

Teaching Job Interview Skills to Alcoholics: Implications for Future Employment Rates

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Twenty-three inpatient alcoholics participated in a job-finding skills workshop. They demonstrated better job interview skills and a higher employment rate compared with a control group.

Despite differing opinions regarding issues of etiology, choice of treatment, and recovery rates, it is generally accepted that alcoholism represents a very serious health problem. Depending on one's definition, approximately 5–15 million people fit the criteria for being labeled alcoholic. It has been estimated that an additional 5–10 million friends, relatives, and co-workers are adversely affected by individuals suffering from alcoholism (Mendelson & Mello, 1985). To date no one strategy has emerged as the universal treatment for this addiction. Major therapeutic interventions have included drug therapy, family therapy, individual and group psychotherapy, aversion-conditioning, life-skills training, and alcohol education (Forrest, 1985; Freudenberger, 1985; Kaufman, 1985; Pattison, 1985; Rachman & Raubolt, 1985).

The recognition of the need to identify specific, relevant rehabilitation goals has resulted in an emphasis toward a more multimodal, comprehensive program. Unemployed alcoholics, for example, have a need to obtain gainful employment. Successful outcome in alcoholism treatment has clearly been linked to the occupational functioning of patients. Alcoholics who secure employment following

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their treatment program have a far better prognosis for remaining abstinent than do unemployed alcoholics (Adinolfi, DiDario, & Kelso, 1981; Lawrence, Slade, & Dewey, 1986; Slater & Linn, 1984).

The purpose of this study was twofold. First, would a 2-hour job interview workshop result in improved job interview skills for inpatient alcoholics? Second, would participation in a job interview workshop positively contribute to increased employment rates among this population? Positive results might suggest that this type of intervention is a valuable and worthwhile addition to contemporary alcoholism treatment.

REVIEW OF LITERATURE

The relationship between alcoholism and unemployment has been well established. The revised, third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1987) specified impairment in occupational functioning because of alcohol use as one of the major criteria for the diagnosis of alcohol dependence. Research has demonstrated that prior to entering treatment programs, alcoholic patients have typically been unemployed for varying lengths of time (Waldo & Gardiner, 1984). Studies have further shown that alcoholics, as compared with heavy social drinkers, are far more likely to be chronically unemployed (Vaillant, 1983). Other researchers have found a significant relationship between the occupational functioning of alcoholics and premature dropout from treatment (Roffe, 1981), relapse rates (Lawrence et al., 1986), readmittance rates (Slater & Linn, 1984), and the decline in psychiatric symptoms as a result of treatment (Verinis, Wetzel, Vanderporten, & Lewis, 1986). According to Ronnberg (1979), reinforcing work opportunities seems to be one of the most important variables for arresting future alcohol consumption following treatment.

A number of researchers have attempted to explore the use of including some type of vocational component to alcoholism treatment. Mueller, Sutter, and Prengamen (1982) incorporated vocational goal-setting into a 4 week short-term treatment program. Results indicated that unemployment rates declined from 77% at a 1-month follow-up to 45% at a 3-month follow-up. Page and Badgett (1984) used an environmental support contracting program as an added component to traditional alcoholism rehabilitation and reported positive changes with respect to increased job participation, increased income, and increased number of hours worked. Peckam (1977) emphasized the importance of alcoholics choosing some of their own treatment goals and found that a significant number who chose job placement were later employed. Vocational counseling was included

as part of a 4-week, multimodal therapy program for alcoholics, with positive results (Blake & Pigott, 1979).

