicators of IPS Fidelity Information Agreement Between Consumers, Administrative Charts, and Employment Specialists

		% Client high IPS fidelity	% Chart high IPS fidelity	% ES high IPS	Client agreement with chart		Client agreement with ES	Chart agreement with ES
Subscale labels and means	Item (high fidelity response)	% (N)	%(N)	%(N)	Kappa (N)%		Kappa (N)%	Kappa (N)%
6. Job support								
	6.1 Earns at lease min wage (yes)	90.0 (8)	100.0 (1)		-			
	6.2 Client's job is at MHC (no)	100.0 (8)	100.0 (8)		1.0 (8)	100.0		
	6.3 Client's job is temporary (no)	88.9 (8)	100.0 (8)		-	87.5 (8)		
	6.4 Who helped client with support on the job? (ES)	80.0 (8)	100.0 (8)		-			
	6.5 Required to disclose (no)	100.0 (8)	100.0 (7)		-			
	6.6 ES offered suggestions for work related problems (yes)	100.0 (5)	100.0 (8)		-			
	6.7 Asked to share work story (yes)	30.0 (8)	28.6 (6)	50.0 (13)	1.0 (8)	100.0	1.0 (6) 100.0	1.0 (4) 100.0
	6.8 ES met client at place of employment(yes)	77.8 (8)	66.7 (8)		.60 (8)	75.0		
Job support subscale means		83.5	86.9	50.0	Kappa M = .97 % M = 90.6		-	-
Means for entire survey		71.7	76.5	79.8	Kappa M = .28 % M = 69.7		Kappa M = .12 % M = 69.9	Kappa M = .13 % M = 74.3

Table 6.

Correlations Between Fidelity Score Percentages, Fidelity Subscales, and Consumer Satisfaction

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Consumer percentage fidelity		.01	.28 (22)	.29 (29)	.69**	.62**	.85**	.13 (8)	.15 (28)	-.15	.14	-.06	-.17 (8)	.65** (29)
2. Chart percentage fidelity			-.05 (22)	-.01 (29)	.03	.01	-.06	.22 (8)	.36 (28)	-.12	-.05	.50**	.22 (8)	.03 (29)
3. ES percentage fidelity				.19 (22)	-.11 (22)	.33 (22)	.13 (22)	.81 (6)	-.27 (21)	.20 (22)	.06 (22)	-.21 (22)	.77 (6)	.40 (22)
4. Consumer benefits					-.08 (29)	.45* (29)	.11 (29)	-.6 (8)	-.07 (28)	-.10 (29)	.42 (29)	.08 (29)	-.62 (8)	.06 (28)
5. Consumer engagement						.20	.56**	-.27 (8)	.35 (28)	-.26	-.08	.06	-.44 (8)	.40* (29)
6. Consumer organization							.34	-.52 (8)	-.09 (28)	-.08	.51**	-.18	-.49 (8)	.40* (29)
7. Consumer job search								-.14 (8)	.19 (28)	-.20	-.02	-.05	-.05 (8)	.57** (29)
8. Consumer job support									-.35 (8)	.41 (8)	-.49 (8)	.46 (8)	.85** (8)	.15 (8)
9. Chart benefits										-.19 (28)	-.07 (28)	.14 (28)	-.34 (8)	.16 (27)
10. Chart engagement											-.02	-.08	.29 (8)	.03 (29)
11. Chart organization												-.21	.42 (8)	-.22 (29)
12. Chart job search													.26 (8)	.03 (29)
13. Chart job support														.14 (8)
14. Consumer satisfaction total														1.00

*p < .05, ** p<.01

Note: Sample size is 30 unless otherwise indicated

Table 7

Responses for General Program Survey for Consumers and Employment Specialists

Item	# Yes		#No		#DK	
	Consumer	ES	Consumer	ES	Consumer	ES
At the MHC, can anyone ask to get help with employment services?	17	3	3	0	10	1
Are there any conditions that must be met in order to join the supported employment program?	1	1	28	3	2	1
Are clients required to also be clients of Vocational Rehabilitation in order to receive supported employment services?	3	2	26	1	1	1
Are clients told that they cannot receive employment services if they have a jail history	1	4	14	0	15	0
Are clients told that they cannot receive services because of a substance abuse problem?	2	0	18	4	10	0
Does the mental health center encourage clients to work?	25	3	3	1	1	0
Are there meetings where clients talk about their success stories in employment?	19	3	10	1	0	1

Table 8

Group Differences for Consumer Satisfaction and Fidelity Percentage Scores Based on Employment Status and Participation in an Existing Research Study.

	Consumer Fidelity Score			Consumer Satisfaction		
Variable	M	SD	t(28)	M	SD	t (27)
Employed	84.7	6.5	-.14	28.0	6.3	-1.5
Unemployed	84.5	4.0	-	24.1	1.5	-
Participant of existing study				24.1	7.0	-1.9
Non participant of existing study				29.7	2.9	-

APPENDICES

Appendix A: Recruitment Materials

Recruitment Letter

Dear (Insert Client's Name),

My name is Abby Mook, I am a researcher in the research department of X Mental Health Center. You have been invited to participate in a research study because you are a client of the Supported Employment Program at X Mental Health Center. The study will consist of a one time survey. The survey will ask you questions about your involvement in the supported employment program.

