



Contents lists available at ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

Effects of the Indianapolis Vocational Intervention Program (IVIP) on defeatist beliefs, work motivation, and work outcomes in serious mental illness

Joshua E. Mervis^{a,*}, Joanna M. Fiszdon^b, Paul H. Lysaker^c, Tasha M. Nienow^d, Laura Mathews^e, Patricia Wardwell^e, Tammy Petrik^e, Warren Thime^f, Jimmy Choi^f

^a Department of Psychology, University of Minnesota, 75 East River Road, Minneapolis, MN, USA

^b Psychology Service, VA Connecticut Healthcare System & Yale University School of Medicine, 950 Campbell Ave, West Haven, CT 06516, USA

^c Roudebush VA Medical Center, Indiana University School of Medicine, Indianapolis, IN, USA

^d Minneapolis VA Health Care System, 1 Veterans Dr., Minneapolis, MN 55417, USA

^e Department of Psychiatric Vocational Services, The Institute of Living at Hartford Hospital, 200 Retreat Ave, Hartford, CT 06106, USA

^f Schizophrenia Rehabilitation Program, The Institute of Living at Hartford Hospital, 200 Retreat Ave, Hartford, CT 06106, USA

ARTICLE INFO

Article history:

Received 27 July 2016

Received in revised form 23 October 2016

Accepted 27 October 2016

Available online xxxx

Keywords:

Schizophrenia

Motivation

Serious mental illness

Defeatist beliefs

Vocational rehabilitation

ABSTRACT

Defeatist beliefs and amotivation are prominent obstacles in vocational rehabilitation for people with serious mental illnesses (SMI). The CBT-based Indianapolis Vocational Intervention Program (IVIP) was specifically designed to reduce defeatist beliefs related to work functioning. In the current study, we examined the impact of IVIP on defeatist beliefs and motivation for work, hypothesizing that IVIP would be associated with a reduction in defeatist beliefs and greater motivation for work. We also examined the effects of IVIP on these variables as well as work outcomes during a 12-month follow-up. Participants with SMI ($n = 64$) enrolled in a four-month work therapy program were randomized to IVIP or a support therapy group (SG). Assessments were conducted at baseline, post-treatment (4 months), and follow-up (1 year). Compared to those in SG condition, individuals randomized to IVIP condition reported greater reductions in defeatist beliefs and greater motivation for work at follow-up, along with greater supported employment retention rates. Specifically treating and targeting negative expectations for work therapy improves outcomes, even once active supports of the IVIP program and work therapy are withdrawn.

© 2016 Elsevier B.V. All rights reserved.

1. Introduction

Less than 15% of people with serious mental illnesses are employed, yet as many as 70% want to work (Brantschen et al., 2014; Leff and Warner, 2006; Warner, 2009). There are many barriers to successful vocational rehabilitation in individuals with serious mental illness (SMI), including practical issues such as losing benefits (MacDonald-Wilson et al., 2003) or psychological obstacles such as the lack of motivation and expectations of failure (Bell et al., 2011). Beliefs such as “No matter what, I’ll never be able to do this project, so why even start?” or “Nobody likes me at the office, I’ll never get promoted” reflect expectations of failure termed *defeatist beliefs*, a type of dysfunctional attitude. Defeatist

beliefs may be of particular importance to vocational rehabilitation because of their contribution to reductions in motivation for treatment and reductions in multiple domains of community functioning (Campellone et al., 2016; Couture et al., 2011; Davis et al., 2004; Fervaha et al., 2015; Granholm et al., 2014; Grant and Beck, 2009, 2010; Horan et al., 2010; Kiwanuka et al., 2014; Luther et al., 2016; Mervis et al., 2016; Quinlan et al., 2014; Rector, 2004; Ventura et al., 2014). Grant and Beck (2009) note that both stigma and cognitive functioning may contribute to self-defeating attitudes. Defeatist beliefs could also be a downstream effect of internalized stigma (Park et al., 2013), which is associated with poorer treatment engagement (Tsang et al., 2010a). However, Ventura et al. (2014) observed defeatist beliefs in first episode psychosis prior to the onset of self-stigmatization, and Luther et al. (2016) found evidence of elevated defeatist beliefs in schizotypy, together suggesting some independence from stigma processes in more advanced, serious mental illness.

