

Job Placement Methods and Models

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...for placement is the “pay-off,” the “mission accomplished,” the heart and essence of rehabilitation (Lee, 1955, p. 4).

Placement practices have evolved both historically and conceptually. While some rehabilitation professionals have envisioned placement as the goal of rehabilitation, others have described it as only part of the process (Vandergoot, 1984). The absence of conceptual agreement on placement's role in the rehabilitation process may have restricted the progress and accomplishments made in the employment services field.

Placement Defined

There is little agreement on whether placement is a service, an outcome, or even the “entire rehabilitation process”(Vandergoot, 1984, p. 26). Placement has been defined as “the final phase...the bridge by which the individual passes from... supportive services to the competitive work-life of the community”(Wuenschel & Brady, 1959, p. 16). Placement is an important phase in the total rehabilitation process, which requires the entire community to become working partners (Odell,1955). Zadney and James (1976) referred to placement refers as “. . . the steps taken in preparation to secure satisfactory employment as rehabilitation comes to a close”, and they acknowledged that “. . . placement is a continuing concern throughout the rehabilitation process, even though the type and level of related activities varies considerably at different points”(p. 9). Vandergoot and Worrall (1979) in an attempt to separate goal from process, defined placement as “. . . the crucial event in the rehabilitation process; it indicates that a client has accepted a job offer . . . placement is the goal of rehabilitation, all other rehabilitation activities can be related to it”(p. 7). Dunn (1981) also attempted to find a balance between process and outcome and depicted placement as “. . . the time period and activities that take place between two major decision points or events: the decision to actively search for employment in the labor market and the decision to accept a job offer”(p. 115).

Theories of Job Placement

While providing employment for people with disabilities has been the mission of vocational rehabilitation since the initiation of the first rehabilitation legislation, little has been done to accumulate knowledge of placement concepts and practice (Vandergoot, 1984). In a review of the literature on job placement, Dunn (1974) found most publications were monotonous, fragmented, and disassociated with theory. Similarly, Zadney and James (1976), in noting that many placement manuscripts were unsubstantiated and contradictory to practice, concluded that placement methods were often selected by practitioners on the basis of personal preference. Fraser (1978) suggested that the scope of research be expanded beyond client-oriented placement techniques and practices to include evaluating employer contact practices.

Although a conceptual framework is needed for research and practice, rehabilitation professionals have invested little energy in developing specific theories of job placement (Lustig, Lam, & Leahy, 1985). Theoretical approaches which have impacted the rehabilitation field are career development theories (e.g., Holland, 1959; Roe, 1957; Super, 1953; Ginzberg, Ginzburg, Axelrod, & Herma, 1959) and the Minnesota Theory of Work Adjustment (Lofquist & Dawis, 1968). Although career development theories are concerned with career choice processes, and the Minnesota Theory of Work Adjustment is concerned with work satisfaction and satisfactoriness, none of these theories address how to actually achieve successful placement. Vandergoot (1984) noted that labor market studies from the fields of economics and sociology have been particularly useful in increasing placement knowledge and skill.

Placement in Practice

Principles and techniques in placement must be modified in accordance with the individual environment in which the placement service is operated. Factors such as the size of the community, the nature of its employment opportunities, the type of client served, and the agency structure in which the service is given, necessitate variances in practice.

For many years the literature in the field of rehabilitation placement, presented the analysis of the worker as one thing and the analysis of the job as something quite different. Odell (1955) contended that in order for placement to be properly executed, practitioners must be concerned with the needs of the whole person, as well as with the demands and characteristics of the whole job. Odell's functional occupational classification system was based on the concept that every job is a job-worker situation in which talents, capacities, and needs of the individual must be accommodated with the physical and psychological demands of the job. The task of matching abilities with job demands becomes increasingly complex when multiple impairments are present, as well as "...lack of work experience, the absence of acquired work habits, failure to adjust to the disability, poor social adjustments, immaturity of interest, and lack of self-confidence"(Miller& Ketron, 1955, p. 11).

Lustig, Lam, and Leahy (1985) presented a conceptual approach to job placement which focused on systematic examination of a job position in relation to both its expressive and receptive qualities, as well as the identified needs of the individual job seeker. Similar to the Minnesota Theory of Work Adjustment, Lustig, Lam, and Leahy hypothesized that rehabilitation clients would retain their jobs if the specific positions fulfilled their identified expressive and receptive needs. Their approach included a very strong emphasis on the nature of the position and on what the occupation returns to the person.

