The role of occupational therapy in welfare to work

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THE ROLE OF OCCUPATIONAL THERAPY
IN WELFARE TO WORK

By
Emily Ruth Wilson
An Abstract
Of a thesis in partial fulfillment of the
Requirements for the degree of Master of Science
In the School of Health Sciences and Human Performance at
Ithaca College

September, 2000

Thesis Advisor: Michael Pizzi, MS, OTR, CHES, FAOTA, Assistant Professor
Abstract

Role of Occupational Therapy in Welfare to Work Programs

The purpose of this study is to determine the role of occupational therapists in welfare to work programs. By examining the services provided by current programs and examining work behaviors linked with decreased job retention, this study suggests how occupational therapists may be a beneficial addition to the staff of these programs. This study also observes which welfare to work services are within the domain of concern of occupational therapy. To explore the possibility of occupational therapists in welfare to work programs, an extensive literature review was conducted encompassing the areas of welfare to work programs and the causes of low job retention. This information was then analyzed in order to determine the work behaviors of welfare recipients, the services currently offered in welfare to work programs, as well as the knowledge base that may qualify occupational therapists to work in this area. Information was also collected regarding the services currently offered by 23 welfare to work programs across the United States. The analysis suggests which of these services are within the domain of concern of occupational therapy according to performance area and performance components. Two telephone interviews were also conducted with occupational therapists currently working in welfare to work programs. Finally, with this information, the study suggested possible roles of occupational therapists in a welfare to work program. This information could suggest to welfare agencies whether it would be beneficial to the success of their program to hire an occupational therapist in a welfare to work program.
THE ROLE OF OCCUPATIONAL THERAPY
IN WELFARE TO WORK

A Thesis Presented to the Faculty
Of the School of Health Sciences and Human Performance
Ithaca College

In Partial fulfillment of the
Requirements for the Degree
Master of Science

By
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September, 2000
Ithaca College

School of Health Sciences and Human Performance

Ithaca, New York

CERTIFICATE OF APPROVAL

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Acknowledgements

I would like to thank my advisor, Michael Pizzi, for his support and encouragement through the research process. I would also like to thank Dr. Catherine Gordon for her help and guidance, along with the rest of the occupational therapy faculty who have offered open doors for the past five years at Ithaca College. Thank you to my family in Ohio and Pennsylvania for pressing me forward. Finally, thank you to my roommates, Maureen McDaniel and Megan Andree, for the long hours of brainstorming, proofreading, and rehearsing.
Dedication

I would like to dedicate this thesis to the first class of occupational therapy students at Ithaca College. You have been so influential in my life for the past five years, and I am so privileged to have worked with each one of you. I am proud to call you my classmates, my friends, and soon, my colleagues. Congratulations to the Ithaca College Occupational Therapy graduate class of 2000.
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Chapter 1: Introduction

Introduction

In the United States, the welfare system affects a vast number of citizens. In 1998, the US Census Bureau found that 12.7% of US citizens lived below the poverty line. This statistic included 34.5 million Americans of all races and ages (US Department of Commerce, 1999). The welfare system, however, seems to be failing its recipients. Instead of acting as a support system for people in need, the welfare system is creating a vicious cycle of leaving welfare for low-wage jobs, only to return to welfare for assistance when the job ends. As the recipients weigh the benefits of welfare or work, they are finding that work is not always the more appealing option. Due to the costs associated with work, such as childcare, transportation, and the loss of medical benefits that were provided on welfare, it is not financially rewarding to work instead of receive welfare. Welfare families are finding it difficult to get off welfare and begin to earn money to support themselves (Edin & Lein, 1996). It seems that the system is in need of major reform.

For the past few years, welfare reform has been a popular topic of debate in the United States government. Recent administrations have been struggling to find a solution that will get poverty stricken Americans who depend on welfare back to work. In 1996, President Clinton signed a provision that paved the road for two major changes. First, welfare programs are now the responsibility of the states. Second, benefits have time limits which require recipients to work within two years of receiving benefits. They may only receive assistance for a total of five years (Froomkin, 1998).
In response to this change in policy, many state welfare agencies are creating welfare-to-work programs that are designed to assist welfare recipients to return to the workplace (Kramer, 1998). One program in Kansas City, MO has been able to place 688 welfare recipients in jobs (Hobbs, 1996). However, this success has been temporary: only 40% of those placed in jobs remained there after a year. The staff of that program stated that the caseworkers are more concerned about eligible aid than whether or not the recipient is compatible with the job. They further stated that in order to increase job retention, they need to develop employees who have skills in the area of finding work that matches the abilities, skills, and interests of a person (Hobbs, 1996).

It appears that the welfare to work programs are in need of professional staff who are able to increase the job retention rate in these programs. These professionals could address the worker’s needs and develop skills that recipients will need to increase their independence through work. These professionals could also match a client’s values, beliefs, and skills to appropriate work role and work tasks in order to increase success in the workplace. Occupational therapists are trained to assess the skills, abilities, and interests of an individual, and are experienced in fitting each person in his or her opportune environment (Reed & Sanderson, 1999). Therefore, an occupational therapist may be a suitable professional for these welfare to work programs to improve recipients’ ability to support themselves through work.

Background

The concern for welfare recipients in the area of job retention is well founded. Of the welfare recipients who are placed in jobs, as many as 40% are receiving aid again within a year. This number increases to 67% returning to receive benefits within five
years (Pavetti, 1993). After receiving Aid for Families with Dependent Children (AFDC), about 60% of recipients lose their first job (Hershey and Pavetti, 1997).

Experts cite many possible reasons for this lack in job retention. It may be that the recipients need transportation, childcare, or healthcare benefits that are received while on welfare (Edin & Lein, 1996). Other barriers to employment include the struggle to stay above the poverty line even when the recipient is able to work. It has been estimated that a single mother with two children can work forty hours per week at minimum wage and still not rise far above poverty level (Acs et al., 1998). It may seem more feasible for a single mother to receive a welfare check and to work side jobs for extra financial support (Edin & Lein, 1996). As welfare recipients are weighing the benefits of working versus remaining on welfare, these factors contribute to their decision. Recipients participating in welfare to work programs may also see the imbalance in benefits, which may be contributing to low job retention in these programs.

Many state welfare agencies have started to respond to the problem of returning welfare recipients to work (Kramer, 1998). A variety of innovative programs are offering services such as skills training, counseling, mentorship, support groups, continuing casework, and emergency cash flow (Kramer, 1998). Some strategies focus on increasing opportunities for welfare recipients to advance in their careers beyond minimum wage levels and to retain jobs for longer periods of time. Among Kramer's suggestions are targeting at-risk clients for specific services and implementing long term support. She states that the goal of these programs should be to "help recipients manage the exigencies of work - both financial and personal" (Kramer, 1998, p. 2).
How do we determine which welfare recipients are ready for work? What type of services will they need once they are on the job? Who will coordinate the services for the most beneficial outcome for the client? So what type of professionals would be beneficial to improve working skills in these programs?

One possible professional to work in this position is the occupational therapist. Occupational therapists (OT's) work in a variety of settings. They deal with the overall health and well-being of individuals so that they may perform their "occupations," or the activities that each of us do to make our lives meaningful and productive (Reed & Sanderson, 1999). Occupational therapists have a unique perspective on people that other professionals may not possess. OT's are able to assist clients in optimizing occupational performance by facilitating participation in activity. Occupational Performance refers to the ability of a person to successfully carry out the things that he or she needs to do in order to live (Reed & Sanderson, 1999). In other words, occupational therapists help people succeed at life. Included in these life skills is the ability to work (Reed & Sanderson, 1999). Occupational therapists may be able to help welfare recipients develop skills and appropriate behaviors in order to maintain a job and stay off government assistance.

Problem Statement

Statistically, a large number of people are affected by changes in welfare programs. Although household income levels were at an all-time high in 1998, the number of families living below the poverty line has not significantly decreased (US Department of Commerce, 1999). Between state and federal costs, the US government spends over $25 billion per year on assistance programs (Nightingale & Haveman, 1995).
It seems there are many American citizens who could benefit from services that eased the transition from welfare to work.

It is also a pivotal time to take a critical look at our welfare to work programs and search for opportunities to change. In 1996, President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act. This new legislation replaced the former federal welfare assistance with Temporary Assistance for Needy Families (TANF), which is controlled by each state (Handler & Hasenfeld, 1997). Since that legislation, states have been moderately successful in trying a number of different approaches to increase job placement and retention (Kramer, 1998). The advantage of taking action now is that programs are still new and developing. Some programs have identified where they need to improve in order to increase success in their program (Hobbs, 1996).

If this problem is addressed now, it has the potential to return a significant portion of welfare recipients to the job market. It could also create opportunities for those on welfare assistance to provide for their families independently through career advancement. With the formation of successful welfare to work programs, the government could spend less money on direct assistance. Instead, this money could be put into increasing job support services for working recipients in order to break the cycle of dependency on public support. To improve the success of these services, the government may want to enlist the assistance of a professional with the skills to improve welfare recipients' success in the workplace. Is an occupational therapist an appropriate professional to improve job retention in welfare to work programs? What types of
services and assistance could an occupational therapist provide to improve the success of these programs?

Purpose

The purpose of this study is to determine the possible role of occupational therapists in welfare to work programs. By examining the services and work behaviors linked with increased job retention, this study was intended to determine if occupational therapists optimize successful implementation of these programs. This study also investigates whether occupational therapists are within their domain of concern in the area of work and the welfare population. To explore this possibility, an extensive literature review was conducted encompassing the areas of welfare to work programs, work related behaviors, and the domain of occupational therapy.

Significance

Some welfare to work programs state that the success of their program in increasing job retention may depend on well-trained staff. They explain that they need staff members who have the knowledge and skills to match welfare recipients with jobs that fit their abilities, skills, and interests. This staff could also equip the recipients with the skills to meet the demands of these jobs (Hobbs, 1996). This study discusses the role of occupational therapists in these programs. Since these welfare to work programs are still developing, few now employ occupational therapists, and there is little research evidence on the effectiveness of occupational therapy in these programs. Therefore, a literature review and analysis is an appropriate first step in developing knowledge in this area.
Currently, there is very little literature linking occupational therapy to welfare programs. Therefore, it is helpful to do a comprehensive literature review before a pilot study is conducted, because this type of review allows a comprehensive look at the relevant materials.

**Limitation**

This study cannot provide significant outcome measures. It provides a search for the causes of the problem and possible solutions. A literature review also examines existing programs and the possible roles of OT services. By looking at the problem from all perspectives, the study suggests implications about beneficial services for the future.

**Design**

A thorough review of the literature analyzed the work behaviors of welfare recipients, welfare to work services and the occupational therapist’s knowledge base and domain of concern. This study examined the possible causes of the decrease in job retention within this population, as well as the services that welfare to work programs have implemented to attempt to solve this problem. Determining the reasons for short lengths of stay on the job has helped decide what new services might be helpful in assisting with the transition to work.

Using information collected about the welfare recipients and programs, the different roles and skills of the occupational therapist were examined. The study then reviewed the knowledge base, philosophical base, and intervention techniques, focusing on the areas in which the occupational therapist is qualified to practice. The study then assessed the domain of concern of an occupational therapist who might work in, consult to, or somehow support a welfare to work program. Also, occupational therapists who
are already working in the welfare to work setting in order to assess their impact on the program were interviewed.

By comparing needed skills and roles with the scope of OT practice, this study suggested possible roles of an occupational therapist in a welfare to work program. This information may assist welfare agencies in determining whether or not it would successfully benefit their programs to hire an occupational therapist.
Chapter 2: Literature Review

Background

The welfare system was created in 1935 as the government offered Aid for Families with Dependent Children (AFDC) for children who were poverty stricken after the death of their fathers (Rogers, 1997). Poverty continues to be one of the major social issues in the United States today. In 1998, about 12.7% of the population (34.5 million individuals) lived below the poverty line (US Department of Commerce, 1999). Individuals and families who are unable to support themselves financially turn to the US government for assistance. Currently, the welfare system provides families with food stamps, Medicaid for health coverage, and assistance for other essential needs such as housing expenses. Unfortunately, a pattern of dependency on federal assistance developed, and taxpayers expressed concerns that the welfare system was not assisting people to gain financial independence, but creating a population of families who could not live without this support.

In the 1980's, government officials began to consider ideas for reforming the welfare system. Governor Thompson of Wisconsin was one of the first political leaders to propose changes in the current system. Thompson wanted to encourage welfare recipients to take responsibility for their lives, so he began a program called Work Not Welfare. This welfare to work program was the first to require recipients to work in order to receive benefits, and its success encouraged Congress to examine the possibilities in welfare reform (Rogers, 1997).

In 1996, the most significant welfare reform bill to date was passed. Under the Personal Responsibility and Work Reconciliation Act of 1996, former benefit programs
such as AFDC and the welfare-to-work program called Job Opportunities and Basic Skills (JOBS) have been eliminated. These have been replaced with a grant to each state to establish the Temporary Assistance for Needy Families program (TANF) (Pavetti, 1997). This means that each state will now be responsible for distributing benefits and offering employment services. Other changes in the welfare system include time limits on the receipt of benefits. Each family cannot exceed two years of receiving benefits at one time or a total of five years of benefits in a lifetime (Gittleman, 1999). These caps on welfare assistance are meant to encourage recipients to enter the workforce and become financially independent without eliminating the temporary assistance families need during a crisis.

Although the welfare reform legislation is intended to encourage increasing independence and self-sufficiency in welfare recipients, many social policy experts are conducting research and publishing studies about the possible effects of the new welfare reform. Some of the concerns include the populations most commonly affected, the ability of the labor market to support these new employees, and the quality of employment available for recipients.

One concern is to determine who this new policy will affect. Bernstein (1997) separated welfare recipients into categories according to age, race, and education in order to determine who would be affected most severely by the new system. He identified that populations such as young adults, African-Americans, and persons with less than a high school education are more likely to receive welfare when compared to the national average. In addition, he points out that these welfare statistics do not include the individuals who are “underemployed.” Bernstein defines the “underemployed” as those
Welfare to Work

who have been seeking work, but are currently unemployed for one of three reasons: (a) people have given up due to discouragement; (b) they are unable to work due to restrictions in transportation or child care; (c) they have settled for a part time job because they were unable to find full time employment. The number of individuals on welfare could be drastically higher if these individuals were included in the statistics (Bernstein, 1997).