Enclosed is an informed consent form that tells you more about the survey. Please read the form to learn more about the study. **If you choose to participate, please do the following:**

- Make sure you have read the form completely
- Sign and date the informed consent form and release of health information (the extra copies are for you to keep)
- Place the signed forms in the stamped envelope and mail it

I will call you in a few days to answer any questions you have about the survey and see if you want to participate. Your participation is voluntary; you can choose to participate or not. If you choose not to participate, there will be no penalty to you. This survey study has been approved by the director of X Mental Health Center, Mike McKasson, as well as the ethical review board. If you have any questions please contact me at the phone number below. Thank you for your time.

Sincerely,

Abby Mook

xxx-xxx-xxxx

Appendix B: Informed Consent Documents

IUPUI and CLARIAN INFORMED CONSENT STATEMENT FOR
Utility of Consumer-Rated Evidence Based Supported Employment
Client Informed Consent
08-12-74B (revised 02-06-10)

You are invited to participate in a research study about services in a supported employment program. You were selected as a possible subject because your name was on the roster of clients who receive supported employment at X Mental Health Center. We ask that you read this form and ask any questions you may have before agreeing to be in the study. The study is being conducted by Gary R. Bond, Ph.D and Abigail C. Mook, B.A of Indiana University-Purdue University Indianapolis.

STUDY PURPOSE
The purpose of this study is to obtain information from clients of a supported employment program about benefits that you receive, entry into the program, services you have received, your job search and/or current employment, and your feelings about the supported employment program.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:
If you agree to participate, you will be one of 120 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:
If you agree to be in the study, you will be asked to do the following things: You will be asked to complete a survey either in person or over the phone about your experience in the supported employment program at X Mental Health Center. You will be asked questions about the following topics: benefits that you receive, entry into the supported employment program, services you have received, your job search and/or current employment, and your feelings about the supported employment program. The researcher will also look at your supported employment file as another source to answer the same questions that you will be asked in the survey. If any of the questions make you feel uncomfortable, you do not have to answer them. Your employment specialist will also be answering 15 questions about the topics he/she
has discussed with you. These questions will involve simple yes/no questions and will ask things such as whether or not your employment specialist discussed your job preferences with you. Your employment specialist will not see your answers to the survey. The employment specialist will simply be told that you are participating in the study, so that he/she can answer the questions. The employment specialists will be instructed that your answers are confidential and he/she will not have access to them. Your survey will last approximately 30 minutes.

RISKS OF TAKING PART IN THE STUDY:
While on the study, few risks are expected due to your participation. Possible risks may include: It is possible that you may not want to answer some of the questions. However, if this happens then you can tell the researcher that you feel uncomfortable or do not care to answer a particular question during the survey. The researcher will then move on to the next question. There will be no penalty for choosing not to answer a question. Also, you may choose to stop answering the questions at any time during the survey. If you have any concerns about risks associated with your involvement in this study, or any other questions, you can contact the persons responsible for this research study using the contact information below.

BENEFITS OF TAKING PART IN THE STUDY:
There are no direct benefits to participation in this study but you will be contributing to research that has the goal of improving evaluation of supported employment programs. The study also has the goal of helping clients to become more involved in the program evaluation process.

ALTERNATIVES TO TAKING PART IN THE STUDY:
Instead of being in the study, you have these options: you may choose not to participate and you will not receive further contacts by the researcher. Additionally, there will be no penalty for choosing not to participate.

CONFIDENTIALITY:
Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published and databases in which results may be stored. No staff members at X Mental Health Center will have access to the answers that you provide. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the IUPUI/Clarian Institutional Review Board or its designees, the study sponsor, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP).

COSTS:
There are no financial costs to you for participating in the survey. The only cost will be the time required to complete the survey. You will not be responsible for these study-specific costs: stamps for returning materials to the researcher.

PAYMENT:
You will not receive payment for taking part in this study. However, you name will be entered in a drawing containing all of the participants' names. The drawing will be for 1 of 4 twenty dollar gift cards.

CONTACTS FOR QUESTIONS OR PROBLEMS:
For questions about the study or a research-related injury, contact the researcher, Gary R. Bond, at (xxx) xxx-xxxx. You may also contact the co-Investigator, Abigail C. Mook at (xxx) xxx-xxxx. If you cannot reach the researchers during regular business hours (i.e. 8:00AM-5:00PM), please call the IUPUI/Clarian Research Compliance Administration office at (317) xxx-xxxx or (xxx) xxx-xxxx. For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IUPUI/Clarian Research Compliance Administration office at (xxx) xxx-xxxx or (xxx) xxx-xxxx.

VOLUNTARY NATURE OF STUDY:
Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with X Mental Health Center.

SUBJECT'S CONSENT:
In consideration of all of the above, I give my consent to participate in this research study. I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Subject's Printed Name:

Subject's Signature: Date:

Printed Name of Person Obtaining Consent:

Signature of Person Obtaining Consent: Date:

IUPUI and CLARIAN INFORMED CONSENT STATEMENT FOR
Utility of Consumer-Rated Evidence Based Supported Employment
Employment Specialist Informed Consent
08-12-74B (revised 02-06-10)

You are invited to participate in a research study about services in a supported employment program. You were selected as a possible subject because your name was contained on the on the roster of employment specialists who are employed at X Mental Health Center. We ask that you read this form and ask any questions you may have before agreeing to be in the study. The study is being conducted by Gary R. Bond, Ph.D and Abigail C. Mook, B.A of Indiana University-Purdue University Indianapolis.