Marrone, Gandolfo, Gold, and Hoff (1998) pointed out that although an exact job fit is desirable, it is not the most crucial aspect of the job placement process. Particularly important for those with limited work experience, is the interplay between planning and job search activity. Marrone et al. believed plans should be continuously modified based on information obtained throughout the course of the job hunt.

Olney and Salomone (1992) identified five barriers to successful client placement resulting from inappropriate practitioner intervention:

- (1)Professional overkill. The presence of a cadre of professionals in the lives of

individuals with severe disabilities distinguishes them from others in our society.

(2)Professional problem-solving. Human service practitioners, rather than individuals or their associated family members, are charged with remediating the individual's problems.

(3)Lack of real choice. Rehabilitation professionals tend to take over when dealing with someone who has many limitations.

(4)Stereotypic views of rehabilitation practitioners. Some of the disadvantages experienced by persons with disabilities are unwittingly reinforced, even created, by professionals.

(5)Selective placement. This process of job matching places the rehabilitation professional in charge of procuring the job and then placing the individual.

Facility-based Services

A rehabilitation center is a facility in which there is a concentration of services, including at least one each from the medical, psychosocial, and vocational areas, which are furnished according to needs which are intensive and substantial in nature, and are integrated with each other and with other services in the community to provide a unified evaluation and rehabilitation service to disabled people (Redkey, 1954, p. 15).

Rehabilitation centers have played a major role in providing services for people with disabilities for many years, particularly since the passage of the 1954 Hill-Burton Act and the subsequent funding to build facilities (Editorial, 1956). The Hill-Burton law offered a special challenge to state vocational rehabilitation agencies by requiring centers established under the law to include “substantial vocational services” (Redkey, 1954, p. 15), in addition to medical, social, and psychological services. Community rehabilitation centers were usually privately organized within the communities they served. Realizing that facility staff could greatly assist in meeting the needs of their clients, the state vocational rehabilitation agencies became the largest purchasers of services from the rehabilitation centers.

Realizing that no one person could be competent in all disability areas, Redkey (1954) felt community rehabilitation centers were desperately needed to provide concentrated services for individuals with the most severe disabilities. Redkey also cited many other benefits to facility-based services. For example, rehabilitation centers offered multi-disciplinary services, were flexible in their operations, and encouraged citizen participation in the rehabilitation process. Marra, Moore, and Young (1957) believed the biggest benefits of facilities were the job training opportunities. Various jobs such as packaging, sealing, labeling, assembly, inspection, tracing, cutting, and sewing were available through facilities’ sub-contracts with industry. Not only were specific job habits and attitudes emphasized, but, the trainees earned paychecks for the work they completed.

Work adjustment training also evolved with the rehabilitation facility movement (Rubin & Roessler, 1987). According to Wright (1980), “work adjustment helps individuals develop self-confidence, self-control, work tolerances, skill at interpersonal relations, understanding of the work world and worker attitude . . .” (p. 282). The importance of social adjustment in the workplace was underscored by Lenard in 1960 in his description of a “supportive placement program”(p. 16). In many cases,

Lenard had found that the inability to maintain employment was not attributable to lack of work skill, but to defective social interaction with other workers. In the supportive placement program, two clients were placed in the same work environment in order to assure that each would have someone to relate to socially.

Research during the past couple of decades correlates time spent as a trainee in a facility with decreased probability of placement. Bellamy, Rhodes, Bourbeau, and Mank (1986) reported that of those rehabilitation facility clients who were placed, 75% moved into competitive employment within the first three months. The same study reported that only 3% of those clients remaining in facilities for more than two years were eventually placed.

Community Integrated Services

In the 1980s, community integrated employment and training strategies emerged as an alternative to the traditional facility approach to placement (Szymanski, Handley-Maxwell, Hansen, & Myers, 1988). Whitehead (1987) reported as many as two-thirds of rehabilitation facilities were incorporating community integrated strategies in their programs. Community-based services in the least restrictive environment appeared as a solid value which would be long-lasting (Mank, Rhodes, & Bellamy, 1986; Rusch, 1986; Wehman, 1986; Couch, 1994). Community-based work adjustment, transitional employment, and supported employment are three common applications of the community integrated service model.

Work adjustment services, which had typically been provided in facilities, expanded beyond the physical walls of facilities through enclaves within industry and job coaching in community work settings (Menchetti, 1992). Couch, May, Fadely, and Pell (1991) predicted that the future of work adjustment services would be “on the job in community settings”(p.31). In a comparison of work adjustment services and the supported employment model, Couch and Pell (1991) concluded that there was significant overlap in the processes and professional practices of these two employment training approaches.