Duncan & Yeung (1995) analyzed how many recipients would be affected by the time limit for receiving welfare. They discovered that about half of all of current recipients of AFDC have never collected two years of assistance. They explained that only a minority of recipients would lose their benefits due to this cap, because most recipients do not receive assistance for more than two years at a time. However, the group that would be affected most severely by the cap would be African-Americans and mothers of small children. This may be due to the “heterogeneity” of most welfare recipients, which describes how many people follow a pattern of going on and off welfare very frequently. Therefore, these recipients do not usually receive benefits for longer than two years at a time, and would not be affected by this long term cap (Duncan & Yeung, 1995). This theory does not determine, however, the number of people who may be affected by the five year total cap because they continue to turn to welfare for assistance when their resources run out.

One study by Gittleman (1999) examined data from the National Longitudinal Survey of Youth (NLSY) to determine through simulation study how many people would have been affected if the time limit on welfare benefits had been in place from 1978-1991. His results indicated that 26.9% of families received AFDC benefits for a
cumulative period of more than 5 years during that time. He also manipulated the data to calculate the amount of time spent on welfare over a lifetime and to observe what would happen if some policy changes were made. For example, Gittleman was able to simulate how the numbers would have been affected by a welfare to work program such as the Saturation Work Initiative Model, a program in San Diego that mandated ongoing work or work-related activities for its recipients. He estimated that if the recipients from the period studied had participated in this program, there would have been a 11-15% decrease in the number of recipients who would reach their time limit of five years on welfare. He also states that even slight increases in job retention for these welfare recipients could also cause a dramatic decrease in the number of recipients who reach the five year time limit (Gittleman, 1999).

In another simulation type of study, Moffitt (1996) examined “entry rate effects.” These are defined as how entry and exit from an AFDC program can be affected by such programs as a mandatory employment training. Moffitt used data from the Michigan Panel Study of Income to simulate how a low-skilled female welfare recipient would make decisions about participating and exiting from AFDC benefits. Moffitt then determined that the employment and training programs could have a major effect on the caseload for AFDC programs. This effect could be positive or negative, depending on the perceived effectiveness of the employment programs. A potential recipient considers his or her perception of the employment program while deciding whether or not to apply for assistance. If she believes that the program could assist in her financial development, she may apply more readily. But if she sees the employment program as a burden of time and responsibility, she may not apply. Moffitt predicts that long term positive effects on the
enrollment in AFDC will take time, depending on how quickly the benefits of the program are perceived by the welfare community (Moffitt, 1996).

Another concern of welfare reform is the job market. With the development of new welfare to work programs, the availability of low skilled jobs that can support welfare recipients needs to be examined. Two studies offer contrasting views on the realities of the job market's ability to support the welfare population. Jensen & Chitose (1997) analyzed the Current Population Survey taken in March 1994 to determine who would be searching for work out of the welfare populations. Assumptions were made about exemptions from work, such as being disabled or being the parent of preschool aged children. Next, Jensen & Chitose estimated the number of jobs available for welfare recipients by comparing the occupation-specific mean of the job to the mean education and training level of the welfare population, making adjustments for training that will be available through the welfare to work programs. The results showed that for every job available, as few as 18 and as many as 54 welfare recipients might potentially be competing for the position (Jensen & Chitose, 1997).

On the other hand, Holzer (1999) estimated the number of jobs available by a survey of potential employers of welfare recipients. He used interviews from 900 employers in three metropolitan Michigan areas, representative of the different types of areas in the country. He asked employers if they had any positions open at that time or in the next year “that you might consider filling with welfare recipients” (Holzer, 1999, p. 451). He determined from this data that 3% of the total current jobs and 9% of the total jobs in the next year would be available to be applied for by welfare recipients. He estimated that welfare recipients searching for jobs would represent 2% of the population
searching for employment. Therefore, he concluded that there seems to be a plentiful number of jobs available to welfare recipients. He also examined the relationship between the number of jobs available to welfare recipients to the number of jobs available to low skilled workers. He determined that an increase in the skill demands of the labor market would produce an increase in the job availability for the welfare population (Holzer, 1999).

Unlike Jensen & Chitose, Holzer did not consider the competition of other low skilled workers who are not welfare recipients. He did not estimate the number of applicants for each of these jobs. He also did not examine the skill level required for the jobs available to welfare recipients. His study assumed that the welfare recipients applying for these jobs would be skilled enough to work successfully. The one issue on which both Jensen & Chitose as well as Holzer agree is that the number of jobs available to welfare recipients will greatly decrease with the next recession (Jensen & Chitose, 1997, Holzer, 1999). This implies that welfare to work programs need to focus on increasing job skills and career advancement potential for welfare recipients. Simply placing them in a low wage job will be only a temporary fix until the job market recedes again.

Another concern regarding the employability of welfare recipients is the hesitancy of the employer to hire welfare recipients for available positions. The Welfare to Work Partnership was created by the Clinton White House to encourage businesses across the country to employ welfare recipients. Over 2,100 companies have participated in the Partnership’s efforts, but the polls show that many employers are less than enthusiastic about the prospects of hiring welfare recipients to work for them. In fact, 57% of senior
executives worry that most former welfare recipients would be poor employees (Steelman, 1998). As for the companies that have already hired welfare recipients, most of them have found that they can be efficient employees, particularly after the first 90 days of work. Some of the recipients have attitudinal problems or difficulty with soft skills, or the basic skills that are required to be an employee at any job (see Appendix A).

Some employers fear, however, that most of the “good employees” from the pool of welfare recipients have already entered the workforce. The hardest-to-employ may be left as the last recipients to be placed in jobs, and employers fear they will be very difficult individuals to employ (Steelman, 1998).

Implications of the New Welfare Reform

The current state of the welfare system is one of transition. Under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), states are granted funds to be used for welfare to work programs, but there are specific guidelines as to how these funds can be used. For example, a certain amount of each state’s grants are designated for the hardest-to-employ welfare population. The government also specifies that training programs can be paid for only after the recipient has begun work activities. This means that federal welfare to work funds cannot be used for education and job skills training prior to job placement (Trutko, Nightingale, & Barnow, 1999). Programs that provide services prior to job placement are funded from sources other than the federal government. Also, federally funded state programs must require 50% of their recipients to participate in work activities for 30 hours per week by the year 2002 (Pavetti, 1997). This requirement has encouraged many states to place welfare recipients in jobs as quickly as possible in order to meet requirements and maintain their funding.
This distribution of funds has created a two-sided debate among welfare to work practitioners. One side, the Human Capital approach, argues that education and skills training should take place before recipients enter the workforce, in order to prepare them for increased success (Cohen, 1998). The US government seems to have taken a "WorkFirst" view, however, which claims that recipients need to be placed into jobs immediately (Cohen, 1998). Any training and education under these programs must occur after the recipient is participating in "work activities." Work activities are clearly defined in welfare policy as a certain number of hours that must be spent in paid employment, skills training, or educational activities (Cohen, 1998).

Strawn (1999) discusses the positive and negative aspects of both basic education and work first approaches. She explains that basic education in the past has not shown significant improvements for the welfare clients once they enter the workforce. Educational training that is focused on math and reading skills or obtaining a GED does not seem to benefit the recipients' financially. If the training involves teaching skills that are related to a specific employment, however, it appears to have a greater impact on the recipient's job performance. Also, postsecondary education seems to increase wages for welfare recipients, even if a degree is not fully attained (Strawn, 1999).

Work first strategies do seem to improve welfare recipients' employment and wages, but often the effect is short lived. After the services end, the benefits seem to diminish, depending on the depth and length of services provided (Strawn, 1999). Interestingly, research shows that the most effective welfare to work programs are those that combine both quick employment and skills training services (Strawn, 1998; Strawn, 1999). A combination that has been particularly successful has been assistance in job
search, basic education, and job skills and life skills training (Strawn, 1998). Using a balance of education and quick-employment strategies seems to be the most effective means of creating financial independence for welfare recipients.

Not everyone agrees that the PRWORA of 1996 is improving welfare to work programs throughout the United States. VanKleunen (1998) from the Cooperative Healthcare Network (CHCN) explains the new barriers that this employment program has had to overcome since the welfare reform of 1996. He describes how state governments, under pressure from the federal government to meet certain head counts of welfare recipients placed in jobs, have been forced to close some local welfare to work programs that were successful in placing recipients in jobs before the reform. CHCN has also had difficulty recruiting participants for their program since some potential clients are forced into dead end jobs before receiving any training. VanKleunen (1998) also criticizes the new policy for allowing only the hardest-to-employ welfare recipients to participate in subsidized work training. He makes several suggestions to policy-makers for ways to improve these conditions, including forming a source of funds for skill training, rewarding recipients' progress toward independence, and assessing how existing welfare to work programs have been affected by this reform (VanKleunen, 1998).

One assessment that has been completed in regard to the effectiveness of welfare to work services is the Postemployment Services Demonstration (PESD) by Mathematica Policy Research, Inc. This study observed two groups of welfare recipients as they transitioned from welfare to work over two years. One group received post-employment services including a case manager who provided individual counseling and support for problems that arise in the work environment (Rangarajan & Novak, 1998). To the
disappointment of the researchers, the results showed that the programs had little effect overall on employment and reducing welfare dependency. Rangarajan & Novak (1998) suggest that this may have been due to the booming economy during the time of the study or the pioneering services that were offered. They describe several lessons that were learned during the course of the study that may have implications for developing welfare to work programs. They suggest developing an individualized combination of services for each client, although it is difficult to tell which clients need which services in the beginning. Also, for practitioners who are adding post-employment services to an existing program, they emphasize the need to assess the current services and fill in the gaps. Each program should have a wide variety of services available for the diverse client population (Rangarajan & Novak, 1999).

Welfare to Work: Implications for Practice

As the states take over responsibility for welfare programs, they are attempting to implement programs that will ease the transition from welfare to work. In order to create effective programs that will assist welfare recipients to make permanent transitions to financial independence, welfare agencies can learn from the successes and failures of past and existing programs.

There are several issues that need to be addressed in a welfare to work program in order to successfully assist in the transition to work. Many experts have published suggestions for welfare to work programs in order to make them more effective in successfully moving welfare recipients to the workforce. Some of these suggestions are founded in research, while others are based on experience working in programs with positive results. The Cooperative Healthcare Network (1998) is a welfare to work
program that specializes in training employees for paraprofessional health care positions. The company suggests ten lessons that will improve the success of job placement for a welfare recipient entering the workforce. They emphasize that recipients must be placed in quality jobs that have a potential for advancement as well as a stable supervisory staff. They also suggest that programs implement a reward system for small successes. The transition to the workplace can be very overwhelming for some recipients, and it is important to understand that the recipient will not be able to change their lifestyle overnight. Finally, the program emphasizes the importance of valuing each individual recipient as a person with skills and experiences who deserves an opportunity to improve his or her own life (Cooperative Healthcare Network, 1998).

Brown, Ganzglass, Golonka, Hyland, & Simon (1998) discuss the issue of job retention within the welfare to work system from the perspective of both the employer and the recipient. They suggest several services that welfare to work programs could provide in order to increase job retention in the program. The first service is consistent case management after the recipient is working. This provides a link between the recipient, the employer, and the program that can be essential for addressing problems as they arise. Also, mentoring can be effective in increasing job retention. The mentor may be a volunteer from the community, a co-worker, or a former recipient of welfare who has successfully entered the workforce. The mentor can provide a variety of services, from counseling and support to specific job skill training. Brown et al. (1998) also suggest that programs increase a recipient’s access to support services in the community, as well as provide short term financial support for the worker in order to ease the transition financially.
Along with the basic principles that should guide a welfare to work program, policy makers are examining specific services that are most effective in moving welfare recipients to independence through work. Trutko et al. (1999) provided an analysis of the varied options of post-employment education and training for the welfare to work population. They categorized post-employment services by several different variables, including who funds the services, whether the training takes place in the classroom or on the job site, how it relates to the recipient's current employment, the objectives of the training, and the occupational focus. Trutko et al. (1999) argue that the most effective way to serve the welfare population as they transition to work is to combine skills training with the recipient's specific employment. This could be accomplished through on-the-job training, apprenticeship programs, or training that occurs during off hours of the job. It is also important to consider the needs to the employer when planning training programs for welfare recipients (Trutko et al., 1999; Employment and Social Services Policy Studies Division, 1998). Other welfare to work policy experts such as Chi (1997) suggest innovative services such as prevention techniques in addition to the traditional transition assistance. This program would focus on the children who are at risk for becoming welfare recipients themselves, particularly those whose parents are currently receiving welfare. Prevention services include child-support enforcement, maintaining good health for children on Medicaid, preventing teen pregnancy, and creating an Individualized Education Plan (IEP) for each welfare recipient. An IEP program would allow case managers to focus on specific needs for each child, and design a combination of services that best suit each individual. By preventing future returns to welfare and the
development of children into future welfare recipients, the population of welfare
dependent individuals may fall to a new low (Chi, 1997).

Perhaps the most significant challenge of welfare to work programs is how to
increase job retention for welfare recipients after completing the program. Kramer (1998)
discusses career advancement opportunities, as well as strategies that help to increase job
retention once welfare recipients are placed in jobs. She states that the goal of job
retention programs should be to “help recipients manage the exigencies of work - both
financial and personal - and find jobs that will support their families without the benefit
of TANF assistance” (Kramer, 1998, p. 2). She explains that retention services are best
used for those welfare recipients who are at a high risk for unsteady employment
opportunities. These include low education level or poor work history. Kramer also
emphasizes that employment services cannot end at the first day of work. These services
can be more beneficial if the employee is supported throughout employment. She
suggests that these services are best provided by staff who specialize in retention issues
(Kramer, 1998).

Kramer (1998) also provides specific suggestions for services that programs could
provide in order to increase job retention and assist in career development for welfare
recipients. First of all, she suggests the traditional services that are basic needs of the
worker, such as child care, transportation, and health insurance. She also sees a need for
services for the more complex welfare recipient, such as those who need services for
domestic violence, drug and alcohol abuse, child care for a child with special needs, etc.
As for case management, Kramer points out that is important to maintain consistent
contact with the worker, in order to address problems as they arise. Another way to
personalize this effort is to have a mentor, or one who can give the worker advice on work-related issues. Employer support can also be beneficial. Some employers may have preconceived ideas about welfare workers. Providing education about services available to the worker may ease the employer’s concerns (Kramer, 1998).

One of the most important roles of the job retention staff person is to find opportunities for the welfare recipient. This includes improving access to good jobs with advancement potential, matching the worker with a job that fits his abilities and interests, and providing appropriate training and education. Through these opportunities, the welfare to work program should be well-equipped to assist the welfare recipient in the work process (Krämer, 1998).