STUDY PURPOSE
The purpose of this study is to obtain information about what topics you have discussed with clients of the supported employment program.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:
If you agree to participate, you will be one of 120 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:
If you agree to be in the study, you will be asked to do the following things: You will be asked to complete a paper and pencil that will ask you 8 general questions about the supported employment program. Additionally you will be asked 19 questions for each of your clients who chose to participate in this study. These questions will mostly be yes/no questions asking if you have discussed certain topics with the clients. The following are some of the questions you will be asked:

Are clients at X Mental Health Center told that they cannot receive services because of an alcohol/drug problem?

□Yes
□No

When you meet with X who decides where you meet?

□X decides
□I decide
□We both decide

If any of the questions make you feel uncomfortable, you do not have to answer them. The survey regarding the general questions should take approximately 5 minutes. The survey you complete for each individual client who happens to participate in the study will take approximately 10 minutes. You will complete a survey for each of the clients

on your caseload who chooses to participate in the study. You will receive the surveys for each of your clients all at once.

RISKS OF TAKING PART IN THE STUDY:
While on the study, few risks are expected due to your participation. Possible risks may include: It is possible that you may not want to answer some of the questions. However, if this happens then you can tell the researcher that you feel uncomfortable or do not care to answer a particular question during the survey. There will be no penalty for choosing not to answer a question.

BENEFITS OF TAKING PART IN THE STUDY:
There are no direct benefits to participation in this study but you will be contributing to research that has the goal of learning more about the topics of discussion between employment specialists and clients.

ALTERNATIVES TO TAKING PART IN THE STUDY:
Instead of being in the study, you have these options: you may choose not to participate and you will not receive further contacts by the researcher. Additionally, there will be no penalty for choosing not to participate.

CONFIDENTIALITY:
Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published and databases in which results may be stored. No other staff members or clients will see your answers to the questions.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the IUPUI/Clarian Institutional Review Board or its designees, the study sponsor, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP).

COSTS:
There are no financial costs to you for participating in the survey. The only cost will be the time required to complete the survey. You will not be responsible for these study-specific costs: stamps for returning materials to the researcher.

PAYMENT:
At the end of the study you will receive a total of $5.00 for completing all of the surveys.

CONTACTS FOR QUESTIONS OR PROBLEMS:
For questions about the study or a research-related injury, contact the researcher, Gary R. Bond, at (xxx) xxx-xxxx. You may also contact the co-Investigator, Abigail C. Mook at (xxx) xxx-xxxx. If you cannot reach the researchers during regular business hours (i.e.

8:00AM-5:00PM), please call the IUPUI/Clarian Research Compliance Administration office at (xxx) xxx-xxxx or (xxx) xxx-xxxx. For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IUPUI/Clarian Research Compliance Administration office at (xxx) xxx-xxxx or (xxx) xxx-xxxx.

VOLUNTARY NATURE OF STUDY:
Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with X Mental Health Center.

SUBJECT'S CONSENT:
In consideration of all of the above, I give my consent to participate in this research study. I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Subject's Printed Name:

Subject's Signature: Date:

Printed Name of Person Obtaining Consent:

Signature of Person Obtaining Consent: Date:

Appendix C. Data Collection Forms

Utility of Consumer-Rated Fidelity of Evidence Based Supported Employment Survey: Consumer Version

The following questions will ask you about your experience in the supported employment program at X Mental Health Center. Your answers to the questions will not be shared with the mental health staff. The information you provide will remain confidential and used only by the researcher for study purposes. You will be asked questions about the following topics: benefits that you receive, entry into the supported employment program, services you have received, your job search and/or current employment, and your feelings about the supported employment program. Please answer each question accurately. However, if any of the questions make you feel uncomfortable, you do not have to answer them. If you have any questions about how to answer a question or what is being asked, please let me know. Thank you for your participation.

First I will ask some basic questions about the program.

1. I want to make sure that you are a client of a supported employment program. Is that right?
   - ☐ Yes
   - ☐ No

2. Also, how do you refer to this employment program – what is its name?

   Name of employment program:

3. Who is the person at the employment program that you usually meet with?

   Name:

   And he (or she) is your? (**position/role**):

4. Have you met with any other employment specialists at X Mental Health Center? If yes please name them below (if you forgot their name, leave the name section blank):

   - ☐ Yes; what is his/her name?(s):
   - ☐ No

Benefits

Now I will ask about any benefits that you are receiving and related concerns that you might have.

5. Are you currently receiving any benefits such as Social Security Disability Income or Supplemental Security Income?

   □ Yes
   □ No **If NO, skip to # 15**

6. If you receive benefits, do you worry about losing them? Please check one of the following that best describes the amount of worry you have about losing benefits.

   □ very worried
   □ somewhat worried
   □ not worried at all

7. Have you talked to your *employment specialist* about how being employed could affect your benefits?

   □ Yes
   □ No

8. Have you talked to a *benefits counselor* either at X Mental Health Center or somewhere else about how being employed could affect your benefits?