The Indianapolis Vocational Intervention Program (IVIP; Lysaker et al., 2005, 2009) is a CBT-informed intervention program, delivered concurrently with vocational rehabilitation that targets defeatist beliefs

* Corresponding author.

E-mail addresses: mervi004@umn.edu (J.E. Mervis), joanna.fiszdon@yale.com (J.M. Fiszdon), plysaker@iupui.edu (P.H. Lysaker), tasha.nienow@va.gov (T.M. Nienow), Laura.Mathews@hhchealth.org (L. Mathews), Patricia.Wardwell@hhchealth.org (P. Wardwell), Tammy.Petrik@hhchealth.org (T. Petrik), Warren.Thime@hhchealth.org (W. Thime), Jimmy.Choi@hhchealth.org (J. Choi).

that interfere with effective work function. High-quality studies on CBT-influenced targeted interventions with similar rehabilitation goals in this population exist in the literature (Fung et al., 2011; Granholm et al., 2009, 2013, 2014, 2016; Tsang et al., 2010b, 2016). The therapeutic strategies employed in IVIP focus on enhancing metacognition, as well as identifying and restructuring defeatist beliefs about self and work in particular (Lysaker et al., 2007a, 2010, 2012). To date, we are aware of only two randomized controlled trials that have evaluated the efficacy of this specific therapy, IVIP (Lysaker et al., 2005, 2009). Both trials administered IVIP over the course of 6 months of work therapy (repeating the 8-session IVIP group content three times, for a total of 24 sessions), and included a weekly individual session to reinforce lessons learned in IVIP, but there is much precedence in the literature for longer follow-up monitoring.

The control condition consisted of a weekly support group and additional weekly individual support sessions. At the end of the six month intervention, those randomized to IVIP expressed greater satisfaction with their treatment, improvements in coping and understanding one's own mental processes, and greater engagement with their IVIP and vocational rehabilitation treatment. Over the course of the six-month intervention those in the IVIP condition also worked more hours and had better work performance ratings (Davis et al., 2008; Lysaker et al., 2005, 2007a, 2009). There was also indication that adding IVIP to work therapy may serve to maintain hope and self-esteem, which otherwise decrease over the course of work therapy (Lysaker et al., 2005). In our own recent study of IVIP combined with work therapy (Mervis et al., 2016), we found that this combination of treatments led to a reduction in defeatist beliefs about work, and that a reduction in these defeatist beliefs was in turn associated with better social functioning, self-esteem and work behaviors. Although this recent study did not utilize a control group, the present study utilizes a time-matched active control condition.

While the above studies show promise for IVIP's positive effects during a structured work therapy experience, there is no information to date about the potential longer-term effects of IVIP. Once individuals are no longer enrolled in IVIP or work therapy, do improvements in defeatist beliefs and/or work motivation persist? Do individuals who receive IVIP have better work outcomes? Past randomized controlled trials with interventions featuring a prominent CBT component have shown promising effects on reducing self-stigma, which is conceptually related to defeatist beliefs and automatic thoughts, but unfortunately those effects did not show durability at a 6 month follow-up (Fung et al., 2011). In the current randomized controlled trial, we sought to add to the efficacy base of IVIP in particular and examine its impact on defeatist beliefs, motivation for work, and work performance. Importantly, we also evaluated the effects of IVIP 8 months after the end of the active intervention, including its impact on work outcomes. We hypothesized that: 1) compared to a time-matched active control, participation in IVIP would be associated with better work performance, greater reductions in defeatist beliefs and greater motivation for community employment, 2) that these improvements would be sustained at 12-month follow-up, and 3) participation in IVIP would be associated with better critical steps towards functional improvement goals as measured by percentage of those who enrolled in supported employment (SE) by time of follow-up. In a purely exploratory fashion, in the sample as a whole, we also examined the relationship between changes in defeatist beliefs and motivation for work with changes in social functioning, self-esteem, attitude about employment, and work-related behavior.