Hershey & Pavetti (1997) also see job retention as a major obstacle to overcome in order to increase the success of welfare recipients. They explain some of the welfare policies that have affected job retention, and then provide suggestions on how welfare to work programs could increase job retention. On the one hand, welfare policymakers are making an effort to assist welfare recipients in transitioning to work. This includes making employers increase wages, requiring job training and education, making work a requirement through time limits on benefits, and helping new employees by providing assistance with childcare, transportation, and health insurance. However, the government has created policy that makes welfare to work more difficult. AFDC benefits are cut too soon after employment, transitional benefits such as Medicaid are difficult to receive after employment, and assistive services such as case management are limited (Hershey & Pavetti, 1997).
In response to these obstacles in policy, Hershey & Pavetti (1997) suggest some designs that may assist in job retention for welfare recipients in a job. The first technique is to make transitional Medicaid and childcare more easily available. Second, they reiterate the importance of one-on-one counseling, with the program staff concentrating on the recipients’ needs. One-on-one assistance is required at every level. Reemployment services need to be provided outside the welfare system so that workers do not have to return to welfare immediately when they lose a job. Finally, it is suggested that services that match an individual’s challenges in maintaining employment will be most successful in fostering independence (Hershey & Pavetti, 1997).

One innovative idea in the practice of welfare to work is the idea of encouraging welfare recipients to increase independence through self-employment (Dennis, 1998; Raheim, 1997). It is estimated that 500,000 individuals who were previously on welfare are currently supporting themselves through self-employment (Raheim, 1997). The Self-Employment Investment Demonstration (SEID) is a federal demonstration project aimed at assisting welfare recipients in starting their own business or expanding an existing operation. The program offers business and technical training, as well as personal development and assistance with finances. Raheim (1997) argues that self-employment has many benefits for low income workers, especially those who voluntarily enroll themselves in self-employment programs. He explains that owning a business increases access to capital, creates jobs for other individuals seeking work, and promotes responsibility, self-esteem, and increased confidence (Raheim, 1997).

Unlike Raheim, Dennis (1998) does not see self-employment as a significant opportunity for welfare recipients’ transition to work. He explains the numerous barriers
to self-employment for the welfare population. The self-employment initiative was first created for the population collecting unemployment benefits, and has had a significant impact on the rolls of that public assistance sector. Dennis (1998) argues, however, that there is not a significantly large population on welfare assistance that would benefit from self-employment programs to justify creating them. Dennis (1998) explains his belief that the femininity of welfare recipients, low levels of financial resources, relatively low levels of business skills, and the “negative push” from the transition to the workforce all have a significant effect on self-employment. He suggests that for these reasons, self-employment among the welfare population is not a likely solution to decreasing welfare dependency (Dennis, 1998).

Causes of Decreased Job Retention

In order to examine how welfare to work programs can be successful at increasing job retention, an examination of possible causes of the low job retention rate in welfare recipients is important. Rangarajan (1996) summarized the challenges that a person moving from welfare to work commonly experiences. These challenges, unfortunately, often result in a loss of employment and a return to welfare. One of the most significant concerns is a lack of financial benefit for working over welfare. Welfare recipients often find themselves in low wage jobs with a decrease in public assistance. The costs of childcare and transportation add to the financial and emotional stressors of working. Welfare recipients also often face more significant budgeting issues than before they were working. These include large amounts of paperwork requirements for public assistance and estimating a budget with an inconsistent paycheck. New workers also face difficulties not only with developing job skills, but also adjusting to a working
environment and the demands that come with full time employment. Finally, Rangarajan (1996) emphasized the importance of a strong emotional support system for individuals moving from welfare to work. This life change can be a dramatic adjustment for families, and many welfare recipients do not have the social resources that others take for granted.

Harris (1996) conducted an analysis of monthly data from the Panel Study of Income Dynamics in order to examine single mothers' exits from welfare. She discovered that of all the reasons that women leave welfare, work exits are the least likely to be successful. She then searched for patterns in behavior and experiences that may determine why women are more likely to repeatedly return to welfare. The factors that most closely seem to predict repeat dependency are social isolation, young children, low level of education achieved, and marital or cohabitational status (Harris, 1996).

A study by Edin & Lein (1996) attempted to learn what motivates single mothers to choose work or welfare, as well as the survival strategies that these mothers use to live from month to month. This study examined a number of interviews of single mothers on welfare, and compared them to interviews from single mothers who were working in low-income jobs in the same four cities. After developing a rapport with these mothers, detailed questions were asked about their budgets and income, including supplemental sources. The results demonstrated the maladaptive cycle in which these young mothers find themselves. Neither the mothers on welfare nor the working mothers made enough income alone to survive, so supplemental sources were used. These mothers on welfare tended to rely on side work, charitable assistance, or underground work (such as prostitution or drugs) in order to meet the demands of their budget. Although low wage working mothers made more money from their jobs, work-related costs caused them to
Welfare to Work: Welfare to Work to supplement sources as well. The working mothers often received support from family and friends in order to help with the cost of transportation, child care, and medical needs (most low wage jobs do not provide medical insurance, but welfare assistance includes Medicaid). In conclusion, Edin & Lein (1996) found that single mothers on welfare were not motivated to work because there were more costs involved, the paycheck was not as stable as the welfare check, and working made it more difficult to look for other jobs and to be a good parent. These and other barriers continue to be obstacles to moving single mothers from welfare to work.

To reiterate the obstacles that parents leaving welfare for work face, Heymann & Earle (1998) conducted an analysis of data from the National Longitudinal Survey of Youth in order to examine the working experiences of women who had received welfare in the past versus women who had never received welfare. They found that mothers with a history of welfare had a significantly high risk of lacking concrete work benefits that were essential for single mothers. For example, mothers who had received welfare were less likely to have paid sick days, paid vacation days, and flexible scheduling with their employment. It seemed that the longer the mother had received welfare, the greater the likelihood that she would receive these benefits. If a mother has a sick child and is not allowed to leave work to care for her, the mother may choose to lose the job as a sacrifice for the child’s health. As these mothers choose between the needs of their employer and the needs of their children, the chance of long term employment decreases significantly (Heymann & Earle, 1998).

Another possible cause of the dependency on welfare could be from observing parents’ behavior. If children whose parents become dependent on welfare are learning
this lifestyle, are they more likely to become dependent on government assistance themselves as they grow older? Duncan, Hill, & Hoffman (1988) did a study of daughters whose parents were on welfare when they were teenagers to see if it predicted whether the daughters themselves would become dependent themselves by a certain age. They found that although only 20% of the daughters were welfare recipients between the ages of 21 and 23, this number is still more than six times higher than average of daughters of nonrecipients who become dependent on welfare (Duncan, Hill, & Hoffman, 1988).

Duncan and Yeung (1995) explained that these could be due to the parental behaviors observed such as lack of work ethic, but that they could also be explained by other factors, such as a lower level of education and poorer job opportunities in their neighborhoods.

Skill level may also be a factor that determines the capability of welfare recipients to retain their jobs. An analysis by Pavetti (1997) examined characteristics of women with low skills who were able to maintain employment. She examined data from the National Longitudinal Survey of Youth (NLSY) of young women who have been interviewed every year since 1979. All of these women had completed the Armed Forces Qualifying Test, which tests basic life skills and has been found to be strongly correlated with employment. An analysis of the data for the women at the age of 27 examined how certain characteristics associated with low skill level positively correlated with low employment success. The women were then categorized as having a good job, a bad job, or no job using a classification system designated by the author. Pavetti found a strong correlation between skill level and educational attainment. She also discovered that low skilled women were more likely to have children by the age of 27, be a member of a
racial minority, and "to experience poor social outcomes that are associated with long-term welfare receipt" (Pavetti, 1997, p. 8). Pavetti then examined different skill levels associated with employment. She found that women with extremely low skill levels (1-11 percentile on the AFDC) had significantly lower success rates in employment than those with moderately low skills (Pavetti, 1997).

In addition to examining how skill level predicts employment, Pavetti (1993) examined the factors that predicted how often and for how long women would leave welfare for work. Analyzing data from the NLSY, she discovered that women who were able to leave welfare for an extended period of time were more likely to have work experience, a high school diploma, and average or above average scores on the AFQT. On the other hand, of the women who never left welfare for a five-year period, two-thirds had no work experience, 72 percent had no high school diploma or GED, and three-fourths scored significantly low scores on the AFQT for their age range (Pavetti, 1993).

Demographic characteristics also predict quality of employment. Women with low levels of education, mothers, and African-American women are less likely to leave welfare for an extended amount of time, less likely to get a good job, and less likely to move up from a bad job to a good job (Pavetti, 1993; Pavetti & Acs, 1997).

Pavetti (1997) then extended her analysis to study how women reached steady employment. She found that higher skilled women usually find steady employment immediately as they turn 18, but that extremely low skilled women are more likely to go in and out of the job market and gradually transition into steady employment. Pavetti explained that for about one third of the welfare population (the ones with extremely low skills), it will be very difficult to transition them into steady employment. She suggested
that they will need an extreme amount of support in finding employment and additional wage subsidies for long periods of joblessness. Pavetti suggested an examination of more welfare to work programs is necessary in order to learn what works and what does not (Pavetti, 1997).

Another group of barriers that are prevalent within the welfare community are hidden barriers. Hidden barriers include mental health impairments, domestic violence, substance abuse, all of which are have a significant impact on an individual's ability to transition to the workforce (Brooks & Buckner, 1996; East, 1999; Grayson, 1999; Pavetti, 1997). Mental health problems, especially if they go undiagnosed, can have a particularly threatening impact on a recipient's employability. These clients may be experiencing depression, anxiety, severe stress, substance abuse, or posttraumatic stress disorder (East, 1999). If these problems are not noticed and treated by a health professional, they could multiply the stressors of returning to work. In this situation, common workplace occurrences may cause an extreme reaction from the client that could be dangerous in the workplace.

Examples of Welfare to Work Programs

With the new laws and regulations surrounding welfare policy, many state agencies have recently created welfare to work programs. Despite the fact that most welfare to work programming is less than a decade old, there are several examples of services provided that may help develop a protocol for future welfare to work programs.

21st Century Community. In Kansas City, MO, the state has taken the budget for welfare reform to form a program that has helped welfare recipients replace welfare with productive work (Hobbs, 1996). From 1994 to 1996, a program called “21st Century
Community" placed 688 welfare workers into jobs in the hope that it will help ease them off of assistance. The concept is relatively simple: take the money that is normally paid out for welfare checks and use it instead for wage subsidies. This way, single mothers can work and still keep the Medicaid and childcare benefits they received while on welfare. This makes working a more feasible option for families, and it gets people on a payroll again. Some of the workers who were placed using this program have moved on to full-wage jobs, or even advancement within the company. The program also offers counseling groups for new workers to get together and discuss new opportunities, such as the joys and difficulties of this lifestyle.

Programmatic problems have also been cited. Retention is a much tougher problem than placement, with only 40% still working. Also, the staff for the program require a lot of training, and it is hard for the caseworkers to focus on whether a person is able to work instead of how much aid they are eligible for. The staff believes that the retention rate may improve with better casework and better education about the nature of the jobs. They have stated that they need staff who have skills to train clients for jobs that are available (Hobbs, 1996).

Paternal Support. Another state initiative has developed in response to a federal mandate regarding TANF (Temporary Assistance for Needy Families). This policy requires that non-custodial parents must participate in work-related activities if their children receive TANF (Sorensen, 1997). The goal of these programs (currently operating in 18 states across the country) is to support the non-custodial father in becoming a responsible parent. They recruit participants through court order or on a volunteer basis. Not only do they help the fathers gain vocational skills, but they also
provide counseling, support services, and other types of classes that will help fathers acquire the resources they need to provide for their children. Programs can either be holistic in nature, in which they are concerned with both work and parenting skills, or they can be work oriented, where employment is the main goal. These programs are also linked to increased efforts to enforce child support. Although there is no data specifically proving that these types of programs are effective, they seem to be successful on face examination. Their main problems include recruitment, funding, and retention of the fathers in the program. Nonetheless, the states that are providing these programs are confident that they are helping develop better paternal support for children (Sorensen, 1997).

The State of Utah. Utah has been one of the first states to mandate the provision of mentoring services and case management for 2 years after employment. They are also using specially trained staff members to provide services such as counseling, job coaching, and other support services to former welfare recipients (Kramer, 1998).

Project Match. One of the oldest welfare to work programs, Project Match, has been arranging and supporting employment for welfare recipients in Chicago since 1985. Project Match provides personal support services that range from providing childcare to help with domestic violence. Throughout this process, the program has studied the behaviors of welfare recipients as they leave the system for work (Hershey & Pavetti, 1997).

Post-Employment Services Demonstration (PESD). In response to the removal of the JOBS program, the US Department of Health and Human Services has sponsored the
PESD program to provide extended employment services to AFDC recipients. The program provides seven types of assistance for up to three years. These include:

1. “Ongoing monitoring and support.
2. Counseling and advice.
3. Mediation.
4. Help finding and gaining access to services.
5. Help securing financial benefits.
6. Re-employment assistance.
7. Enhanced work expense payments” (Hershey & Pavetti, 1997, p. 82).

**Sister to Sister.** This support group in Ramsey County, MN is comprised of current and former welfare recipients in order to offer peer support. The group believes this type of peer interaction has different effects than mentoring because it builds equal relationships between those who currently receive welfare and those who have successfully transitioned into the workplace (Kramer, 1998).

**Allied Health Professionals in Welfare to Work Programs**

There may be an additional link that may improve the welfare to work system. Allied health professionals, particularly occupational therapists, may be able to apply their expertise in these programs to increase success in moving recipients permanently into the workforce.

**Easter Seals** is a voluntary, non-profit agency that has consistently worked toward its goal to “provide all individuals with opportunities for equality, dignity, and independence by becoming active, involved members of their communities” (Zubek & Knudsen, 1998, p. 44). Usually their services focus on people with disabilities, but
recently Easter Seals has expressed interest in extending its services toward the welfare population. Zubek & Knudsen (1998) state that allied health professionals can use the same principles that are used with individuals with disabilities and apply them to welfare recipients. They identify several steps to job placement that can be crucial to ensure success. The first is Evaluation and Assessment, in which the individual is assessed to determine his or her needs, desires, and strengths. The next step is pre-placement and job readiness training. This can include role-playing a job search, contacting a mentor, setting up a job coach, attempting a temporary work assignment, or attending attitude modification sessions. Other supports provided may include transportation, childcare, and tips for successful behaviors in the workplace. Easter Seals has developed many local programs for welfare to work and is encouraging allied health personnel to consider working with this non-traditional population group (Zubek & Knudsen, 1998).