   □ Yes
   □ No

If YES to # 8, CONTINUE, if NO (or I don't know) SKIP to # 15.

9. What was the benefit counselor's name?

10. How long ago was it that you met with the benefits counselor?

11. Was the meeting with the benefits counselor helpful?

    □ Yes
    □ No

12. Did you have an opportunity to ask the benefits counselor questions?

    □ Yes
    □ No

13. Did you get a written report about the status of your benefits?

    □ Yes
    □ No

14. Have you talked to anyone else at X Mental Health Center (besides your employment specialist or benefits counselor) about how being employed could affect your benefits? If yes, please write who you talked to and their name and position. (If you don't know their name or position, leave that part blank)

    □ Yes
        What was this person's name?
        What was this person's position/title?

    □ No

Are there any questions that I just read in which you weren't sure about what I was trying to ask or how to answer it?

Program Entry

Now I am going to ask you about how you and other clients got into this employment program.

15. About when did you first start getting help from the SE program?

16. Tell me about what led up to you starting there. How did you go about getting into the employment program at X Mental Health Center?

17. After you expressed interest in joining the employment program, how long did you have to wait to enroll as a client (i.e., fill out necessary paper work and be assigned to an employment specialist?)

Time period:
□I don't remember

18. Did you initiate the first contact with your employment specialist?

□ Yes
□ No

19. At X Mental Health Center, can anyone ask to get help with employment services?

□ Yes
□ No

20. Are clients told that they cannot receive employment services if they have a jail history?

□Yes
□ No

21. Are clients told that they cannot receive employment services because of an alcohol/drug problem?

□Yes
□ No

22. Are there any conditions that must be met in order to enroll in the supported employment program? *If yes, please explain what they are.*

□Yes (**please explain**):

□No
□I don't know

23. Are you required to be a client of Vocational Rehabilitation in order to receive supported employment services at X Mental Health Center?

□Yes
□ No

..**If YES to #23,** about how long did it take you to become eligible for Vocational Rehabilitation Services? **(if NO to # 23, continue to # 24),**

Amount of time:
□ I don't know

24. Were there other things you had to do before you enrolled in the employment program at X Mental Health Center? If yes, please explain.

□Yes (please explain:

□ No

25. Did X Mental Health Center refer you to a different vocational program (program that assists you with job related issues) outside of the agency? If yes please explain.

□Yes (please explain:

□ No

Were there any questions about your entry into the supported employment program that were difficult for you to answer or that you didn't understand what was being asked?

Services

Now I will ask you some questions about the services that you receive at X Mental Health Center.

26. Do you feel that the staff at X Mental Health Center encourages clients to work? Explain. Can you give examples?

27. Do you know if A&C has brochures that encourage clients to work?

□Yes
□ No

..If Yes, were you given one?

□Yes
□ No

28. Have you seen posters at A&C that encourage clients to work?

□Yes
□ No

29. Are there meetings where clients talk about their success stories in employment?

□Yes
□ No

30. Have you heard other clients' stories about obtaining jobs?

□Yes
□No

Next I would like to know more about the meetings that you have had with your employment specialist.

31. With what frequency do you usually meet your employment specialist in his/her office?

□ always
□ usually
□ sometimes
□ never

32. With what frequency do you usually meet your employment specialist in your *home*?

□ always
□ usually
□ sometimes
□ never

33. With what frequency do you usually meet with your employment specialist somewhere besides your home or his/her office?

□ always
□ usually
□ sometimes
□ never

34. When you meet with your employment specialist who decides where you meet?

□ I decide where we meet

□ my employment specialist decides where we meet
□ We both decide where we meet

35. How often and where have you meet your employment specialist in the PAST 3 MONTHS?

# of times:

36. When you have had an appointment with your employment specialist has he/she ever given you a reminder call?
□ Yes
□ No
□ I don't remember

37. What kinds of things does your employment specialist help you with? Please respond with yes or no for each of the following items.

Transportation:
□ Yes
□ No

Medications:
□ Yes
□ No

Your housing situation:
□ Yes
□ No

Budgeting money:
□ Yes
□ No

Grocery shopping and/or other errands:
□ Yes
□ No

38. What contact have you had with the members of the employment team? Check who helped you and write down their name(s) for each item. You may put more than one person if it applies (If you don't remember their name, leave the name section blank):

Who helped you with vocational assessment? (for example, asking your work history, helping to determine your strengths and weaknesses, and forming a vocational profile, etc)

□ My job coach
□ someone else (**name**:)
□ Nobody

Who helped you with your job search?

□ My job coach
□ someone else (**name**:)
□ Nobody

Next I will ask you questions about topics that you and your employment specialist have discussed

39. Has your employment specialist asked you about the following:

..your work history?

□ Yes
□ No

..What type of job you'd like to have?

□ Yes
□ No

..How many hours per day you would like to work?

□ Yes
□ No

..How many days per week you would like to work?

□ Yes
□ No

40. Did your employment specialist ask you how involved you wanted him/her to be in the job search process (i.e., if you wanted him/her to talk with your employer, or if you just wanted him/her to stay behind the scenes helping with locating a job and/or helping you with resumes and interview skills?)

□Yes
□No

41. Did you and your employment specialist discuss the pros and cons of telling employers about your psychiatric condition?