2. Experimental/materials and methods

2.1. Participants

Sixty-four participants with schizophrenia-spectrum disorders who were deemed not ready for supported employment by their referring clinician due to their symptoms, poor employment history, and/or

cognitive impairments were recruited from community mental health clinics affiliated with the New York State Psychiatric Institute. More specifically, the vocational counselors at the clinics had informed the referring clinician that the participant was not ready for supported employment due to (a) acute or recurring positive symptoms such as internal preoccupation and/or auditory hallucinations that made interviewing with a potential supervisor difficult, (b) history of no placement or unsuccessful placement in the past 6 months, (c) poor performance in work assessment that was attributed to impaired attention or the inability to focus on simple tasks, and (d) participant reporting he or she did not feel ready to look for work. Referral typically included all of the above, with no placement or no history of success in past 6 months the requisite. That is, all of the referrals to the study met that criterion according to the vocational counselors. As all participants were directly referred from their clinicians because of their satisfaction of enrollment criteria, so no potential participants were turned down for participation.

Other qualifying criteria were: diagnosis of schizophrenia or schizoaffective disorder, aged 18–65, outpatient status, no evidence of developmental delay disorders, no evidence of traumatic brain injury or other neurological disorder, no evidence of substance abuse in past 30 days, and clinical stability as evidenced by no hospitalizations, no changes in psychotropic medications, and no changes in housing in the past 30 days. The New York State Psychiatric Institute Institutional Review Board approved the study.

2.2. Procedures

After providing written informed consent, all participants completed baseline assessments, as detailed in the Instruments section. DSM-IV diagnoses were based on Structured Clinical Interview for DSM-IV (SCID; First et al., 1997), administered by graduate-level staff (master's-level). Trained raters (inter-rater reliability of 0.78) performed all symptom interviews and were blind to study hypotheses.

All participants were enrolled in a four-month work therapy program (Bell et al., 1993) and randomized to concurrently participate in IVIP or a support group (SG). Each participant was enrolled in a work placement for up to 10 h a week (depending on specific placement), while attending either once weekly IVIP or SG sessions. While the work placement was not in conventionally competitive employment, participants did have an immediate work supervisor who agreed to supervise the participants at his or her work site. Participants were paid \$10 per hour worked. Assessments were conducted at baseline, 4 months (post-treatment) and 12 months from baseline by master's level research staff. Fidelity of treatment was maintained through weekly supervision meetings with a doctoral-level clinician on the research staff.

2.3. The Indianapolis vocational intervention program

IVIP (Lysaker et al., 2005, 2009) is a manualized treatment that draws from elements of cognitive behavioral therapeutic models. The primary goal of the therapy is to assist individuals suffering from serious mental illness so that they might return to work. The therapy targets defeatist beliefs that are maladaptive and automatic through cognitive techniques, psychoeducation, handouts, and semi-scripted role-playing. Within the cognitive behavioral framework, such thoughts are viewed as “thinking errors” and may produce a subsequent expectation of failure. The program proceeds through four modules, each of which contains two sessions, and covers issues relevant to work environments. The four therapeutic modules are: 1) identifying and changing thoughts about work; 2) identifying problems and generating strategies for prevention and solutions; 3) understanding and interacting with others in the workplace; and 4) identifying, understanding, and optimizing personal strengths and weaknesses in the context of work.

Download English Version:

<https://daneshyari.com/en/article/4935007>

Download Persian Version:

<https://daneshyari.com/article/4935007>

[Daneshyari.com](https://daneshyari.com)