Eberhard (1999) also links allied health professionals and welfare to work programs. She explains how vocational rehabilitation professionals have a unique set of skills to offer to the welfare population. Focusing her work on families with disabilities, she conducted a qualitative case study in which she interviews families about work, education, and disability history. She found that although each family had a member with a disability, this is not often considered an important issue when making employment decisions. Each individual family seemed to have different employment needs and concerns that limited their ability to be financially stable and independent. She concluded that planning and organizing employment for these families needs to include obtaining more steady work as well as coping with some of the difficulties that come with working
outside the home. Eberhard then proposed a model for delivery of service that includes suggestions for education and planning for families with disabilities (Eberhard, 1999).

Occupational therapy is a health profession that offers a unique perspective of individuals and how they function. Reed and Sanderson (1999) describe how occupational therapist services are different than services offered by other professionals. First, they “focus on a person’s skills, habits, and routines” (p. 57) that the person needs in order to do what it important to him or her in daily life. Secondly, occupational therapy provides an application of a detailed understanding of the nature of human occupation. This understanding can assist a person in gaining competence in his or her daily tasks. Finally, the occupational therapist is able to manipulate either the environment or the person’s behavior so that the person is able to perform occupations with success (Reed & Sanderson, 1999).

One particular allied health professional that may be useful in the welfare to work program is the occupational therapist. The occupational therapist (OT) comes from a distinct philosophical background that allows him or her to be a valuable service to the community. OT’s strive to assist the individual to reach a mastery of skills in each person’s environment. This means assisting a person in reaching his or her fullest desired potential by facilitating adaptive behavior changes (Reed & Sanderson, 1999). For example, if a person were unable to return to work due to an illness or injury, the occupational therapist would assist the client in building the skills needed to return to the work and modify the workplace, so the person would be able to perform the job successfully (Reed & Sanderson, 1999).
OT's are skilled in breaking apart an “occupation” into steps so that the client is able to learn and successfully perform the task. Occupations are defined as the tasks in which we participate that provide meaning and purpose in our lives. OT's refer to these tasks as ADL’s, or Activities of Daily Living. This group of activities can include a variety of tasks from brushing your teeth to caring for your children. OT’s focus on creating a balance in individual’s lives between work, self-care, and leisure.

Occupational therapists also modify these tasks to different degrees of difficulty in order to develop skills and practice techniques (Reed & Sanderson, 1999).

OT’s can also assess and treat many aspects of occupational function, including sensorimotor, psychosocial, and cognitive-perceptual well being. The occupational therapist also acts as a resource for services and supports needed by the client, and the OT often empowers the client to locate and utilize these resources without assistance (Reed & Sanderson, 1999).

An occupational therapy practitioner is also able to fulfill several different roles for clients. Reed & Sanderson (1999) describe each of these roles and how an occupational therapist may fulfill them. These concepts are based on roles for the helping professional created by Thomas (1984). First, an OT can be a clinician-behavior changer. This is the most traditional role of the occupational therapist. Here, the OT applies intervention strategies in response to a specific problem that the client is experiencing in his or her daily functioning. This includes assessing the client’s skills and performance and applying teaching, training, and hands-on techniques in order to change the client’s behavior (Reed & Sanderson, 1999).
In addition to the traditional role of clinician-behavior changer, the occupational therapist can take on the role of a consultant-educator. This role involves sharing information with clients by teaching, interpreting, consulting, and writing. A consultant-educator often offers expertise in a specialized area and gives advice on how and where the individual may find and use the services to assist them. The occupational therapist in this role also provides instruction and guidance to other personnel who deliver services directly to the client (Reed & Sanderson, 1999). For example, an occupational therapist may instruct a seminar in which community volunteers learn guidelines for being a mentor to a welfare recipient.

Further communication occurs when the OT acts a broker-advocate. This involves mediating between the client and some social institution in order to ensure proper services are provided (Reed & Sanderson, 1999). One example is when an individual using a wheelchair finds that she has difficulty maneuvering around the grocery store. The occupational therapist could communicate with the grocery store managers about the laws on accessibility under the Americans with Disabilities Act.

An additional role that involves indirect intervention is the caretaker-caregiver role. Here, the occupational therapist takes responsibility for ensuring that individuals who cannot care for themselves receive appropriate, quality care. This differs from the broker-advocate role because it is concerned with the direct daily care of an individual, not necessarily access to services. The caretaker-caregiver role could be as simple as giving resources to a person's caregiver to seek appropriate housing options, or providing information on how to make the person's current living situation more appropriate for his or her needs (Reed & Sanderson, 1999).
The role of research-evaluator is important to all professions as they seek to understand the underlying principles and theories that form their practice. This encompasses all the efforts that focus on evaluating the effectiveness and progression of the profession. A clinical team performing an outcome study for their intervention services is fulfilling the role of researcher-evaluator (Reed & Sanderson, 1999).

It is also important for all practitioners to act as counselor-mentors for younger professionals in the field. This ensures a continued quality of care as the younger professionals are learning the existing techniques and bringing the latest technology to the field as they were educated (Reed & Sanderson, 1999).

Reed & Sanderson (1999) stress that it is essential for occupational therapists to select the appropriate role or roles for the goals and objectives of each client. Occupational therapists often act in a combination of the above roles with each client, depending on that individual’s impairments and strengths. For example, a single client could require three occupational therapy roles: a clinician-behavior changer to improve his short term memory skills, a broker-advocate to explain to his new boss the extra materials he will need to complete his task successfully, and a consultant-educator to teach his new job coach how to provide the best level of assistance.

Although there is not currently a pool of literature linking occupational therapy to welfare to work programs, some literature discusses the scope of rehabilitation professionals in vocational settings. Monfette (1979) discusses how occupational therapy addresses the psychosocial skills in vocation. A person can feel worthless and like a failure when he or she is not working, or is in low wage work that has no meaning for him or her. People continue to work in these situations, because they feel that it is their
position in society and that they have no control over it. He suggests ways that occupational therapists can assist this person in finding meaning in his or her life. OT intervention encourages the person to seek challenges in his or her work and to take control over the situation and make the work a positive experience.

Farnworth (1995) also describes how occupational therapists can use their knowledge of skill in order to help with unemployment. She argues that working in unsatisfactory work can often be more discouraging than not working at all. She states that a person's level of skill must match the demand of his or her job in order for them to be in a satisfactory work environment. She also describes the responsibility of therapists to adapt the situation so that this level of skill is optimal (Farnworth, 1995). It is also important for each individual to understand his or her personal level of skill. This is important so that the person might meet the "just-right challenge." Farnworth believes that the primary role of a therapist is to train individuals to be able to challenge themselves and make the most out of the environment that they have been given (Farnworth, 1995).

Conclusion

The literature available for welfare reform reveals many areas for growth in program development. Much of the literature focuses on single mothers and minorities who are particularly affected by the cut in benefits, and many writers suggest ways in which the system could be changed to work for more people. Concerns with the current system include:

1. The inability of the job market to support the number of families who will be searching for low wage work.
2. The disincentives to work due to high costs associated with working (i.e. child care, transportation, and medical insurance) compared to the wages received.

3. The requirement soon to be mandated by the state that recipients must participate in work-related activities within two years of first receiving benefits.

4. The belief that this policy may punish the poor by cutting costs instead of developing solutions to benefit the poor population.

Many experts are also conducting research to determine possible causes of decreased job retention in welfare to work. Some possibilities include low skill level, low incentives to return to work, and learned behaviors from welfare recipients' families. These findings have implications for welfare to work programs, including the many services that may be necessary to improve success for recipients entering the workplace.

A wide variety of services are already being offered to some local welfare populations, and new programs are being developed continually. A potential resource for these programs is the skill and knowledge of allied health professionals, particularly occupational therapists. In this area, occupational therapists may provide direct, consultative, educational, and brokering services to individuals attempting to transition from welfare to work. OT's have a unique perspective that may help to increase the success of long-term job placement for these individuals.
Chapter 3: Methodology

In order to obtain the background information necessary to understand the current welfare system and the design of welfare to work programs, an extensive literature review was performed on the current state of welfare. Articles for the literature review were obtained from databases such as the Social Sciences Index, ArticleFirst, MEDLINE, CINAHL, Infotrac, Lexis-Nexis, and Firstsearch. These databases were searched using the following keywords: "welfare reform," "welfare to work," "job retention," "state welfare system," and "occupational therapy and vocation." Each article abstract was then reviewed to compile a list of articles relevant to the subject of this study. These articles were then obtained from the Ithaca College Library, Cornell University Library, the World Wide Web, or through the Interlibrary Loan system. The reference lists of these articles were then used to find further resources of relevant material. Additional resources were found on the World Wide Web by performing searches using the keywords above. The literature compiled from all of the above sources was then reviewed for content. The literature was organized according to whether it provided information about the characteristics of existing welfare to work programs or the behaviors of welfare recipients that seem to be correlated with decreased job retention. Also, literature was examined that addressed the scope of occupational therapy practice. This literature was used to provide the background information and support for this review.

A list of welfare to work and employment assistance programs from across the United States was then compiled from lists of innovative practices in the literature. Each of the 38 programs was contacted by phone. To each representative of the welfare to

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work programs, the purpose of the study was explained and a packet was requested of information detailing the services provided by that program. If no representative was available, a message was left stating the purpose of the research and the information sought and requesting a return phone call. If the call was returned, the information was pursued by continuing contact with the organization. If the call was not returned, further contact was not attempted. A work program special interest section of the American Occupational Therapy Association was also contacted to identify experts in the area of occupational therapy and welfare to work programs. There were no respondents to this inquiry.

As information from the welfare to work programs was received, a list of services provided by each program was compiled, as well as a definition of each service if provided in the literature. Each service was categorized into one of the “themes of welfare to work programs.” For example, several programs provided counseling services for recipients to ease the stress of entering a work environment, so one service theme is “counseling” (see Appendix A & B). Each service theme was operationally defined in order to determine the range of services included in that theme. For example, counseling is defined to include “personal and professional advice” from either “a professional career counselor or a mentor or community volunteer who is trained to assist recipients in this way.” By this definition, if a program provided peer support from other current welfare recipients, this would not qualify as “counseling”, but would better fit the definition of “support group” (see Appendix A & B).

Each service theme was then analyzed to determine whether it fit within the occupational therapy domain of concern, according to the performance areas and
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performance components as defined by the American Occupational Therapy Association’s Uniform Terminology (see Appendix C). Performance areas are defined by the American Occupational Therapy Association as “broad categories of human activity that are typically part of daily life” included in “occupational therapy’s domain of concern” (Cottrell, 1996, p. 651). In other words, these performance areas are the overall categories that all daily activities fit into, including activities of daily living (self-care), work and productive activities, and play or leisure activities. Performance components are defined by the American Occupational Therapy Association as “fundamental human abilities that—to varying degrees and in differing combinations—are required for successful engagement in performance areas” (Cottrell, 1996, p. 651). These performance components are also included in “occupational therapy’s domain of concern” (Cottrell, 1996, p. 651). Performance components are the parts of an activity that allow humans to perform successfully. They include sensorimotor components (how the physical being performs), cognitive components (how the mind performs), and psychosocial components (how the social being performs).

By consulting the Occupational Therapy Uniform Terminology definition of each performance area and performance component, it was determined whether each service provided falls within the domain of concern of occupational therapy (see Appendix D). For brevity, the services that fit within the domain of concern of occupational therapy were called “OT-related,” and the services that were not within occupational therapy’s domain of concern were called “non OT-related.” For example, “counseling” as defined above, includes a focus on the following Uniform Terminology Performance Components: “Problem Solving, Generalization, Role Performance, Coping Skills, and
Self-Control” (see Appendix D). Therefore, “counseling” was determined to be an “OT-related” service.

An analysis of the trends of welfare to work program services was done using the Statistical Package for Social Sciences (SPSS). Programs were included in the study only if they assisted welfare recipients or former welfare recipients in achieving greater independence through work. In the column opposite each program, one of three codes was entered for each service theme. The service theme was coded as a “1” if the service was OT-related, a “2” if the service was non-OT-related, or a “0” if the program did not provide that service theme. This data was then analyzed to determine the rate of occurrence of OT-related services versus non-OT-related services. The data was then manipulated into graph format in order to demonstrate trends of OT-related versus non-OT-related service themes.

A frequency analysis was also performed to demonstrate the types of welfare to work programs represented in the study. The programs were examined to determine the source of funding, whether government, private, or a combination of both. The mean length of services provided as well as the mean age of the program were also figured, along with a range of low to high values. It was then determined whether each program targeted a specific type of client, and figured the frequency of each of these specifications within the selected programs. The mean number of services provided per program was also calculated, as well as the mean number of OT-related and non OT-related services. Finally, the regional representation of the programs was observed. Each was categorized first by the state in which it operates, and secondly into a region of the country. For the purpose of this study, the regions were grouped together as follows. The Northeast
included programs in New York, Maryland, New Jersey, and Rhode Island. The Midwest included Ohio, Indiana, Missouri, and Illinois. The Northwest included Washington State, and the Southwest included programs in California, Texas, and Oklahoma.

In addition, three telephone interviews were conducted with professionals working with the welfare to work population. Through personal networking, two professionals were contacted. Beth Merryman, OTR, is an occupational therapy professor at Towson State University in Maryland. She connected me to Donna Downing, OTR, an occupational therapist at Maine Medical Center who has done some consultative work with welfare to work programs. An employment specialist at Maine Medical Center, Hildegard Heary, was also interviewed. Each professional was asked to describe the services that the occupational therapist was able to provide within these welfare to work programs. Also details were gathered about funding, professional experience necessary, how each person got involved with this population, and the different possible roles of occupational therapy in welfare to work programs. The summary of these interviews is provided in Appendix E. The results were used to provide practical support for the literature and service theme analysis in this review. Due to time constraints, the transcripts of these interviews were not coded or analyzed according to the grounded theory research as was originally intended.