Other studies were more specifically designed to examine the efficacy of using various forms of job-finding skills with alcoholic patients. Miller, Stanford, and Hemphill (1974) developed a "job school" as part of an inpatient alcoholism treatment program. Results indicated that 62% of patients experienced improvement in terms of decreased drinking behavior. A comparative treatment study suggested that lecture, discussion, and rehearsal of job-finding skills led to increased employment rates for alcoholics and drug abuse participants (Azrin & Phillip, 1979). A job interview skills workshop contributed to increased employment rates among substance abuse clients (Stevens & Tornatsky, 1976). Finally, Hunt and Azrin (1973) incorporated the teaching of résumé writing, locating job leads, and job interviewing into treatment and reported positive results with respect to remaining abstinent for long periods and spending more time employed compared with control participants.

The aforementioned studies suggest that some type of job-finding skills training represents a relevant strategy for use with alcoholic populations. Despite differences in specific type of intervention, length of intervention, follow-up time, and criteria for success, each of these studies reported some type of positive outcome. From a research methodological perspective, however, none of these studies can clearly identify a vocational aspect of treatment as the specific cause for improved employment rates. Some of the limitations include a lack of control group, small sample sizes, and the combining of different types of participants.

This study was developed to identify a clear link between the acquisition of job interview skills and improved employment rates among an alcoholic population. This was attempted through the addition of a job interview skills workshop into an already existing alcoholism treatment program.

There were two main hypotheses to this study. First, participants who completed a job interview skills workshop were expected to demonstrate better job interview skills than would participants in a control group. Second, the experimental group was expected to report higher employment rates at 1- and 3-month intervals, as compared with the control group.

METHOD

Participants

Participants in this study consisted of 47 male veterans who were admitted into the inpatient chemical dependency treatment program

at a large midwestern Veterans' Administration Medical Center. The average age was 36 years, with a range from 23 to 58 years. They averaged 12.40 years of education. The participants included 40 Caucasians, 6 Blacks, and 1 Hispanic. Twenty-three individuals were assigned to the experimental group, and 24 individuals were assigned to the control group. All participants were unemployed at least 1 month prior to entering treatment and identified alcohol as their primary drug of choice.

Instrumentation

The job interview component of the Occupational Skills Assessment Instrument (Mathews, Whang, & Fawcett, 1984) was used to measure participants' skills in the area of job interviewing. This subset of the instrument uses a behavioral checklist; interrater reliability ranges from .94 to 1.0 (Mathews, Whang, & Fawcett, 1980). Six items from Rohan's Follow-Up Interview (1970) were used in telephone interviews to determine employment rates at the 1- and 3-month intervals.

Design

To compare the performance of participants on job interviewing skills, a 2×2 within-participants design, with repeated measures on the second factor, was used. The two independent variables were control versus experimental condition and preassessment versus post-assessment. An additional 2×2 within participants design was used with respect to the follow-up data. Independent variables were the control versus experimental condition and 1-month versus 3-month interval. The dependent variable consisted of participants' employment rates.

Procedure

Participants were assigned to groups based on the date of their admittance into the alcoholism treatment program. Those in the control group entered treatment between January and April, and those in the experimental group entered treatment between May and August. All participants completed a preassessment of their job interviewing skills during their first week of treatment and a postassessment during their last week of treatment. Consent forms were signed by all participants prior to the preassessment. In addition, experimental group members participated in a 2-hour job interview workshop between their assessments. The workshop consisted of didactic presentation, group discussion, and role-play. An attempt was made to contact all participants by telephone, following their discharge from

treatment, at the 1-month follow-up in order to determine employment rates for the two groups. Three-month follow-up calls were only attempted for individuals who were reached at the 1-month follow-up interval.

Scoring

The job interviewing skills material was scored by two trained observers. One individual was a doctoral-level graduate student in counseling psychology and the second individual had a master's degree in counseling from the same university. Training consisted of giving the raters written instructions on how to score the data and meeting with them for an hour to discuss those instructions. A behavioral checklist from the Occupational Skills Assessment Instrument (Mathews et al., 1984) was used to score the job interview data. Employment rates were calculated by counting the number of participants who reported being employed at the 1- and 3-month intervals. No attempt was made to determine if they had the same job at the two periods.

