

INSERTION PROFESSIONNELLE ET HANDICAP PSYCHIQUE

Une intervention cognitive comportementale de groupe pour les personnes suivies dans le cadre d'un programme de soutien en emploi (TCC-SE)

A group cognitive behavioral intervention for people registered in supported employment programs: CBT-SE

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MOTS CLÉS

Programmes de soutien en emploi ; Thérapie cognitive comportementale ; Troubles mentaux graves ; Intervention de groupe

Résumé Le maintien en emploi des personnes aux prises avec un trouble mental grave (tel que la schizophrénie) suivies dans le cadre d'un programme de soutien en emploi (PSE) reste encore un défi. Au-delà des raisons évoquées dans la littérature pour rendre compte de ces difficultés, les croyances erronées de ces personnes concernant le milieu de travail et leurs propres compétences ont aussi été considérées comme importantes. Plusieurs méta-analyses confirment l'efficacité des thérapies cognitives comportementales (TCC) pour cette clientèle, avec une amélioration de leur fonctionnement social et la mise en place de stratégies d'adaptation face au stress. La formule TCC en groupe permet d'obtenir des résultats significatifs sur le plan clinique. L'objectif de cet article est triple : (1) décrire la conception et le contenu d'une intervention TCC de groupe proposée dans le contexte de la réinsertion au travail de personnes inscrites dans un PSE, la TCC-SE ; (2) présenter les résultats préliminaires d'un essai randomisé relatif à la TCC-SE qui porte sur la faisabilité et l'acceptation de cette intervention ; (3) présenter les effets de la TCC-SE sur la réinsertion professionnelle des participants. Parmi les résultats à retenir, le format en groupe et le contenu des huit rencontres TCC-SE sont perçus comme facilitant les échanges sur des stratégies et expériences personnelles en lien avec le contexte du travail. Concernant la réinsertion professionnelle, 50 % des participants du groupe

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TCC-SE et 50 % du groupe témoin (seulement ceux qui participent au PSE), obtiennent un emploi sur le marché du travail ordinaire. Lorsque l'on compare, entre les deux groupes, la durée du maintien en emploi (nombre moyen de semaines) et le nombre de personnes travaillant plus de 24 heures par semaine (suggérant une plus grande autonomie socioprofessionnelle), le fait de participer à l'intervention TCC-SE apparaît avantageux. En somme et bien que les résultats restent préliminaires, l'intervention TCC-SE semble prometteuse pour une plus grande autonomie socioprofessionnelle.

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KEYWORDS

Supported employment programs; Severe mental illness; Cognitive behavior therapy; Group intervention

Summary

Introduction. – Supported employment programs are highly effective in helping people with severe mental illness obtain competitive jobs quickly. However, job tenure is often a problem for many. Of the various obstacles to job tenure documented, dysfunctional beliefs regarding the workplace and one's own abilities has been proposed as a therapeutic target.

Objectives. – The purpose of this article is threefold: (1) to describe the development and the content of a novel group cognitive behavioral intervention designed to increase job tenure for people receiving supported employment services; (2) to present the feasibility and acceptability of the intervention; and (3) to investigate some preliminary data regarding employment outcomes. A group CBT intervention offered during 8 sessions over the course of one month, in order to respect the rapid job search principle of IPS (individual placement and support), was developed. The content was tailored to facilitate the learning of skills specific to the workplace, such as recognizing and managing one's stressors at work, determining and modifying dysfunctional thoughts (e.g. not jumping to conclusions, finding alternatives, seeking facts), overcoming obstacles (e.g. problem solving), improving one's self-esteem as a worker (recognizing strengths and qualities), dealing with criticism, using positive assertiveness, finding coping strategies (for symptoms and stress) to use at work, negotiating work accommodations and overcoming stigma. A trial is currently underway, with half the participants receiving supported employment as well as CBT-SE and the other half receiving only supported employment.

Methods. – A subsample of the first 24 participants having completed the 12-month follow-up were used for the analyses, including 12 having received at least 3 sessions out of the 8 group sessions and 12 receiving only supported employment. Feasibility and acceptability were determined by the group therapists' feedback, the participants' feedback as well as attendance to group sessions. The work outcomes looked at with the preliminary sample only included the 12-month follow-up and involved: obtaining a competitive job, number of hours worked per week as well as number of weeks worked at the same job (> 24 hours).

Results. – In terms of feasibility and acceptability, therapists and participants all mentioned appreciating the group, finding it useful and helpful, some even mentioning feeling grateful to have had the opportunity to receive the intervention. The only negative feedback received pertained to the frequency of the meetings, which could be brought down to one meeting per week of two hours instead of two one-hour sessions per week. Participation was very good, with the average number of sessions attended being of 6/8. In terms of work outcomes, 50% of all participants in both conditions found competitive work. Out of those working competitively, the number of participants working more than 24 hours per week at the 12-month follow-up was higher in the CBT-SE group compared to the control condition (75% vs. 50%). Similarly, there was a trend towards the number of consecutive weeks worked at the same job being slightly superior at the 12-month follow-up for those who had received the CBT-SE intervention (22.5 weeks vs. 18.3 weeks).

Discussion. – The preliminary results support previous studies where on average 50% of people registered in supported employment programs obtain competitive work. We confirmed that the intervention was feasible and acceptable. Preliminary data suggest that the CBT-SE intervention might help people with severe mental illness use skills and gain the needed confidence enabling them to work longer hours and consecutive weeks. These results should be considered with caution given that only 24 participants were looked at whereas the final sample size will be of 160 participants. Nonetheless, these preliminary results are promising. Furthermore, additional information regarding the impact of the CBT-SE intervention on the capacity to overcome obstacles at work, self-esteem as a worker, as well as other work-related variables have been collected but have not been investigated here. Once the study is completed, the results should enlighten us regarding the usefulness of offering CBT-SE not only in terms of work outcomes but also in improving various psychosocial domains linked to workplace satisfaction.

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