□Yes
□No

..if Yes to # 41, was this an ongoing discussion topic (i.e., more than one time?) (**If NO to # 41, continue to # 42**),

□Yes
□No

42. Does your employment specialist encourage you to work?

□ very little
□ somewhat
□ a lot

Now I will ask you about services that you may receive other than employment services.

43. Are you getting mental health services at a place other than X Mental Health Center?

□ Yes
□ No
□ I don't know

44. Do you receive services from a case manager, counselor, or therapist at X Mental Health Center?

□ Yes
□ No

..If YES, does he/she discuss your job or job search with you?

□ very little
□ somewhat
□ a lot

45. Do you receive services from a psychiatrist at X Mental Health Center?

□ Yes
□ No

..If YES, does he/she discuss your job or job search with you?

□ very little
□ somewhat
□ a lot

46. Do you receive services from a nurse at X Mental Health Center?

□ Yes
□ No

..If YES, does he/she discuss your job or job search with you?

□ very little
□ somewhat
□ a lot

..if **YES to any of # 44-46 (if NO, please continue to # 47)**, do any of them ever meet with you and your job coach at the same time?

□ Yes
□ No

Were there any questions about services that were difficult for you to answer or that you didn't understand what was being asked?

Your Job Search

Now I'm going to ask how you went about looking for a job while enrolled in the supported employment program at X Mental Health Center.

47. After joining the supported employment program at X Mental Health Center, did you feel pressured to take a specific job?

□ Yes (If yes, please explain)

□No
□ I don't know

48. During your job search, did you have a specific type of job that you wanted to look for?

□ Yes
□ No
□ I am not able to answer this question
(I haven't started my job search yet)

49. What kind of job did you/are you looking for?

Job:

50. Was this your first choice for a job?

□ Yes
□ No

51. If it wasn't your first choice, was it one of your preferences?

□ Yes
□ No
□ It was my first choice

52. When did you first meet with a potential employer after joining the supported employment program?

Month: Year:
□I have not yet met with a potential employer

53. Did your employment specialist refer you to employers of jobs in your area of preference?

□ Yes
□ No

54. During your job search, did your employment specialist make contact with an employer on your behalf?

□ Yes
□ No
□ I don't know

..If yes, how many employers?
Number:
□ I don't know

55. Did you talk to employers of jobs in your area of preference at all during your job search?

□ Yes
□ No

56. Does your employment specialist try to involve your family members in your job search (i.e., talk to them about your employment goals?)

□ Yes. If Yes, please explain:

□ No

Were there any questions about your job search that were difficult for you to answer or that you didn't understand what was being asked?

Employment

If you are currently employed please continue, if you do not currently have a job, please SKIP to #67.

I would now like to gather more information about your CURRENT job.

57. Are you currently employed?

□ Yes
□ No (**if NO, please skip to # 67**)

58. What is your current job title?

59. What are you paid?

60. Is your job located at a mental health center?

□Yes
□No

61. Is your current job temporary or time limited?

□Yes
□No
□ I don't know

62. Who at X Mental Health Center has helped you with support on the job?

□ My employment specialist
□ someone else (name:)
□ Nobody
□ I don't currently have a job

63. Did your employment specialist require you to inform your employer about your psychiatric condition?

□Yes
□No
□ I don't know

64. Has your employment specialist ever offered you suggestions for solving work related problems? (i.e., problem solving about conflicts with coworkers or getting work accommodations?)-

□ Yes
□ No

65. My employment specialist offered to help me find a job after one had ended.

□Yes
□ No
□ N/A

66. Have you been asked to share your work story (steps you've taken to obtain a job) with other clients?

□Yes
□No
□ I don't know

67. Has your employment specialist ever met you at your place of employment?

□Yes
□No

Were there any questions about your current employment that were difficult for you to answer or that you didn't understand what was being asked?

Your Feelings about the Employment Program

Next I will ask about how you feel about the supported employment program at X Mental Health Center.

68. Did you get the kind of service you wanted?

- □ No, definitely not
- □ No, not really
- □ Yes, generally
- □ Yes, definitely

69. To what degree has the supported employment program at X Mental Health Center met your needs?

- □ Almost all of my needs have been met
- □ most of my needs have been met
- □ Only a few of my needs have been met
- □ None of my needs have been met

70. If a friend were in need of similar help, would you recommend the supported employment program at X Mental Health Center to him/her?

- □ No, definitely not
- □ No, I don't think so
- □ Yes, I think so
- □ Yes, definitely

71. How satisfied are you with the amount of help you received?

- □ Quite dissatisfied
- □ Indifferent or mildly dissatisfied
- □ Mostly satisfied
- □ Very satisfied

72. Have the services you received helped you to deal more effectively with your problems?

- □ Yes, they helped a great deal
- □ Yes, they helped somewhat
- □ No, they really didn't help
- □ No, they seemed to make things worse

73. In an overall, general sense, how satisfied are you with the services you received?

- □ Very satisfied
- □ Mostly satisfied
- □ Indifferent or mildly dissatisfied
- □ Quite dissatisfied

74. If you were to seek help again would you come back to our program?

- □ No, definitely not
- □ No, I don't think so
- □ Yes, I think so
- □ Yes, definitely

75. How would you rate the quality of service you received (your supported employment program at X Mental Health Center?)