After the results were displayed, the trends demonstrated in these welfare to work programs were compared to suggest possible roles of an occupational therapist within this setting. The review of the literature was then analyzed to support or challenge these results. These roles were presented in the discussion section of the study, along with the support of literature on welfare to work and the results of the interviews conducted with
occupational therapists working with this population. The literature was also used to
discuss possible barriers to occupational therapists in the welfare to work setting. These
are also explained in the discussion section.
Chapter 4: Results

After contacting the 38 programs and requesting literature on their services, I received information about 25 different welfare to work programs in the United States. Seventeen of these were packets of literature (brochures, manuals, etc.) that were sent in the mail. Three agencies directed me to a web site on the Internet, where I was able to download the information. Information about four of the programs was taken from the original literature review on the welfare system. One program sent the information via email, but it was indecipherable, and further attempts to contact this program were unsuccessful. The packets were then reviewed to assess the fit within the inclusion criteria. One of the packets that was sent via mail was eliminated from the review, because it focused on creating work opportunities for the disabled population, not necessarily the welfare population. Final analysis was based on 23 welfare to work programs.

The 23 welfare to work programs varied in several aspects, including funding sources, program length, age of program, and types of clients served (see Table 2). The programs represented twelve states, and two programs were nationally operated (see Table 1). Not enough information was available to assess the age ranges from participants in these programs. For some programs, information about the above variables was not available, and therefore the number of programs included in each analysis (n) is different.

The selected welfare to work programs represented 12 different states and four out of five US regions. The states most highly represented were Ohio and New York, with four programs residing in each of those states, followed by Indiana with three programs.
The majority of the programs (43.5%, n=10) represented the Midwest region of the US. The Northeast, Southwest, and Northwest were also represented, but no programs came from the Southeast region of the country (see Table 1).

The most common requirement for clients to participate in these welfare to work programs was to be a TANF recipient (39.1%, n=9). Other specifications such as low-income clients (13.0%, n=3) and families (13.0%, n=3) were also targeted (see Table 2).

The 23 selected welfare to work programs also varied in the number of services provided. The mean number of services provided, both OT and non OT-related, was 6.7 services per program. The number of total services per program ranged from 3 to 11. The number of OT-related services ranged from zero to seven, with a mean 3.7 OT-related services provided. The number of non OT-related services ranged from zero to six, with a mean of 2.7. One of the selected welfare to work programs provided no OT-related services, and one program provided no non-OT related services.
Table 1

State and Regional Representation of Selected Welfare to Work Programs (n=23)

<table>
<thead>
<tr>
<th>State</th>
<th>Frequency (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>4</td>
</tr>
<tr>
<td>Ohio</td>
<td>4</td>
</tr>
<tr>
<td>Indiana</td>
<td>3</td>
</tr>
<tr>
<td>Illinois</td>
<td>2</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>2</td>
</tr>
<tr>
<td>Washington</td>
<td>2</td>
</tr>
<tr>
<td>Maryland</td>
<td>1</td>
</tr>
<tr>
<td>Missouri</td>
<td>1</td>
</tr>
<tr>
<td>California</td>
<td>1</td>
</tr>
<tr>
<td>Texas</td>
<td>1</td>
</tr>
<tr>
<td>New Jersey</td>
<td>1</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>1</td>
</tr>
<tr>
<td>Multi-state (NY, IN, &amp; MD)</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 1 continued

<table>
<thead>
<tr>
<th>US Region</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwest</td>
<td>43.5%</td>
</tr>
<tr>
<td>Northeast</td>
<td>30.4%</td>
</tr>
<tr>
<td>Southwest</td>
<td>17.4%</td>
</tr>
<tr>
<td>Northwest</td>
<td>8.7%</td>
</tr>
<tr>
<td>Southeast</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Note. Two of the 23 selected welfare to work programs were nationally operated, and were therefore not included in the regional table, so the figures above are based on the remaining 21 programs. However, one program represented three states, and was therefore represented three times in the regional figures, so $n = 23$. The multi-state program was calculated as three programs in three different states.
Table 2

Types of Clients Specified for Services of Selected Welfare to Work Programs (n=23)

<table>
<thead>
<tr>
<th>Client Type</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF recipients</td>
<td>39.1%</td>
</tr>
<tr>
<td>Low income</td>
<td>13.0%</td>
</tr>
<tr>
<td>Families</td>
<td>13.0%</td>
</tr>
<tr>
<td>Youth</td>
<td>8.7%</td>
</tr>
<tr>
<td>Motivated individuals</td>
<td>8.7%</td>
</tr>
<tr>
<td>Hardest-to-employ</td>
<td>8.7%</td>
</tr>
<tr>
<td>Post-TANF recipients</td>
<td>4.3%</td>
</tr>
<tr>
<td>Minority women</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Note. TANF = Temporary Assistance to Needy Families; Post-TANF = Individuals who have received TANF in the past but are currently working; Hardest-to-employ = Individuals who have been identified as high-risk for long term welfare dependency.
The funding sources of the welfare to work programs were categorized as government, private, or a combination of government and private funding. The majority (50%, n=11) of these programs are funded by governmental agencies, 27% (n=6) are privately funded, with the remaining 23% (n=5) receiving both governmental and private funds.

The length of services provided by the selected welfare to work programs was calculated based on limited information. Six of the 23 programs did not provide this information, and five programs stated the services varied in length or were ongoing. The mean values are based on the remaining 12 programs. The length of services available to participants in these programs ranged from 0.5 months to 36.0 months, with a mean length of 9.6 months of service.

The selected welfare to work programs were largely varied in age as well. The newest program in the study was 3 years old, while the oldest program had been in operation for 32 years. The average age of the programs was 10.9 years. These figures were calculated from 15 programs that provided this information, and were based on the date when the program began providing services to the welfare population.

As the packets of information were reviewed, 22 themes of service were identified. When compared to performance areas and performance components of the occupational therapy domain of concern, 12 of these themes were considered OT-related. These 12 OT-related service themes were Job Skills, Soft Skills, Counseling, Case Management, Assessment, Job Coaching, Career Planning, Job Seeking, Self Esteem, Life Skills, Support Groups, and Parenting. Ten of these themes were considered non OT-related. These 10 non OT-related themes were Mentoring, Basic Education, Job
Placement, Transportation, Job Development, Work Experience, Healthcare, Apprenticeship, Financial Assistance, and Childcare. The operational definitions of each service theme are listed in Appendices A & B. Uniform Terminology for performance areas and components are defined in Appendix C. The corresponding performance components and performance areas for the OT-related services themes are listed in Appendix D.

An overall frequency analysis of the services provided was completed to examine the potential role of occupational therapy related services. In these selected welfare to work programs, 55.6% of the services provided by these welfare to work programs were considered to be OT-related and 44.4% were considered to be non OT-related (see Figure 1). Each individual service theme was also analyzed for frequency of occurrence (see Figures 2 & 3). The two most common OT-related service themes occurred more than half of the time, including soft skills training (60.9%) and job skill training (56.5%). The OT-related services that occurred least often were self esteem (13.0%), life skills (13.0%), and parenting (13.0%). The most commonly occurring non OT-related services themes were job placement (47.8%) and basic education (43.5%). The least common non OT-related service theme was healthcare (13.0%).
Figure 1. Displays frequency of OT-related (55.6%) versus Non OT-related service themes across all selected welfare to work programs.
Figure 2. Value represents frequency percentage of each service theme across all selected welfare to work programs.
Figure 3. Value represents frequency percentage of each services theme across all selected welfare to work programs.
The three phone interviews provided information about professionals currently working in occupational therapy with the welfare to work population. D. Downing, an occupational therapist at Maine Medical Center, works on a consultative basis to rule out cognitive and academic impairments that might affect a recipient’s ability to be successful in the workplace. An employment specialist refers clients to her after seeing a problem area with a certain program participant. I spoke with H. Heary, an employment specialist with the program. She stated that her role is to identify possible barriers to work in the hardest-to-place clients. She refers clients to the occupational therapist when she suspects a cognitive impairment or life skills management impairment.

B. Merryman, an occupational therapist at Towson State University, worked with the welfare to work population on a consultative basis under a one-year grant program. She was referred clients who had been identified as having a mental health diagnosis to do further evaluation. She was also able to provide indirect services to the clients by training program staff to recognize functional problems and risk of failure in the workplace. The transcripts from these interviews are paraphrased in Appendix E and discussed in chapter five. The literature discussed in the literature review, the interviews, and the data from the example programs were all used to complete the study on the role of occupational therapists in welfare to work programs.
Chapter 5: Discussion

Patterns in Services Offered by Selected Welfare to Work Programs

The selected welfare to work programs provided a diverse group of services. The programs focused their services mainly on individuals with low incomes. Very few programs had age, race, or skill requirements for participants. In fact, the most common requirement of the programs was that the participant be a recipient of Temporary Assistance for Needy Families. This is the type of assistance that most commonly categorizes someone as a welfare recipient. Since most of the programs did not have strict admission requirements, we can assume that the population of participants was as diverse as the welfare population itself.

Another significant factor within the selected welfare to work programs was the funding source. A majority of the programs received some sort of government assistance for their funding, either solely or in combination with private funding. This has an impact on the types of services that were provided by these programs. State programs funded by the government are encouraged to provide WorkFirst services rather than the services following the Human Capitol Approach (see Chapter Two). This means that programs receiving funds from the government are more likely to place recipients into jobs quickly, instead of providing educational services first to prepare them for the workforce. It is difficult to determine which occupational therapy related services may be categorized as WorkFirst versus Human Capitol approach. However, it is interesting to note that the program whose services were 100% OT-related was privately funded, while the program whose services were 0% OT-related was solely government funded. The numbers were
greatly varied, however, and no numerically significant trend was shown relating government funding to non-OT-related services.

Regional representation should also be considered in the selected welfare to work programs. Although the programs were selected by national literature regarding welfare to work services, the responding programs seemed to be concentrated in one region of the country. A majority of the programs were from the midwestern and northeastern regions. It is difficult to determine whether this trend suggests that these regions of the country are providing the most innovative services for welfare recipients, or that their services are more often published.

The age of the program seems to affect the type of services provided by the program. The long running programs (those who have been active for 10 years or more) seem to provide more OT-related services than non OT-related services. This trend was noticed by the author but not observed statistically. However, this seems to suggest that as programs grow and develop, they provide services that they find are most successful. For example, one program that has been in operation for 15 years may notice that their participants are more successful in the workplace if they have someone visiting them on the job to monitor their progress and address concerns. So they begin to offer a job coaching service in order to increase the success of their participants. The services that are developed with experience in the program seem to often be OT-related.

Programs that provided long term services (services that are available to the participant for 3 months or longer) also seemed to have more OT-related services. This may perhaps be explained by the long term nature of many OT-related services. For example, career planning, self-esteem building, and job skills are all OT-related services.
that require long lengths of time for recipients to master. But some non OT-related services such as job placement and financial assistance are, by definition, one-time services that do not require long term follow-up. Programs that offered long term services also tended to offer a greater number of services. If a program offered a greater number of services then it may be more likely that they would offer both OT and non OT-related services. Again, these trends were observed by the author and not compiled statistically.

Overall, OT-related services occurred more often than non OT-related services. This means that the majority of services that the selected welfare to work programs are offering to their participants are OT-related. The most common service theme was soft skills, which are the general skills that one needs to be a worker, such as promptness, neatness in appearance, and customer service skills. This OT-related service theme seems to be essential for entering the workplace, and many programs see its importance. The second most common service theme was job skills, or the skills that relate to the performance of a specific occupation. Programs recognize this skill as a key to an individual’s success in the workplace. These two most common services suggest that most programs focus on training the participant to perform the job and behave appropriately in the workplace. By accomplishing these tasks, the programs aim to increase success for each individual.

Occupational therapists are well prepared to teach clients job skills and soft skills. Job skills include the performances required to complete a specific job successfully, and soft skills are the skills that are required to complete any job, such as professional attitude, promptness, and appropriate attire. To improve a client’s performance in these
areas, an occupational therapist may assess a job that a client needs to perform and break it down into components that are easy to learn. As the client performs each component successfully, self-esteem is increased, and the client feels an increased level of self-sufficiency. The occupational therapist may also modify the environment in order to compensate for limitations in the client’s performance.

Other common OT-related service themes were assessment and career planning. These two services are individualized to each participant and allow the person to create a list of personal assets and see how to use these to succeed in work. Assessment in a welfare to work program includes assessing a person’s skills, interests, and abilities in order to place the recipient in a job that best fits his or her needs and abilities. The occupational therapist is able to match a person to his or her most fitting environment so that he or she will reach an optimal level of performance at the workplace. This assessment is linked to career planning, the next OT-related service theme. Occupational therapists are skilled in teaching a client goal setting, problem solving, planning, and anticipation, which are all essential to completing a career plan. OT’s can also re-evaluate the progress of the client as he or she progresses through the career plan, and make changes as necessary.

The most common non OT-related service themes was job placement, which is an important first step to entering the work force, but is not an ongoing service. It does not teach participants the skills they would need in order to acquire a job in the future or maintain employment, but places them in a job that may be a successful beginning. Basic education increases participants’ level of education in order to prepare them for the workplace. Although this does not work on skills directly involved in the occupation, this
service allows individuals to increase school-based knowledge in order to improve the level of employment that they would be able to achieve.

Of the least commonly occurring service themes, three OT-related and one non OT-related service occurred in 13% of the programs. The least common OT-related services were self esteem, life skills, and parenting. The non OT-related service that occurred least often was healthcare. The common thread between these services seems to be that they do not work on characteristics that directly involve performance on the job. Instead, they focus on skills that improve a person’s ability to live a healthy and happy overall life, which may indirectly impact a person’s success in the workplace. Even if welfare to work programs feel that these services are important, a limited budget may prevent them from providing them. They also may not be viewed as essential, but rather extra services that can be overlooked until a person has secured a successful work environment.

Implications for Occupational Therapy

The patterns of services provided in selected welfare to work programs in this study create many implications for occupational therapy within welfare to work. First, the frequency of occupational therapy related services implies that many of the services currently provided in welfare to work programs are within the domain of occupational therapy practice. In other words, many programs are providing services which occupational therapists could implement. In this study, three of the four most common services were OT-related, and only 1 of the 23 programs did not offer any services that could be provided by an OT. Therefore, it seems appropriate to assume that occupational therapists could assist and develop successful services for the welfare to work population.
A fundamental issue in the use of OT's in welfare to work, however, is funding. Most of the welfare to work programs studied receive some sort of government funding and run their services on limited budgets. Occupational therapy services may be costly, especially when provided on a full time basis, and most welfare to work programs at this time are offering OT-related services without the assistance of occupational therapists. This has two implications for occupational therapy. First, the profession may need to closely examine the cost of its services to determine a way to offer them to such programs in a manner that will fit a welfare to work budget. Second, occupational therapy may need to demonstrate to welfare to work professionals the advantages of the unique outlook and skills of OT professionals. Occupational therapists need to communicate to welfare to work professionals how an occupational therapist on staff may improve the implementation of their services. The different roles that an occupational therapist may be able to fulfill within a welfare to work program are discussed in the following section.