Data Analysis

A 2×2 ANCOVA design, using a within participant format with repeated measures on the second factor, was carried out to compare job interviewing skills of the two groups. The demographic variables, marital status, number of jobs held in the last 2 years, and number of months employed at most recent job before entering treatment were used as covariates because of significant differences between the groups. Employment rates of the two groups were compared through percentages.

RESULTS

Job Interview Skills

A Tukey post-hoc analysis was performed, and a significant interaction was found between treatment group and trial on-the-job interview skills data. Mean scores between the groups were not significantly different at the pretest trial (control group, $M=44.35$, $SD=11.90$; experimental group, $M=49.29$, $SD=11.10$), but were significantly different at the posttest trial (control group, $M=45.65$, $SD=11.00$; experimental group, $M=54.29$, $SD=10.87$).

Employment Rates

Of the control group, 33% ($n=7$ of 21) were employed at the 1-month interval compared with 36% of the experimental group ($n=7$ of 19). At the 3-month interval the gap in percentages widened with 66% of

the experimental group employed ($n=12$ of 18) compared with 47% of the control group ($n=8$ of 17).

DISCUSSION

Although alcoholism has been recognized as a serious health problem for many years, there has not been universal agreement with respect to its etiology. At various times it has been described as a moral weakness, a learned behavior pattern, and a disease. The treatment of alcoholism has taken many forms, and researchers have spent much time attempting to determine what strategies are most effective with this population. Recently, there has been a recognition of the need for multimodal treatment programs that focus on different aspects of alcoholics' lives (Finney & Moos, 1986; Pattison, 1985). As a result, it has been further suggested that it is important to develop individualized treatment plans that address specific needs of the given individual, such as securing employment. For many alcoholics, however, the ability to secure employment is limited because of gaps in their employment histories, deficiencies in interacting with potential employers, an inability to present themselves in a positive manner both in written form and in person, and a lack of understanding of how the job market operates. In essence, many alcoholics are simply unable to perform the necessary tasks associated with finding a job.

The current study was designed as an attempt to determine if teaching job interview skills would result in an improved ability to interview for a job. Furthermore, the study explored the link between teaching this skill and employment rates at follow-up intervals. Positive and meaningful results were found. Although control and experimental participants performed equivalently on their ability to job interview at the pretest assessment, the experimental group proved superior at the posttest assessment. This suggests that the job interview workshop was a success. With respect to employment rates, results were mixed. At the 1-month interval little difference was found with respect to employment rates. At the 3-month interval, however, two thirds of the workshop participants were employed compared with less than one half of the control group. The lack of significant difference at the 1-month interval may have reflected an adjustment period following the completion of treatment. Many of the individuals may have been preoccupied with more immediate needs, such as finding a place to live and reestablishing family ties. By 3 months, however, it might be presumed that most of these individuals had sufficient time to make necessary personal adjustments and employment probably became a higher priority. Given this conceptualization, one could speculate that the experimental group members dem-

onstrated higher employment rates compared with the control group because they began to apply what they had learned in the job interview workshop at the time that employment became their central focus.

Several limitations of this study deserve consideration. First, the population was strictly veterans being treated at a Veterans' Administration hospital, and, therefore, one must be cautious in attempting to generalize to other alcoholic populations. Second, the workshop took place in a 2-hour period. Although time constraints made this necessary, it may have limited the effectiveness of the intervention. Third, follow-up periods of 1- and 3-months were employed in this study. It is important to look at the long-range functioning of alcoholic populations, and continued follow-up through 1 or 2 years may have revealed further relevant information.

Despite the limitations noted it does seem that the inclusion of a job interview skills workshop into an existing alcoholism treatment program represents a worthwhile strategy for working with unemployed alcoholics. Research has clearly demonstrated a link between employment and abstinence. By helping alcoholics improve their job interview skills, it may be possible to increase their employment rates.

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