- □ Excellent
- □ Good
- □ Fair
- □ Poor

76.. Please give any additional comments you would like to make about what any **likes and dislikes** you may have about the supported employment services you receive.

77. Do you have any suggestions to improve the services that you are receiving?

<u>Your Feelings About This Survey</u>

Now I will ask you questions about how you felt about answering this survey.

78. Completing this survey was worthwhile.

- □Strongly Agree
- □Agree
- □Mixed
- □Disagree
- □Strongly Disagree

79. I feel appreciated as a result of being asked to complete this survey

□Strongly Agree
□Agree
□Mixed
□Disagree
□Strongly Disagree

80. Answering these questions was difficult for me

□Strongly Agree
□Agree
□Mixed
□Disagree
□Strongly Disagree

Demographics

Now I will end the survey by asking a few questions about yourself

81. What is your gender?

□Male
□Female

82. Please write your age:

83. What race do you consider yourself to be?

□Black or African American
□White
□Asian
□Hispanic/Latin American
□American Indian or Alaska Native
□Native Hawaiian or Other Pacific Islander
□Other (please specify)

+
You have completed the survey. Thank you for taking time to answer the questions. Your reports and opinions are greatly appreciated.

Utility of Consumer-Rated Fidelity of Evidence Based Supported Employment
General Survey: Employment Specialists

The following questions will include general questions about the supported employment program at X Mental Health Center as well as questions about your experiences with individual clients. Your personal answers to the questions will not be shared with any of the mental health staff or clients. The information you provide will remain confidential and used only by the researcher for study purposes.

Please answer each question accurately. However, if any of the questions make you feel uncomfortable, you do not have to answer them. If you have any questions about how to answer or what is being asked, please let me know. My phone number is 317-275-8810 or you may email me at AMOOK@ADULTANDCHILD.ORG.

When you are finished, please place all answers in the large envelope that they came in and return to my mailbox. My mailbox is located in the copy room on the 7th floor, research wing and is labeled with my name, Abby Mook. Thank you for your participation.

I'm going to start by asking you about how people get into this employment program.

1. How do clients usually go about getting into the employment program at X Mental Health Center? Please use your own words below.

2. At X Mental Health Center, can anyone ask to get help with employment services?

   □ Yes
   □ No

3. Are there any conditions that must be met in order to join the supported employment program? *If yes, please explain what they are.*

   □Yes (**please explain**):

   □No

4. Are clients of Job Links required to also be clients of Vocational Rehabilitation in order to receive supported employment services at this agency?

   □Yes
   □ No

5. Are clients at X Mental Health Center told that they cannot receive employment services if they have a jail history?

□Yes
□ No

6. Are clients at X Mental Health Center told that they cannot receive employment services because of an alcohol/drug problem?

□Yes
□ No

7. Does X Mental Health Center encourage clients to work (such as by posting brochures and having information available about the supported employment program?) If yes, please explain

□ Yes (**please explain**):

□ No

8. At X Mental Health Center are there meetings where clients talk about their success stories in employment?

□Yes
□ No

Now I'm going to ask you questions about specific clients. Please take out the forms for each client and fill them out the best to your ability without using their charts.

Utility of Consumer-Rated Fidelity of Evidence Based Supported Employment
Client-Specific Survey: Employment Specialists

Now I'm going to ask you questions about X. If there are any questions you do not feel comfortable answering, you may leave them blank. When you finish the survey please place it in the envelope and return to my mailbox. My mailbox is located in the copy room on the 7th floor, research wing and is labeled with my name, Abby Mook. Thank you for your participation.

1. First of all, I want to be sure that you are in fact X's employment specialist, is that right?

   □ Yes, I am X's employment specialist
   □ No, I am not X's employment specialist.

   …If you marked NO, please do not fill out this survey, place it back in the envelope and move on to the next one.

2. Approximately how long have you been X's employment specialist? Please provide your answer in the form of years (if applicable) and months.
   Years:
   Months

3. After X expressed interest in joining the employment program, how long did he/she have to wait to enroll as a client at X Mental Health Center? (i.e. Fill out necessary paper work and be assigned to an employment specialist ?)

   Time period:
   □ X was already enrolled as a client at X Mental Health Center prior to expressing interest in the supported employment program
   □I don't know

4. When you meet with X, who decides where you meet?

   □ X decides
   □ I decide
   □ We both decide

5. Do you involve X´s family members in his/her job search or employment process? (i.e. talk to them about X's employment goals?)

   □ Yes
   □ N0

6. Did you initiate the first contact with X (i.e., did you call him/her first before he/she called you?)

   □ Yes
   □ No

7. When you have an appointment with X do you ever give him/her a reminder call?

   □ Yes
   □ No

8. Has X met with any other employment specialists at X Mental Health Center besides yourself? If yes please name them below (if you forgot their name, leave the name section blank)

   □Yes (**names**):
   □No
   □ I don't know

9. Did X Mental Health Center refer X to a different vocational program outside of the agency? If yes please explain.

   □Yes (please explain:

   □ No
   □ I don't know

10. Did X receive a written report about the status of his/her benefits?

    □ Yes
    □ No
    □ I don't know

11. Did X talk to anyone else at the mental health center about how his/her benefits could be affected by working? If yes, please write who X talked to and their name and position. (If You don't know their name or position, leave that part blank)

    □ Yes (**name/position**):

    □ No
    □ I don't know

12. What kinds of things have you helped X with? Check yes or no for each item.

Transportation
- □ Yes
- □ No

Medications
- □ Yes
- □ No

X's housing situation
- □ Yes
- □ No

Budgeting money
- □ Yes
- □ No

Grocery shopping and/or other errands
- □ Yes
- □ No

13. Have you ever met with X and other staff members at the same time?

- □ Yes
- □ No

14. Has X been asked to share his/her work story with other clients?

- □Yes
- □No

15. Have you spoken with X about the advantages and disadvantages of disclosing his/her psychiatric illness to employers?