Possible roles of the occupational therapist in welfare to work programs

The implications of occupational therapists working in welfare to work programs will be discussed by examining the varied roles an occupational therapist may occupy. As described through the literature and the data collected in this study, I propose several roles that an occupational therapist could potentially fulfill within welfare to work programs.

Clinician-behavior changer. The first possible role of an occupational therapist within a welfare to work program is the traditional clinician-behavior changer. In this case, an occupational therapist would create and carry out a treatment plan in order to improve the client’s skills or change his environment in order to improve the client’s
ability to transition from welfare to successful employment. This would include many of the OT-related services themes found in current welfare to work programs (see Appendix A). For example, an OT may use therapeutic techniques to develop a welfare recipient's job skills and soft skills, such as how to organize workspace in order to complete tasks efficiently. An OT may also have the client role-play how to appropriately ask the supervisor for help when feeling overwhelmed with work. Occupational therapists may also develop a client's life skills, such as family planning or budgeting, or job seeking skills, such as how to search the classified ads for a potential job. Also, an occupational therapist may serve as a job coach, assessing a job site for potential challenges for the recipient, and modifying the environment appropriately. This role may also include assessing the recipient's performance on the job in order to develop compensation techniques to increase skill development.

The role of clinician-behavior changer also includes the occupational therapist assessing the welfare recipient's skills, abilities, interests, and limitations. Some of these limitations may be due to past experiences or lack of opportunities, for which occupational therapists could identify appropriate training needs for each client. However, the occupational therapist may discover an underlying cause of work difficulty, such as a mental health disorder, past history of domestic abuse, or a learning disability. In this case, the occupational therapist would be able to treat the underlying cause of the problem. The occupational therapist may, for example, teach the client compensation strategies for a learning disability, so that the client may be able to learn new tasks more effectively. For a client diagnosed with Generalized Anxiety Disorder (a mental health problem), the occupational therapist may work with the client to develop appropriate
coping skills so that the patient may deal with stress that arises at work. This person is likely to react inappropriately or possibly have a panic attack in response to a stressful situation that arises at work. The occupational therapist is trained to teach the client how to organize thoughts and behaviors so that the reactions may be more acceptable to co-workers and create a more productive working environment.

Although this role may be the most direct way that occupational therapists could assist clients in improving work-related skills, it may not be cost-effective. Welfare to work programs may not be able to afford to pay an occupational therapist to implement services directly. Instead, they may choose to train other professionals to carry out the services, which may be more cost effective. The occupational therapist, however, may be involved in this training or in consultation as described in the roles below.

Consultant-educator. The second role that an occupational therapist may assume in welfare to work programs is that of consultant-educator. This role encompasses both an indirect model of treatment through consultation and a more direct form of treatment through education. The educator role could also involve direct education of welfare recipients or staff education. This includes many of the OT-related service themes from the current welfare to work programs. An OT may run a parenting group to teach welfare recipients how to manage child care and development issues while working. Occupational therapists may lead support groups to increase self-esteem and coping skills in newly working welfare recipients, so that they may better meet the challenges of this new lifestyle. This may also include helping a welfare recipient develop short term and long term goals, a career development strategy, and techniques to successfully complete the plan. Occupational therapists have many skills that assist in the implementation of
these services, such as skills training, and counseling, as well as management of group dynamics and activity.

In the consultant role, the OT is available for consultation regarding individual welfare recipients or program development. If a staff-person from a welfare to work program notices that a welfare recipient is having a specific problem, that client could be referred to an occupational therapist for an assessment. The occupational therapist may perform an assessment, determine appropriate goals and services for the client, and make these recommendations to the client's case manager. The occupational therapist shares expertise in the area of dysfunction, but does not directly treat the client. Instead, the information is shared with the service providers.

As an example, D. Downing, OTR (personal communication, February 23, 2000) described how she fulfilled a consultative role as an occupational therapist in a welfare to work program. Each welfare recipient in her program had been identified as difficult to place in employment and was meeting with an employment specialist in order to increase success while working. If the employment specialist suspected a problem such as a cognitive impairment or mental disability, he or she would refer the recipient to the occupational therapist. Downing would complete a cognitive or academic assessment in order to identify problem areas, such as decision making, problem solving, or organizing. She would then share the information with the client and the employment specialist and make recommendations of services and programs that may help the client.

B. Merryman, OTR, (personal communication, March 1, 2000) fulfilled both the consultative and educator role through her work in a welfare program as an occupational therapist. As a consultative therapist, she was given a referral for assessment when a
welfare recipient was diagnosed with mental health disorder by a social worker. But in addition to this consultative work, Merryman fulfilled the other part of the consultant-educator role. She provided indirect client services by instructing welfare to work staff. She trained the staff on how to detect functional problems in the workplace, when to refer a client to occupational therapy, and how to detect if a recipient is at risk of failing in the return to work. She also worked with a group of graduate occupational therapy students from Towson State University in Maryland to develop a protocol for group sessions with the welfare to work population. Here, occupational therapists are sharing their knowledge in function and disability for the indirect benefit of welfare recipients.

**Broker-advocate.** The third and final role that an occupational therapist may fulfill within a welfare to work program is a broker-advocate. In the advocate role, the OT acts as an advocate for the recipient’s needs. For example, a client in a work apprenticeship program may have difficulty completing his work because his supervisor refuses to make accommodations for his learning disability. The occupational therapist may communicate with the supervisor to assist in developing proper modifications to the environment to compensate for the client’s impairment. In the broker role, the occupational therapist fulfills a case management role. The OT advises the client on where to locate appropriate services for the individual and how to arrange the initial visit. A client may need to find reliable childcare service in order to participate in the work program. The OT may give the client a list of childcare resources and instruct her on how to set up an interview with the childcare providers. As a broker, the OT serves as a resource for the client to communicate with the professional community.
OT roles suggested by the literature. Several suggestions for welfare to work programs from the literature are consistent with the domain of concern of occupational therapy. One suggestion is that welfare recipients will be most successful in the transition to work if skills training is specific to their employment and combined with a quick employment strategy (Strawn, 1999; Trutko et al., 1999). This idea is consistent with the occupational therapy philosophy that clients learn more effectively in their own natural environment. Occupational therapists teach clients skills that are appropriate to their individual lives, because OT’s see each person as a unique individual with needs, concerns, and interests. Occupational therapists see each individual holistically, understanding that all aspects of their lives are important in forming the whole being. Randgarajan & Novak (1999) reiterate that case management services are most effective when they are individualized, recognizing that each person needs a different combination of services, similar to OT’s holistic view of humanity.

Occupational therapists are also interested in creating well-being for all individuals. This well-being includes preventing dysfunction so that a person can be as healthy as possible for as long as possible. Chi (1997) suggests that prevention may be an innovative idea for welfare to work programs. Occupational therapy would be effective in carrying out the prevention programs that Chi discusses, such as teenage pregnancy prevention and health monitoring for children. Occupational therapists are also well trained to work with individuals with hidden barriers, such as domestic violence, substance abuse, and mental health problems (East, 1999). OT’s focus on creating positive changes for individuals with these challenges. By teaching clients how to adapt their behaviors, occupational therapists empower them to improve their own lives.
Occupational therapists may be able to not only complement these existing OT-related services, but create new and innovative services that add specific benefits to the existing program. D. Downing, OTR, (personal communication, February 23, 2000) explained how she is developing a new group for the welfare to work program where she consults as an occupational therapist. She is creating a life management work group for welfare recipients. This group will allow individuals in the process of transitioning off welfare to support each other in the difficulties, but also to teach them skills to help organize their lives in a way that fits this new lifestyle.

In addition to the OT-related services described above, occupational therapists may be able to work within the non OT-related service themes indirectly. For example, the mentoring programs were not found to be OT-related, but an occupational therapist may be able to facilitate positively influential relationships for welfare recipients by establishing group mentorship programs. Also, although providing direct childcare is not within the domain of OT, and occupational therapist may empower a recipient to locate and use resources of childcare that are more dependable so that the client can get to work regularly.
Recommendations

Barriers to occupational therapy in welfare to work. While occupational therapists have many useful skills relevant to welfare to work, few are currently working in this setting. This research suggests several issues which may need to be addressed if occupational therapists are to increase the level of involvement in welfare to work programs.

One of the most prominent barriers to developing occupational therapy in welfare to work programs is the lack of awareness of occupational therapy by welfare to work staff persons. D. Downing, OTR (personal communication, February 23, 2000) and B. Merryman, OTR (personal communication, March 1, 2000) both explained that they were able to work as a consultative occupational therapist in welfare to work programs, because the administrators who formed the programs were familiar with occupational therapy services due to prior experience with OT’s. By marketing the benefits of occupational therapy services to the directors of welfare to work programs, we may increase our client population. This increased awareness needs to come from occupational therapy professionals who publish their research, market their services, increase their visibility, and get involved in government issues and policy. D Downing, OTR (personal communication, February 23, 2000) reiterated that occupational therapy in welfare to work will develop slowly on its own as professionals use our services and see the benefits. She also stated that more OT’s need to offer consultative services, because many programs will not be able to afford to hire an OT on staff. B. Merryman, OTR (personal communication, March 1, 2000), on the other hand, thought it was more
important to add some different information to the OT curriculum. She argued that OT students need to learn about government systems and how different policies operate.

Another obstacle to occupational therapists in welfare to work programs is funding. Many programs are on a tight state budget, often operating under a federal grant. They may not be able to afford occupational therapy services. Occupational therapists may need to suggest ways to decrease the cost of their services, such as leading groups instead of seeing participants individually, or using Certified Occupational Therapy Assistants (COTA's) to provide direct service. D. Downing, OTR (personal communication, February 23, 2000) encourages occupational therapists to take a look at the cost of their services, because this may act as a deterrent to some programs that are on a tight budget. This reinforces the idea that occupational therapists need to educate government employees, particularly those who decide how funds will be disbursed.

Finally, it is important to consider the barriers that occupational therapists may have in working in the welfare to work setting. First, OT's in many settings focus on the disabled population, and may need to adjust skills appropriately to work with individuals who are not labeled "sick" or "disabled." Also, occupational therapists may need to increase professional knowledge on the public welfare system, since this is a different setting from the traditional OT workplace. As with every new setting, a different set of assessment and treatment tools would be used with this population, and an occupational therapist may need time to be trained or orientated to the welfare to work environment in order to maximize the benefits of their services. If occupational therapists are going to increase their participation in this setting significantly, the American Occupational...
Therapy Association may need to address some of these issues in conferences and continuing education seminars.

**Future Research.** This analysis was intended to provide an overview of the possible opportunities for occupational therapy within welfare to work programs. It offers a literature review and a preliminary analysis of services currently offered in welfare to work programs, as well as a discussion on how occupational therapists may work in these programs.

Further research may wish to survey welfare to work program directors in order to assess their knowledge base on occupational therapy services. This may give an understanding of how many welfare to work directors are aware of the benefits of occupational therapy services. It may help to direct our focus of education in certain areas that may be lacking an awareness of occupational therapy.

There is a great need for outcome-based research evaluating the effectiveness of existing programs. There is also a need for experimental research with appropriate control groups to determine which program elements can contribute to success. This also would evaluate whether the inclusion of occupational therapy services may increase program outcomes. Outcome research should also measure whether or not the occupational therapy services increased total independence and life satisfaction through successful employment.

One additional research possibility would be to examine the cost-benefit of hiring an occupational therapist to work in welfare to work programs. This would involve analyzing the cost of OT services and the funding that would be saved by reducing the number of welfare recipients receiving assistance. This could be useful information to
present to program directors to assist them in making an informed decision about hiring an occupational therapist to work in their welfare to work program. Additional research may demonstrate the effect of including occupational therapists in welfare to work program developments.

Future research projects could also focus on the social benefit of using occupational therapy in welfare to work programs. If outcome-based research showed positive results while using occupational therapy services, some research may be able to estimate the nationwide impact this may have if occupational therapists were hired in welfare to work across the country.

Critique of Study

Assumptions. In order to perform this study and review of the literature, assumptions had to be made due to the abstract nature of the method. First of all, I assumed that the welfare to work programs themselves needed to be examined and possibly improved, and I searched for information on whether or not an occupational therapist may be able to improve the programs in this nature. My results supported this by demonstrating how many welfare to work programs are looking for ways to improve the success of their program, and demonstrated many possible ways an occupational therapist may be able to do that. I also had to assume that the program list that I gathered from the literature was representative of welfare to work programs and their services across the country. There was not enough time to select a sample that statistically represented the average welfare to work program. The programs selected seemed to provide a wide variety of services and represented a large region of the country.
Limitations. One limitation to this review of literature is that it can only suggest the role of OT in welfare to work programs, it cannot prove whether occupational therapists would be effective in this setting. Another obstacle is the limited amount of literature from which to gather data. There is almost no literature regarding allied health professionals in welfare to work programs. The social work and political literature relates only indirectly to occupational therapy or related professions. Also, the quantitative literature regarding characteristics of welfare to work programs is limited. Most are expert opinions about the effectiveness of certain welfare to work programs or descriptions of the services available. This limits the ability to evaluate others' claims or establish causation among these characteristics and job retention. This requires the researcher to make inferences about the literature available.

Another limitation is that the data for the frequency analysis was selected from programs that had been mentioned in published literature. These programs are most likely a representation of highly publicized programs and may not be a sample that is representative of all welfare to work programs in the United States. However, for an initial review, this was an appropriate group of programs to observe. Also, no standardized measurement exists to determine whether welfare to work services are OT-related or non OT-related. Therefore, the study was based on data gathered and coded by my professional judgement and the criteria created from the American Occupational Therapy Association’s Uniform Terminology.

Summary

The results of this study have demonstrated that the services provided by the selected welfare to work programs often fall within the domain of concern of
occupational therapy. These patterns of service suggested that occupational therapists might provide beneficial services to welfare to work programs. However, due to limited budgets and a lack of knowledge of the benefits of occupational therapy, very few welfare to work programs in the US are staffing occupational therapists to implement services. Although this study has not statistically proven the benefits of occupational therapy in welfare to work programs, it has acted as one of the first reviews to compare the two fields. It has examined a potential relationship between occupational therapy and welfare to work that may improve long-term job retention and advancement of life skills in participants of these programs.
Chapter 6: Summary

This study examined a possible role for occupational therapy in welfare to work programs in the United States. Due to recent changes in the welfare system in this country, welfare to work programs are striving to successfully move welfare recipients into the workplace. However, the job retention rate for these former recipients is low, and welfare to work programs are seeking ways to improve long term employment.