Time-limited transitional employment training is a service which is similar in approach and service delivery to supported employment but does not include an on-going support component (Szymanski, Handley-Maxwell, Hansen, & Myers, 1988). Clients are trained and placed in community work settings; however, job support is gradually withdrawn (faded) after work performance has been stabilized.

Supported employment training emerged from the convergence of the normalization movement (Flynn & Nitsch, 1980), trends in special education (Bruininks & Lakin, 1985; Snell, 1987) and criticism of rehabilitation facilities for segregated environments and limited outcomes (Whitehead, 1987).

The Rehabilitation Act Amendments of 1986 defined supported employment as

...competitive work in integrated work settings—(a) for individuals with severe handicaps for whom competitive employment has not traditionally occurred, or (b) for individuals for whom competitive employment has been interrupted or intermittent as a result of several disability, and who, because of their handicap,

need on-going disability support services to perform such work.... (Rehabilitation Amendments, 1986).

The Twelfth Institute on Rehabilitation Issues provided the following working definition of supported employment (Botterbusch, 1989):

Supported Employment is paid employment in which appropriate ongoing services are provided to employees who are severely disabled in order for the individual to work productively. Specifically, employees (who are severely disabled) in a supported employment program must: (a) be engaged in part-time or full-time employment paid at a wage commensurate with the individual's production of goods or services; (b) need and be provided continuous, high-intensity or periodic, ongoing support services in order to maintain employment including support and assistance provided employers; and (c) be provided opportunities during the work day to be integrated with non-disabled individuals other than those providing direct support services to employers. (Twelfth IRI, 1985, pp. 23-24)

The Developmental Disabilities Act of 1984 established four criteria for supported employment: (1) the worker must be engaged in employment; (2) this employment must be located in regular and integrated work settings; (3) there must be ongoing support and this support must be essential for maintaining employment; and (4) the worker must be severely disabled so that ongoing support is necessary to maintain employment (Federal Register, 1984). As interpreted by Wehman (1986), supported employment has the following characteristics: (a) paid jobs as the focus rather than job-preparation; (b) work in integrated business and industrial settings rather than in designated rehabilitation centers; (c) workers with severe disabilities; and (d) publicly funded ongoing support services throughout the client's employment. The four major components of supported employment are: (1) job placement, (2) job site training and advocacy, (3) ongoing assessment, (4) job retention and follow-up (Federal Register, 1984; Botterbusch, 1989).

Although there are many ways of providing supported employment services, all have the purpose of integrating people with disabilities in the competitive employment. Botterbusch (1989) described the specific models of supported employment as:

Job Coach Model. One worker is placed within competitive industry and provided individual services. The job coach then individually trains the worker until performance criteria are met. The major advantage of the job coach model is the provision of concentrated individual services to one worker by one job coach. However, this model is almost completely dependent on the skills of the job coach; therefore, program effectiveness is often dependent on a few job coaches.

Employment Training Model. In this model several persons with disabilities receive group training for a specific job. Unlike many other training programs, this program is time-specific, meaning that workers complete it within a specified number of days or weeks.

Supported Jobs Model. In this model, a non-profit community agency is funded on the same basis as an adult day care work activity center. It has, however, no building

and provides no prevocational training. All workers served by the agency work in regular community jobs, and program staff are responsible for job development, job site training, and providing ongoing support to maintain employment. The major advantage of this employment strategy is that it opens community employment to many workers denied employment because of low productivity.

Enclave Model. The enclave model offers many of the benefits of integrated employment while providing the support of a group setting. Within the enclave, payment for work performed is commensurate with pay to others within the host company doing the same type and amount of work. Although proponents of this model do not like to admit it, an enclave often becomes a small sheltered workshop within the employer's business.

Mobile Crew Model. Mobile crews operate as a single purpose business and not as part of a larger facility. Typically, the crews consist of one supervisor and five employees. In practice the mobile crew is a combination of a service and business. Working from a van instead of a building, the crew and supervisor spend the work day performing service jobs in community settings. Low integration occurs when crews work either in isolation or when no one else is at the job site.

Benchwork Model. This specialized model provides employment in assembling electronic and other small components. Operated as small, single-purpose companies, these organizations provide employment and other services to approximately 15 persons who are severely and profoundly mentally retarded.