- □Yes
- □No

...If yes, did you talk about disclosure more than once?
- □Yes
- □No

16. Did you ask X how involved he/she wanted you to be in the job search process? (i.e. If he/she wanted you to talk with an employer/potential employer, of if he/she just wanted you to stay behind the scenes helping with locating a job and with resumes and interview skills?)

□Yes
□No

Next I will ask you about how satisfied you believe X is with the vocational services he/she is receiving.

17. Did X get the kind of service he/she wanted?

□ No, definitely not
□ No, not really
□ Yes, generally
□ Yes, definitely

18. How satisfied is X with the amount of help he/she received?

□ Quite dissatisfied
□ Indifferent or mildly dissatisfied
□ Mostly satisfied
□ Very satisfied

19. In an overall, general sense, how satisfied is X with the vocational services that he/she received?

□ Very satisfied
□ Mostly satisfied
□ Indifferent or mildly dissatisfied
□ Quite dissatisfied

You are now finished with this survey. Please continue completing the surveys for each client that you were given one for and place the completed surveys in the envelope/return to my office. Thank you for your participation.

rted Employment

Chart Review Form

1. Is the client enrolled in the supported employment program?
   - □ Yes
   - □ No

2. What is the name of the supported employment program?

   Name of employment program:

3. Who is the person at the employment program that the client currently meets with?

   Name:

   What is this person's title/position?

4. Has the client had a recent change in employment specialist assignment (within the last 3 months?)

   - □Yes; name(s):
   - □No

5. Has the client met with any other employment specialists at X Mental Health Center? If yes please name them below:

   - □Yes; name(s):
   - □No

Benefits

Now I will ask about any benefits that the client is receiving and related concerns that he/she might have.

6. Is the client currently receiving any benefits such as Social Security Disability Income or Supplemental Security Income?

   - □Yes
   - □ No **If NO, skip to # 16**

7. If the client receives benefits, does he/she worry about losing them? Please check one of the following that best describes the amount of worry the client has about losing benefits.

   □ very worried
   □ somewhat worried
   □ not worried at all

8. Has the client talked to his/her employment specialist about how being employed could affect benefits?

   □ Yes
   □ No

9. Has the client talked to a benefits counselor either at X Mental Health Center or somewhere else about how being employed could affect the benefits?

   □ Yes
   □ No

If YES to # 9, CONTINUE, if NO (or I don't know) SKIP to # 16.

10. What was the benefit counselor's name?

11. How long ago was it that the client met with the benefits counselor?

12. Was the meeting with the benefits counselor helpful to the client?

    □ Yes
    □ No

13. Did the client have the opportunity to ask the benefits counselor questions?

    □ Yes
    □ No

14. Did the client get a written report about the status of his/her benefits?

    □ Yes
    □ No

15. Has the client talked to anyone else at X Mental Health Center (*besides his/her employment specialist or benefits counselor*) about how being employed could affect benefits? If yes, please write who the client talked to and their name and position. (If you don't know their name or position, leave that part blank)

    □ Yes (**name/position**):

    □ No

Program Entry

16. About when did the client first start getting help from the SE program?

17. How did the client go about getting into the employment program at X Mental Health Center?

18. After the client expressed interest in the employment program, how long did he/she have to wait to enroll as a client (i.e., fill out necessary paper work and be assigned to an employment specialist?)

    Time period:
    □I don't know

19. Did the employment specialist initiate the first contact with the client?

    □ Yes
    □ No

..**If applicable** about how long did it take the client to become eligible for Vocational Rehabilitation Services? **(if NO to # 24, continue to # 25),**

Amount of time:
□ I don't know

20. Were there other things that the client had to do before he/she was able to enroll in the employment program at X Mental Health Center? If yes, please explain.

□Yes (**please explain**):

□ No

21. Did X Mental Health Center refer the client to a different vocational program (program that assists with job related issues) outside of the agency? If yes please explain.

□Yes (**please explain**):

□ No

Services

22. Is there evidence in the chart that the staff at X Mental Health Center encourages clients to work? Explain.

23. Does X Mental Health Center have brochures that encourage clients to work? Was the client given one?

□Yes
□ No

24. Has the client heard other clients' stories about obtaining jobs?

□Yes
□No
□ I don't know

25. How often does the client meet with his/her employment specialist at the office?

- □ always
- □ usually
- □ sometimes
- □ never

26. How often does the client meet the employment specialist in the client's *home*?

- □ always
- □ usually
- □ sometimes
- □ never

27. How often does the client meet with the employment specialist somewhere besides the home or his/her office?

- □ always
- □ usually
- □ sometimes
- □ never

28. When the client meets with the employment specialist who decides where they meet?

- □ the client
- □ the employment specialist
- □ they both decide where we meet

29. How many times and where has the client met with the employment specialist in the past 3 months?

# of times:

30.When the client has had an appointment with the employment specialist has he/she ever given the client a reminder call?