A thorough review of the literature regarding welfare reform revealed the current trends and practices in welfare to work programs. It examined how welfare to work programs are attempting to serve this population, and described some possible causes for the low job retention rates. The domain of concern for occupational therapy was also observed as it relates to work. Two telephone interviews with occupational therapists working in the welfare to work population provided examples of existing roles for OT for this population.

A study of selected current welfare to work programs displayed the various types of services available to welfare recipients, and categorized these services into OT-related and non OT-related, according to a comparison of these services to occupational therapy Uniform Terminology. The results showed that over half of the services offered in welfare to work programs were considered to be OT-related. Several possible roles for occupational therapy in welfare to work were proposed after combining the information from the study with the literature. The most feasible role may be that of a consultant, in which clients are referred to an occupational therapist if functional or medical impairment is suspected. The occupational therapist may then conduct further evaluation and make suggestions for the course of that client’s services, but does not directly treat the client.
Since this study is one of the first to examine the relationship between occupational therapy to welfare to work, there are many possibilities for future research. It may be beneficial to do an analysis to determine whether or not it would be cost effective for a welfare to work program to hire an occupational therapist. We may also need to do outcome research, to examine whether or not an occupational therapist may be able to increase the success of long term employment for clients. In order to increase awareness of this possible relationship, occupational therapists need to educate the welfare to work population as well as the general public on the benefits of occupational therapy.
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Appendix A

Operational Definition of OT-related Services

1. Job skills: Training in technical skills that are specifically designed to be used on the job. This covers a wide range of training, from learning to use a cash register to learning how to dress appropriately for a receptionist job. It may also include training for a specific job that the client is preparing for, such as forklift training for a job in construction.

2. Soft skills: Training in the skills needed to be an employee at any job, such as customer services skills, conflict management, interpersonal communication with co-workers, time management, and promptness. This is often an attitudinal training that is not specific to any one job, but is necessary to succeed in the working world.

3. Counseling: Personal and professional advice about the decisions that the recipient makes regarding work. This advice may be from a professional career counselor from the program, or may be from a mentor or community volunteer who is trained to assist the recipients in this way.

4. Case management: One-on-one assistance in organizing the recipient’s job search, placement, training, financial assistance, or other services. This person assures that the recipient receives all the services that he or she needs, explains rules and policies about the services, and maintains contact after the recipient is working to continue services.

5. Assessment: Evaluation of the recipient’s skills, education, interests, or abilities. This information may be used for job placement, career planning, or for
personal goal setting. It may also be a means of evaluating progress as the recipient progresses throughout the program.

6. Job coaching: Assistance for the recipient from a program staffperson while he or she is actually on the job. A job coach may visit the job site occasionally in order to assess the recipients performance on the job, or the coach may work with the person everyday for a short period of time. The job coach may modify the environment or the job requirements so that the recipient will be able to work successfully.

7. Career planning: Creation of goals and a plan for long term employment and self-sufficiency. This is usually done in connection with the recipient’s assessment, in which the recipient uses the information to develop a plan of action in the workforce. This also includes a tracking program, in which the recipient keeps a monthly diary of behaviors at work, and assesses these in order to improve his or her decision making skills in similar situations in the future.

8. Job seeking: Assistance in searching for an appropriate job, as well as training in the skills that are needed to acquire a job, such as searching the classified ads, creating a resume, and interviewing techniques.

9. Self-esteem: Counseling provided either individually or in a group that focuses primarily on increasing the recipient’s self-esteem.

10. Life skills: Training in the areas that are essential to self-sufficiency but not directly related to performance at the workplace. For example, some life skills training may include budgeting, home management, family planning, and crisis prevention.

11. Support group: Personal support and counseling provided by a group of peers that may or may not be accompanied by a professional. These groups are usually other
recipients who are struggling to become independent through work. They are able to help each other with the problems that arise during this transition.

12. Parenting: Classes or support groups that specifically focus on improving the recipient's parenting skills.
Appendix B

Operational Definition of Non OT-related Services

1. Childcare: Assistance in seeking childcare or placing a child in care, financial subsidies for use in childcare, or direct care for children while the recipient is working.

2. Mentoring: Providing contact with a person in the community, a volunteer, or another member of the welfare to work program who gives the recipient advice, counseling, support, or other assistance.

3. Basic education: Classroom training in basic reading and math skills, including preparation for the GED exam. This also includes opportunities for higher levels of education, such as access to community college or other secondary education.

4. Job placement: Assistance in not only searching for a job, but actually helping the recipient secure the job. The amount of assistance varies. For example, the program may literally place the recipient in a job set up by the agency, or they may set up an interview for the recipient to attend.

5. Transportation: Assistance in finding transportation to and from work. This may include directly providing transportation to the recipient, providing financial assistance for transportation (for example, bus tickets), or connecting the recipient to transportation resources in the community.

6. Job development: Generation of jobs for which welfare recipient can apply by collaborating with employers in the community. The agency may offer financial incentives to the businesses, promise to provide training for the potential employees, or search for businesses who have an interest in improving their community. Also included
in this definition is providing recipients with an inventory of businesses in the community.

7. Work experience: Opportunity to practice skills in a work environment within the security of the program. The recipient may or may not be paid for this work, and it may be simulated work experience or in the actual environment in which the recipient will be working.

8. Health care: Direct health care provided for recipients and their families, or financial assistance that is intended for health care.

9. Apprenticeship: Work experience that is supported by an individual co-worker or supervisor who trains the recipient in the skills needed for the job for a certain period of time. This situation is set up by the program and may result in job placement or may serve as a training ground.

10. Financial assistance: Direct financial benefits for the recipient during the time they are on the program, including tax credits, financial crisis assistance, clothing, payment for legal expenses, and opportunities for investment.
Appendix C

Uniform Terminology for Performance Areas

A. Activities of Daily Living - Self maintenance tasks.

1. Grooming - Obtaining and using supplies; removing body hair (use of razors, tweezers, lotion, etc.); applying and removing cosmetics, washing, drying, combing styling, and brushing hair; caring for nails (hands and feet), caring for skin, ears and eyes; and applying deodorant.

2. Oral Hygiene - Obtaining and using supplies; cleaning mouth; brushing and flossing teeth; or removing, cleaning, and reinserting dental orthotics and prosthetics.

3. Bathing/Showering - Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; and transferring to and from bathing positions.

4. Toilet Hygiene - Obtaining and using supplies; clothing management; maintaining toileting position; transferring to and from toileting position; cleaning body; and caring for menstrual and continence needs (including catheters, colostomies, and suppository management).

5. Personal Device Care - Cleaning and maintaining personal care items, such as hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, and contraceptive and sexual devices.

6. Dressing - Selecting clothing and accessories appropriate to time of day, weather, and occasion; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; and applying and removing personal devices, prostheses, or orthoses.
7. Feeding and Eating - Setting up food; selecting and using appropriate utensils and tableware; bringing food or drink to mouth; cleaning face, hands, and clothing; sucking, masticating, coughing, and swallowing; and management of alternative methods of nourishment.

8. Medication Routine - Obtaining medication, opening and closing containers, following prescribed schedules, taking correct quantities, reporting problems and adverse effects, and administering correct quantities using prescribed methods.

9. Health Maintenance - Developing and maintaining routines for illness prevention and wellness promotion, such as physical fitness, nutrition, and decreasing health risk behaviors.

10. Socialization - Accessing opportunities and interacting with other people in appropriate contextual and cultural ways to meet emotional and physical needs.

11. Functional Communication - Using equipment or systems to send and receive information, such as writing equipment, telephones, typewriters, computers, communication boards, call lights, emergency systems, Braille writers, telecommunication devices for the deaf, and augmentative communication systems.

12. Functional Mobility - Moving from one position or place to another, such as in-bed mobility, wheelchair mobility, transfers (wheelchair, bed, car, tub, toilet, tub/shower, chair, floor). Performing functional ambulation and transporting objects.

13. Community Mobility - Moving self in the community and using public or private transportation such as driving, or accessing buses, taxi cabs, or other public transportation systems.
14. Emergency Response - Recognizing sudden, unexpected hazardous situations. and initiating action to reduce the threat to health and safety.

15. Sexual Expression - Engaging in desired sexual and intimate activities.

B. Work and Productive Activities - Purposeful activities for self-development, social contribution, and livelihood.

1. Home Management - Obtaining and maintaining personal and household possessions and environment.
   a. Clothing Care - Obtaining and using supplies; sorting, laundering (hand, machine, and dry clean); folding; ironing; storing; and mending.
   b. Cleaning - Obtaining and using supplies; picking up; putting away; vacuuming; sweeping and mopping floors; dusting; polishing; scrubbing; washing windows; cleaning mirrors; making beds; and removing trash and recyclables.
   c. Meal Preparation and Cleanup - Planning nutritious meals; preparing and serving food; opening and closing containers, cabinets and drawers; using kitchen utensils and appliances; cleaning up and storing food safely.
   d. Shopping - Preparing shopping lists (grocery and other); selecting and purchasing items; selecting method of payment; and completing money transactions.
   e. Money Management - Budgeting, paying bills, and using bank systems.
   f. Household Maintenance - Maintaining home, yard, garden, appliances, vehicles, and household items.
   g. Safety Procedures - Knowing and performing preventative and emergency procedures to maintain a safe environment and to prevent injuries.
2. Care of Others - Providing for children, spouse, parents, pets, or others, such as giving physical care, nurturing, communicating, and using age-appropriate activities.

3. Educational Activities - Participating in a learning environment through school, community, or work-sponsored activities, such as exploring educational interests, attending to instructions, managing assignments, and contributing to group experiences.

4. Vocational Activities - Participating in work-related activities.
   a. Vocational Exploration - Determining aptitudes; developing interests and skills, and selecting appropriate vocational pursuits.
   b. Job Acquisition - Identifying and selecting work opportunities, and completing application and interview processes.
   c. Work or job Performance - Performing job tasks in a timely and effective manner; incorporating necessary work behaviors.
   d. Retirement Planning - Determining aptitudes; developing interests and skills; and selecting appropriate avocational pursuits.
   e. Volunteer Participation - Performing unpaid activities for the benefit of selected individuals, groups, or causes.

C. Play or Leisure Activities - Intrinsically motivating activities for amusement, relaxation, spontaneous enjoyment, or self-expression.

   1. Play or Leisure Exploration - Identifying interests, skills, opportunities, and appropriate play or leisure activities.
   2. Play or Leisure Performance - Planning and participating in play or leisure activities. Maintaining a balance of play or leisure activities with work and productive
activities, and activities of daily living. Obtaining, utilizing, and maintaining equipment and supplies.

Adapted from:

Uniform Terminology for Performance Components

A. Sensōrimotor Component - The ability to receive input, process information, and produce output.

1. Sensory
   a. Sensory Awareness - Receiving and differentiating sensory stimuli.
   b. Sensory Processing - Interpreting sensory stimuli.
   c. Perceptual Processing - Organizing sensory input into meaningful patterns.

2. Neuromusculoskeletal

3. Motor
   a. Gross Coordination - Using large muscle groups for controlled, goal-directed movements.
   b. Crossing the Midline - Moving limbs and eyes across the midsagittal plane of body.
   c. Laterality - Using a preferred unilateral body part for activities requiring a high level of skill.
   d. Bilateral Integration - Coordinating both body sides during activity.
   e. Motor Control - Using the body in functional and versatile movement patterns.
   f. Praxis - Conceiving and planning a new motor act in response to an environmental demand.
   g. Fine Coordination/Dexterity - Using small muscle groups for controlled movements, particularly in object manipulation.
h. Visual-Motor Integration - Coordinating the interaction of information from the eyes with body movement during activity.

i. Oral-Motor Control - Coordinating oropharyngeal musculature for controlled movements.

B. Cognitive Integration and Cognitive Components - The ability to use higher brain functions.

1. Level of Arousal - Demonstrating alertness and responsiveness to environmental stimuli.

2. Orientation - Identifying person, place, time, and situation.

3. Recognition - identifying familiar faces, objects, and other previously presented materials.

4. Attention Span - Focusing on a task over time.

5. Initiation of Activity - Starting a physical or mental activity.

6. Termination of Activity - Stopping an activity at an appropriate time.

7. Memory - Recalling information after brief or long periods of time.

8. Sequencing - Placing information, concepts, and actions in order.


10. Concept Formation - Organizing a variety of information to form thought and ideas.

11. Spatial Operations - Mentally manipulating the position of objects in various relationships.
12. Problem Solving - Recognizing a problem, defining a problem, identifying alternative plans, selecting a plan, organizing steps in a plan, implementing a plan, and evaluating the outcome.


14. Generalization - Applying previously learned concepts and behaviors to a variety of new situations.

C. Psychosocial Skills and Psychological Components - The ability to interact in society and to process emotions.

1. Psychological
   a. Values - Identifying ideas or beliefs that are important to self and others.
   b. Interests - Identifying mental or physical activities that create pleasure and maintain attention.
   c. Self-Concept - Developing the value of the physical, emotional, and sexual self.

2. Social
   a. Role Performance - Identifying, maintaining, and balancing functions one assumes or acquires in society (e.g. worker, student, parents, friend, religious participant).
   b. Social Conduct - Interacting by using manners, personal space, eye contact, gestures, active listening, and self-expression appropriate to one's environment.
   c. Interpersonal Skills - Using verbal and nonverbal communication to interact in a variety of setting.
d. Self-Expression - Using a variety of styles and skills to express thoughts, feelings, and needs.

3. Self-Management
   b. Time Management - Planning and participating in a balance of self-care, work, leisure, and rest activities to promote satisfaction and health.
   c. Self-Control - Modifying one's own behavior in response to environmental needs, demands, constraints, personal aspirations, and feedback from others.

Adapted from:

Appendix D

Categorization of Service Themes

OT-related services

The following service themes were found to be within the domain of concern of occupational therapy. Each one is listed here, along with the performance areas and/or performance components of occupational therapy that it encompasses (See Appendix C).

1. Job skills: Work or Job Performance
2. Soft skills: Socialization, Functional Communication, Functional Mobility, Community Mobility, Clothing Care, Work or Job Performance, Time Management
3. Counseling: Problem Solving, Generalization, Role Performance, Coping Skills, Self-Control
4. Case management: Vocational Exploration, Job Acquisition, Care of Others.