Entrepreneurial Model. This model takes advantage of local commercial opportunities to establish a business employing a small number of disabled persons as well as nondisabled persons. In effect, this model requires the establishment of a for-profit enterprise, operating under the same conditions as any other business. The only difference is that disabled persons are employed in large numbers.

A supported employment placement may not always lead to full inclusion in the workplace. Rusch, Johnson, and Hughes (1990) analyzed patterns of co-worker involvement among 264 supported employees in relation to level of disability versus placement approach (i.e., individual job coach, enclaves, mobile work crews, etc...). Supported employees who were members of mobile work crews were found to experience far less co-worker involvement than their colleagues who were employed in individual placements. Therefore, Rusch, Johnson, and Hughes concluded that differences in degrees of inclusion (and co-worker association) related more to the type of supported employment placement than to the severity of individual disabilities.

Supported employment has been shown to be a viable and effective rehabilitation approach (Shafer, 1990; Hanley-Maxwell & Whitney-Thomas, 1995). In an eight-year, longitudinal benefit-cost analyses on supported employment services, Hill, Wehman, Kregel, Banks, & Metzler (1987) found a substantial savings to taxpayers, along with significant financial benefits to consumers. McCaughrin, Ellis, Rusch, & Heal (1993) assessed the monetary costs and benefits of supported employment, as well as the nonmonetary benefits (i.e., quality of life) as a result of supported

employment. Supported employment was found to be beneficial from both a financial and quality of life perspective.

Train-Place or Place-Train

Staff of traditional facility and work adjustment programs usually trained individuals for a period of time and then tried to place them successfully in a community job. On the other hand, community-integrated services (i.e., supported employment) required practitioners to find the placement first, and then provide the training.

The traditional approach, often referred to as train-place, provides for the development of job ready skills and behaviors, followed by the location of suitable employment (Szymanski, Handley-Maxwell, Hansen, & Myers, 1988). The train-place model is based on the assumption that all people with disabilities progress along a developmental continuum, requiring prerequisite skills (or job readiness) training (Botterbusch, 1989). Job readiness training is intended to prepare individuals to meet the general demands of work in areas such as attendance, punctuality, and quality of work (Wuenschel & Brady, 1959). The job readiness model is an educational model which requires the ability to generalize a whole host of job skills to a cluster of jobs (Szymanski, Handley-Maxwell, Hansen, & Myers, 1988). Another assumption of the train-place model is that people with disabilities are better off in environments which separate (and protect them) from mainstream society. Numerous research and outcome studies have brought the train-place approach under scrutiny in education and rehabilitation (Bellamy, Rhodes, & Albin, 1986; Horner, Meyer, & Fredericks, 1986; Noble & Conley, 1987; Whitehead, 1987).

The place-train model, a community integration approach to placement, is often used as a synonym for supported employment. Although there are numerous variations of the place-train model, each model has four common features (Botterbusch, 1989):

- (1) placement is in competitive employment;
- (2) intensive training on the job site;
- (3) training is dependent on task analysis information, and the use of behavior analysis and behavior management techniques, with ongoing assessment integrated throughout the training process; and,
- (4) follow-up services and advocacy are provided throughout the period of employment, rather than ending after a fixed follow-up period.

Selective and Client-centered Placement

Job placement activities may be directed solely by professional effort, or they may be controlled by the individual seeking employment. These differing approaches include selective placement and client-centered placement.

Selective placement refers to the assessment of capabilities, needs, and characteristics of clients, and the subsequent matching to compatible jobs (Vandergoot, 1984). Geist and Calzaretta (1982) add, “selective placement involves matching the client with a job, while the placement practitioner acts as a resource person, agent, and advocate in obtaining the job leads, making the employer contacts, and even accompanying the client to the interview” (p. 14). Olney and Salomone (1992) designated

selective placement as unsuccessful and resulting in poor job satisfaction, due to the controlling role of the rehabilitation professional and the non-participatory role of the job seeker.

As a superior approach to selective placement, Salamone (1971) recommended client-centered placement, in which the client assumes responsibility, secures job leads, contacts employers, and makes placement decisions. Salomone believed that people with disabilities may be more inclined to leave their jobs when they have been uninvolved in the placement process. Marrone, Gandolfo, Gold, and Hoff (1998) also noted that an essential element of helping people keep good jobs is having the job seeker direct the job search.

Personal involvement on the part of the job seeker makes finding the job the individual's success, and contributes to his/her self-esteem and confidence (Marrone, Gandolfo, Gold, & Hoff, 1998). Such involvement also develops the skills of the job seeker that will be needed to find other jobs and advance in careers.