- □ Yes
- □ No
- □ I don't know

31. What kinds of things does the employment specialist help the client with? Check yes or no for each item.

Transportation:
- □ Yes
- □ No

Medications:
- □ Yes
- □ No

Your housing situation:
- □ Yes
- □ No

Budgeting money:
- □ Yes
- □ No

Grocery shopping and/or other errands:
- □ Yes
- □ No

32. What contact has the client had with members of the employment team? Check who met with the client and write down their name(s) for each item. You may put more than one person if it applies (If you don't know the names, leave the name section blank):

Vocational assessment (for example, asking your work history, helping to determine your strengths and weaknesses, and forming a vocational profile, etc?

- □ the job coach
- □ someone else (**name:**)
- □ Nobody

Helped with the job search (i.e. locating jobs to apply to)?

- □ the job coach
- □ someone else (**name:**)
- □ Nobody

Job application activities (i.e. Filling out applications, preparing resume, preparing for interviews, etc.)

□ the job coach
□ someone else (**name:**)
□ Nobody

33. Has the employment specialist asked the client about the following? Please check yes or no for each one:

.. work history?

□ Yes
□ No

..What type of job the client would like to have?

□ Yes
□ No

..How many hours per day the client would like to work?

□ Yes
□ No

..How many days per week the client would like to work?

□ Yes
□ No

34. Did the employment specialist ask the client he/she involved he/she wanted their employment specialist to be in the job search process (i.e., if the client wanted him/her to talk with employers, or if the client just wanted him/her to stay behind the scenes and help with locating a job and and/or with resumes and interview skills?)

□Yes
□No

35. Did the client and the employment specialist discuss the pros and cons of telling employers about the client's psychiatric condition?

□Yes
□No

..if Yes to # 35, was this an ongoing discussion topic (i.e., more than one time?)

□Yes
□No

36. Does the employment specialist encourage the client to work?

- very little
- somewhat
- a lot

37.. Is the client receiving mental health services at a place other than X Mental Health Center?

- Yes
- No
- I don't know

38. Does the client receive services from a case manager, counselor, or therapist at X Mental Health Center?

- Yes
- No

..If YES, does he/she discuss the job or job search with the client?

- very little
- somewhat
- a lot

39. Does the client receive services from a psychiatrist at X Mental Health Center?

- Yes
- No

..If YES, does he/she discuss the job or job search with the client?

- very little
- somewhat
- a lot

40. Does the client receive services from a nurse at X Mental Health Center?

- Yes

□ No

..If YES, does he/she discuss the job or job search with the client?

□ very little
□ somewhat
□ a lot

..if **YES to any of # 44-46 (if NO, please continue to # 47)**, do any of the staff members ever meet with the client and his/her employment specialist at the same time?

□ Yes
□ No

Job Search

41. During the job search, did the client have a specific type of job that he/she wanted to look for?

□ Yes
□ No
□ I don't know

42. What kind of job was the client looking for?

Job:

43. Was this the client's first choice for a job?

□ Yes
□ No

44. If it wasn't the client's first choice, was it one of his/her preferences?

□ Yes
□ No
□ It was the client's first choice

45. When did the client first meet with a potential employer after joining the supported employment program?

Month: Year:

□ client has not yet met with a potential employer

46. Did the employment specialist refer the client to employers of jobs in his/her area of preference?

□ Yes
□ No

47. During the job search, did the employment specialist make contact with an employer on the client's behalf?

□ Yes
□ No
□ I don't know

..If yes, how many employers?
Number:
□ I don't know

48. Did the client talk to employers of jobs in his/her area of preference at all during the job search?

□ Yes
□ No

49. Does the employment specialist try to involve the client's family members in the job search (i.e., talk to them about the client's employment goals?)

□ Yes. If Yes, please explain:

□ No

Employment

If the client is not currently competitively employed, you have finished the chart review.

50. Is the client currently employed?

□ Yes
□ No (**if NO, please skip to # 67**)

51. What is the client's current job title?

52. What is he/she paid?

53. Is the clients' job located at a mental health center?

□Yes
□No

54. Is the client's current job temporary or time limited?

□Yes
□No
□ I don't know

55. Who at X Mental Health Center has helped the client with support on the job?

□ the employment specialist
□ someone else (name:)
□ Nobody

56. Did the employment specialist require the client to disclose his/her psychiatric condition to your employer?

□Yes
□No
□ I don't know

57. Has the employment specialist ever offered the client suggestions for solving work related problems? (i.e., problem solving about conflicts with coworkers or getting work accommodations?):

□ Yes
□ No

58. Has the employment specialist offered to help the client find a job after one had ended?

□Yes
□ No
□ N/A

59. Has the client ever been asked to share his/her work story (steps he/she has taken to obtain a job) with other clients?

□Yes
□No

□ I don't know

60. Has the client's employment specialist ever met him/her at the client's place of employment?

□Yes
□No
□ I don't know