Educational Activities

5. Assessment: Vocational Exploration, Job Acquisition
7. Career planning: Vocational Exploration, Job Acquisition, Retirement Planning, Play or Leisure Exploration
8. Job seeking: Vocational Exploration, Job Acquisition
9. Self-esteem: Self-Concept
10. Life skills: Health Maintenance, Socialization, Functional Communication, Functional Mobility, Community Mobility, Emergency Response, Home Management, Care of Others

11. Support groups: Socialization, Problem Solving, Self-Concept, Role Performance, Social Conduct, Interpersonal Skills, Self-Expression, Coping Skills, Self-Control

12. Parenting: Care of Others, Role Performance, Coping Skills, Time Management, Self-Control
Non-OT-related services

The operational definition written for each of the following service themes did not match directly with the definition of performance components and performance areas as defined by the American Occupational Therapy Association. Therefore, for the purpose of this research, they are described here as non-OT-related, though some of them may fit within the domain of concern of occupational therapy under different circumstances.

1. Childcare
2. Mentoring
3. Basic education
4. Job placement
5. Transportation
6. Job development
7. Work experience
8. Health care
9. Apprenticeship
10. Financial assistance
Appendix E
Paraphrase of Interviews

D. Downing, OTR, Maine Medical Center, personal communication, February 23, 2000

- Explain your work as an occupational therapist in a welfare to work program.

I work on a consultative basis under a program funded by a federal grant. Mostly, I do cognitive and academic assessments, such as the Rivermead Behavioral Memory Test, the Allen Cognitive Level Test, the Patient Evaluations Conference System, and the Motor-Free Visual Perception Test - Revised. During these assessments, I rule out impairments that might be problem areas for the client as he or she is trying to work, such as problem solving, decision making, anticipating, organizing, and sequencing.

- Why did this program decide to hire an occupational therapist?

This program was designed to assist patients with chronic mental illness in finding employment. The creators of the program were familiar with my work as an occupational therapist, so they asked me if I would be interested in working under this grant. Each individual client also works with an employment specialist regularly. They look at the client's strengths and try to find a good job match. They also analyze what the job would involve to determine whether the client would be successful in that placement.

- What is your role as an occupational therapist in the program?

I get a referral for consultation from an employment specialist who sees a potential problem with a client. Then I perform the appropriate assessment and determine problem areas.

- What do you do with the information after the assessment? Do you do any job development or placement directly?
I share the information with the client and the employment specialist who gave me the referral. They use that information while placing the client in an appropriate job. I do not do those services directly. We are in the process of developing a life management group that I will lead. It will work on skills that clients need for life management, such as prioritizing.

- Describe your population of clients in this program.

This program is based in rural Maine. Most of my clients have some high school education. That is why I do not use the Kohlman Evaluation of Living Skills. I feel it is a little outdated for my population.

- What can occupational therapists provide to a welfare to work program that other professionals cannot provide?

Occupational therapists can provide information so that vocational programs look at a person holistically. They need to see the client’s strengths and weakness, such as problem solving and finding proper child care. These programs need to stop using trial and error techniques to find welfare recipients jobs.

- What does occupational therapy as a profession need to do in order to increase opportunities to work in the area of welfare to work programs?

People in general do not understand what we do. We do not publish enough of the work that we are already doing. We need to become active as practitioners and speak out for the profession. Occupational therapists working in welfare to work programs will happen slowly as professionals use our services and see the benefits. We also need to consider the cost of our services. The cost is seen by many professionals as too high, and
it may act as a deterrent for some programs. For these, we need to offer more consultative services.

- Do you believe that an entry-level occupational therapist could work as a consultant in a welfare to work program?

  Occupational therapists need experience to do consultation. In this field, they need a strong background in psychosocial work, and they need to be familiar with cognitive assessments. This includes not just seeing the scores of a test, but being able to evaluate the person’s performance during the test. We hired someone last year, and we required at least four years of experience. To work in this field, OT’s need to understand mental illness, family dynamics, and the culture that comes with the welfare population.

  OT’s do not have to work in a traditional setting to gain this experience, however. OT’s could do case management in mental health facility or work in the quick changing environment of an acute setting. This setting is good for learning.

  I will ask one of my employment specialists to call you so that you can gain her perspective on the program. She would be interesting for you to talk to.

H. Heary, Employment Specialist, personal communication, February 24, 2000

- Describe your title and your welfare to work program.

  I am an employment specialist for a grant funded project under Temporary Assistance for Needy Families’ ASPIRE program. I work for the Multiple Barriers Project. This focuses on the hardest-to-place individuals.

- What is your role as an employment specialist in this program?

  I assess the individuals as they come into the program and identify barriers for employment. Then, I provide community support services, such as shelters for homeless
individuals, mental health services, and child care. Then I assist them in finding employment and securing them in the job. I maintain contact with them after they are employed to make sure that they are successful.

- When do you refer to an occupational therapist?

I use the occupational therapist on a consultative basis to identify deficits that might be preventing successful employment for the client. These may include life skills management or a cognitive deficit.

B. Merryman, OTR, Towson State University, personal communication, March 1, 2000

- Describe your work as an occupational therapist in welfare to work programs.

I worked as a consultant for a welfare to work program that was grant funded. A psychosocial rehabilitation program formed a hypothesis that the hardest-to-place welfare recipients may have undiagnosed mental illnesses. So Goodwill Industries formed a program to test this idea. They have a three day intake process. If after the first week, the client is having difficulties completing their work, are suspected of substance abuse, or are having multiple conflicts with others, he or she is referred to a social worker. If the social worker gives the client an Axis I mental health diagnosis, then the client is referred to an occupational therapist for evaluation. I worked for the program for one year, and I completed between 12 and 15 evaluations during that time period.

- Did you do any direct services, or only evaluation?

I worked with a group of graduate occupational therapy students on this project, and we were able to do some indirect services in addition to the evaluation. We trained non-occupational therapy staff how to detect functional problems, when to refer to an OT, and how to detect a risk of failure in employment. We also attended team meetings, where
we were allowed to offer consultative suggestions for the program. My students also
developed a protocol for conducting group session with the welfare population.

- What were the most common diagnoses among your clients?

  We saw a lot of depression, anxiety disorder, abusive relationships, parenting
  issues, time management problems, and discipline problems. The program was actually
  able to bill for our occupational therapy services as a functional assessment under the
  client's diagnosis.

- Why did this program hire an occupational therapist?

  This opportunity happened for me because of networking. I was familiar with the
  legislation on welfare to work, and I had some experience and knowledge in this area.
  But we also need to return to developing work initiatives for those with disabilities.

- What does occupational therapy as a profession need to do in order to increase
  opportunities to work in this program?

  We need to infuse these ideas into our OT curriculum. We need to teach our
  students how these systems operate, teach them an awareness of policy and other funding
  sources besides reimbursement.

- Do you believe that an entry-level occupational therapist perform these welfare to
  work services?

  I think they could on two conditions. First, they need to have a Master's degree.
  The autonomy of research is an important skill to have when doing consultative work.
  Secondly, they need to have a mentor. The profession needs to build a mentoring
  structure. If a new graduate gets a job, he or she should be able to request to be
supervised one hour per week by an experienced occupational therapist for a six month period. Then an entry-level student could do this work.
Appendix F

Overview of Welfare to Work Programs

1. America Works is a private company that connects businesses with a pool of welfare candidates who have been selected to match the requirements of the job. They recruit businesses to hire welfare recipients by offering financial incentives. See www.americaworks.com or call 212-244-5627, X 143 (America Works, 2000).

2. Bridges to Work is a national research project that aims to examine how job placement and career counseling that is specific to each individual may improve employment for low income workers. Bridges to Work is now in several cities across the country, including St. Louis, Baltimore, Chicago, Denver, and Milwaukee. Call (314) 421-4220 or e-mail Bridges2work@ewgateway.org (Bridges to Work, 1999).

3. Cal WORKS Greater Avenues for Independence (GAIN) Program is California’s welfare to work program that provides a wide variety of services. These include job-seeking assistance, skills training, basic and secondary education, and work experience. See www.riverside-gain.org or call Marilyn Kuhlman, (909) 358-3011 (Riverside County Department of Public Social Services, 1997).

4. Canton City Schools Even Start in Canton, Ohio is a program that is committed to education for adults and children. It provides a combination of education and work experience in the elementary school community. Even Start focuses on building a career plan and building skills for future employment. Call Jane Meyer, (330) 588-2148 or e-mail start1@ezo.net (Canton City Schools, 1997).

5. Career TEAM is a private company dedicated to training low-income individuals to self-sufficiency. Their program has five components, including self-
esteem, motivation, professional development, job readiness, and life skills. See www.careerteam.com or call 1-800-237-8562 (Career TEAM, 2000).

6. Chicago Commons West Humboldt Park Employment Training Center (ETC) is a welfare to work program that serves some of the hardest-to-place individuals in Chicago. Their program provides specialized training and education focusing on individual challenges that have prevented employment in the past. The goal of the program is to get individuals to reach independence through employment. Call Anna Henderson, (773) 772-0900 (Chicago Commons, 1999).

7. Cleveland Municipal School District provides a variety of services for the welfare population in the Cleveland area. Cleveland-Cuyahoga One-Stop provides a website of workforce resources. The program also provides training in construction, nurse assistant, information processing, child-care, machining, and welding. The Work Experience Program (WEP) assists recipients in the employment process through various assessments, skills instruction, work experience, and career counseling. Call Danielle Price, (216) 574-8000 (Cleveland Municipal School District, 1999).

8. Cleveland Works, Inc. is an extensive training and job placement program that attempts to increase independence and self-sufficiency. Their services include job readiness training, basic education, personal development, occupational skills enhancement, and business skills training. Call David Roth, (216) 589-WORK (Cleveland Works, Inc., 2000).

9. Cooperative Home Care Associates is a unique worker/owner partnership company in South Bronx, New York. The program assists recipients, particularly minority women, into developing skills to provide home health care as nurse's aides. In
In addition, the company empowers the women to take responsibility for their careers by giving them partial ownership in the company after three months of employment. Call Mary Ann Wilner, (718) 402-7766 (Dawson, 1998).

10. Education for Gainful Employment (EDGE) of New York state focuses on providing work activities in partnership with educational programs. These activities include job readiness, job placement, work experience, and skills training. Call April Bender, (518) 485-6289 (New York State Department of Labor, 1998).

11. Family Pathfinders, which is run by the Texas Department of Human Services, connects community volunteer teams to provide supplemental support to families leaving welfare. These volunteers provide encouragement, assistance with child care and transportation, job coaching, tutoring, parenting skills, and a variety of other needs. Call Martha Ward, 1-800-355-7284 (Texas Department of Human Resources, 1999).

12. Goodwill Industries in Indianapolis, Indiana focuses its services on job retention and career advancement for welfare recipients. They provide an inventory of possible employers for recipients, as well as provide support services such as case management, a community coach, and a career advancement club. Contact the Workforce Development Department, (301) 530-6500 x 525 (Goodwill Industries of Central Indiana, Inc., 1999).

13. Hammond Adult Education IMPACT program in Hammond, Indiana provides a basic education program through the public school system, including a 5 step-Learning Elevator for those clients identified as severely lacking in skills. The program includes classroom training, personal development enrichment, work experience.
counseling services, as well as coaching and follow-up once the recipient is placed in a job. Contact the IMPACT program at (219) 933-2419 (Hammond Adult Education, 1999).

14. Hospitality On-Site Training (HOST) in Dayton and Columbus, Ohio matches recipients to potential jobs by performing skills assessment. The HOST program then combines work experience with the classroom training in areas such as goal setting, problem solving, and communication skills. Call Carolyn Gasiorek, (614) 644-6661 (Ohio Department of Education, 1998).

15. IndEx, Inc. of Tulsa, Oklahoma combines the educational approach to welfare-to-work with the work experience approach. This program requires recipients to participate in half a day of GED classes and half a day of paid work/skills training. Skills training is specific to the potential job placement. Call Tim Westberry, (918) 587-5307 (IndEx, Inc., 1999).

16. The Post-TANF Wrap Around Fund in Bergen County, New Jersey provides several forms of financial assistance for welfare recipients attempting to gain financial independence. This assistance includes sick child-care, car repair and insurance, transportation, moving expenses, and motel placement for homeless recipients. Visit the website at www.bcbss.com/wraparound.htm (Bergen County Board of Social Services, 1999).

17. Project Match in Chicago provides a variety of post-employment services for recipients entering the workforce in an attempt to increase job retention. These services include case management, job development and assessment, and a tracking system that
teaches recipients to keep a record of their progress in order to facilitate future decision-making. Contact Project Match at (312) 755-2250, x 4001 (Erikson Institute, 1999).

18. RIte Works Employment and Retention Services in Rhode Island assists recipients transition to the workplace by providing help with job placement and development, work adjustment counseling, time management assistance, and referrals to community resources that can assist with special needs. Call June Allen, (401) 462-5369 (Rhode Island Department of Human Services, 1999).

19. STRIVE, Inc. in New York, New York provides a three week workshop in attitudinal training, self-motivation, and basic worker skills in order to prepare welfare recipients for entering the workforce. Contact STRIVE at (212) 828-4070 (STRIVE, 1997).

20. US Office of Personnel Management is working to improve success for welfare recipients recruited for federal employment. Their training program includes mentoring, time management skills, and conflict resolution. They also offer support such as child-care services and counseling for stress created by employment. Call Michelle Noelle, (410) 965-1034 (US Office of Personnel Management, 1997).

21. Washington Works in Seattle provides job readiness training and job placement services. This training program focuses on being an effective employee, including workplace relationships and employer expectations. They also provide assistance in acquiring a job through an extensive employer network. Call Thomas Donlea, (206) 343-9731, x35 (Washington Works, 1999).

22. Washington WorkFirst in Olympia, Washington is a very intensive program that provides job training, job placement, and post-employment services. The training
program is a five-day workshop that covers a variety of work-related issues, from goal setting to resumes. The program also provides financial assistance, child-care, and health care. Call Glynnis Ashley, (360) 438-4063 (Washington WorkFirst, 1999).

23. Youthbuild Tulsa is a program that was designed to run similarly to the IndEx program in Oklahoma. Youthbuild focuses on 17-24 year olds who are struggling to keep work due to lack of education or skills. The program provides training and work experience in construction. This continues for six months, at which time the recipient will be hired if performance is satisfactory. Other services include GED classes and individual development sessions. Call Tim Westberry, (918) 587-5307 (Youthbuild Tulsa, 1999).