A highly successful example of the client-centered approach is the Job Club model (Azrin & Philip, 1979b). Job clubs work very effectively to provide support and information sharing. Job club activities include resume development, contacting employers, practicing advocacy, and role playing interviews (Azrin & Philip, 1979a, 1979b). The components of a job club for people with disabilities offer effective marketing and accommodation strategies for all persons seeking employment.

Programmatic Experiences

Practitioners have developed and implemented numerous programs to enhance the employability of people with disabilities. The approaches taken include elements from the facility movement and community integration strategies, as well as selective and client-centered techniques. Often, practitioners have combined elements from several job placement models in the development of their unique programs.

Early pilot placement projects included Miller and Ketron's (1955) Work Exploratory Plan, as well as group vocational counseling programs (Rosenberg, 1956; Selkin & Meyer, 1960). In order to avoid prior judgment and the systematic screening out of clients needing assistance, Miller and Ketron developed a Work Exploratory Plan in cooperation with Vocational Rehabilitation and Goodwill Industries. Miller and Ketron's approach proved to be successful in meeting the job seeking needs of individuals who had not been successfully rehabilitated by traditional rehabilitation techniques in place at the time.

Rosenberg (1956) offered a Group Vocational Counseling model for individuals to help with job orientation, job preparation, and associating with persons without disabilities. Rosenberg believed many rehabilitation clients had hidden anxieties concerning employment relationships, which could be handled effectively in a group counseling relationship. Similar to Miller and Ketron's (1955) project, the primary criterion for acceptance in group counseling was need. Rosenberg's first group of 13 varied in age from 17 to 51, with a mean age of 34. There were 13 different disabilities represented, with various physical limitations. Nine of the individuals were successfully employed as a result of the program. Rosenberg hypothesized that the diverse group experience was successful because it emphasized the importance of pooled experience among the members (Azrin, 1979a).

Selkin and Meyer (1960) reported on Vocationally Oriented Group Therapy. Clients in their model were also seen as needing to share their fears and apprehensions about employment. Training in appropriate behaviors and attitudes was delivered primarily through group discussion and role playing. Additional support was offered by a professional therapist who led the group. Vocationally Oriented Group Therapy was found to be an effective method of providing placement services to people with severe disabilities.

Merz & Szymanski (1997) found that a vocational rehabilitation-based career workshop with 48 participants with a mean age of 37, was an effective means for soliciting active consumer involvement in the rehabilitation and career development process. Active involvement enabled participants to not only make informed decisions, but also to have self-confidence about their choices. The structured setting of the workshop enabled placement counselors to provide comprehensive services in a time-efficient manner with the added benefit of peer support for the client.

Farley and Hinman (1988) used a two group, pre-test, post-test to evaluate the effectiveness of Getting Employment Through Interview Training (GET-IT), a small-group, behaviorally-oriented intervention. In role-played pretest interviews, a sample ($n = 18$) of vocational rehabilitation facility clients with severe disabilities demonstrated inadequate self-presentation skills. After training, GET-IT participants ($n = 9$) demonstrated significant improvement in both interview content and interview style behaviors, and were more likely to receive favorable hiring decisions as rated by judges. Means and Farley (1991) used similar methodology in their pilot demonstration of the effects of job application training.

Frey & Godfrey (1991) reported on a placement approach for persons with severe and persistent mental illness offered by the Program of Assertive Community Treatment (PACT) in Madison, Wisconsin. PACT is a comprehensive community-based program which integrates both clinical and rehabilitative services within the “continuous treatment team approach,” also known as “training in community living”. This model’s desired outcomes include the prevention of recidivism and reduction of primary symptoms; increased life satisfaction; lower subjective stress; and improved social and vocational functioning. PACT’s vocational services are based on a placement model which focuses on both person factors and factors of the job. The rationale of the PACT approach is that job matches in line with personal preferences facilitate job retention.

WIT Works (Whatever It Takes — Works) provides placement opportunities for individuals who have sustained a brain injury (Boelcke & Howell, 1994). WIT Works’ services include vocational counseling, interest and aptitude testing, career exploration, and job shadowing. An important aspect of each individual’s program is the development and involvement of the participant’s circle of support. WIT Works allows individuals the chance to experiment and assess their abilities in a work environment. Depending on individual goals, placements may be fully or minimally supervised by a job coach. WIT Works assists the individual to be as independent in the job search process as possible. WIT Works has been successful because its services are designed on an individual basis, concerns are addressed immediately, and participants primary control of their vocational decisions.

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