Therapeutic relationships in vocational rehabilitation: Predicting good relationships for people with psychosis

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ABSTRACT

Therapeutic relationships between clients and vocational rehabilitation workers have been shown to predict entering competitive employment. We aimed to determine predictors of good relationships, using data from an international randomized controlled trial of supported employment ($n = 312$). Baseline predictors of early therapeutic relationships with vocational workers were assessed, along with the impact of vocational status and changing clinical and social functioning variables on relationship ratings over time. Associations between client and professional relationship ratings were also explored. Better early client-rated therapeutic relationship was predicted by better baseline relationship with the clinical keyworker, being in the Individual Placement and Support (IPS) service, the absence of work history and a greater proportion of care needs being met, whereas over time it was predicted by being in the IPS service. Professional-rated early relationship was predicted by social disability and remission, while over time it was predicted by being the same sex as the client, duration of the relationship and the client's increasing anxiety. Client and professional ratings were positively associated but clients' ratings were higher than professionals', particularly in the IPS service. Relationships were better where clients may have been more motivated to engage, including by their prior experience of a good therapeutic relationship with the clinical keyworker.

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1. Introduction

The therapeutic relationship formed between a client of mental health services and the professional working with them has received increasing attention in recent years. While the therapeutic relationship has been shown to be the biggest single predictor of outcome in psychotherapy (Martin et al., 2000), studies of the therapeutic relationship in general mental health services have demonstrated its power to predict a range of outcomes, such as re-hospitalisations (Priebe and Gruyters, 1993),

symptom severity (Clarkin et al., 1987) and other treatment outcomes, both shorter- and longer-term (McCabe and Priebe, 2004).

Although this emerging body of research testifies to the importance of the relationship between a client and professional in clinical services, comparable to that in psychotherapy, whether such a relationship might also be meaningful within services not focused on clinical goals, such as vocational rehabilitation services, has rarely been studied. Donnell et al. (2004) advocated the investigation of therapeutic relationships in such settings. In a large cross-sectional survey of people with severe mental illness in vocational rehabilitation, they found that employed clients rated the relationship more highly than those unemployed, and that for those employed, job satisfaction was positively correlated with the relationship rating. For both groups, therapeutic relationship was positively associated with the client's perception of their future job prospects.

The model of vocational rehabilitation or, specifically, supported employment which has received increasing attention in recent years —

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Individual Placement and Support (IPS: Becker and Drake, 2003) — involves the provision of a supported employment intervention by an individual professional working directly with the client. It is thus ripe for investigation of the impact of this relationship on vocational outcomes. Evidence for the effectiveness of IPS has been provided by eight randomised controlled trials (RCTs) and three quasi-experimental studies in the US (Bond et al., 2001) and in Europe by a six-centre RCT which found IPS to double the access to work of people with severe mental illness (Burns et al., 2007). The latter also provided the opportunity to examine the relationship between the client and the vocational worker — whether 'IPS worker' or named worker in the control service — and found that early good relationships with vocational workers predicted getting a job, although relationships with clinical team keyworkers did not (Catty et al., 2008). This is in contrast to the subsequent finding of Kukla and Bond (2009) that the relationship did not predict the amount of time in employment or job tenure, although their analysis included only employed clients. In our study, conversely, therapeutic relationships with vocational workers, as rated by the client, did not predict any clinical or social functioning outcomes, while these relationships when rated by the vocational worker predicted only slightly reduced depression, suggesting that the impact of the relationship with the vocational worker is specific to the service's vocational goals (Catty et al., 2010).

Given the impact of the relationship with the vocational worker on vocational outcomes, we aimed in the present study to determine predictors of a good therapeutic relationship in vocational rehabilitation as rated by each party, using data from the whole sample ($n = 312$). We aimed to explore: a) baseline predictors of early therapeutic relationships with vocational workers; b) the impact of vocational status and changing clinical and social functioning on these therapeutic relationships over time; and c) associations between client and professional relationship ratings.

Although the evidence for variables predicting therapeutic relationship is scant even for general mental health services, and still more so in vocational rehabilitation, certain hypotheses were identified. For clients in general mental health services, there is some evidence that meeting clients' needs for care may be predictive of better therapeutic relationship (Junghan et al., 2007), as may be being older and female (McCabe and Priebe, 2004; Bjøngaard et al., 2007). We therefore included client demographics and needs for care in our analyses, in particular hypothesizing that having a higher proportion of care needs rated as being 'met' would be predictive of better therapeutic relationship. Psychopathology has also been found to be associated with therapeutic relationship (McCabe and Priebe, 2003; Bjøngaard et al., 2007) and we therefore included clinical and social functioning variables in our analysis, in particular hypothesizing that greater psychopathology (positive and negative symptoms, and anxiety and depression) would be associated with poorer relationships. In view of our previous finding that being in remission was a predictor of better employment outcomes (Catty et al., 2008), we also included remission in our analysis. We also included variables relating to the client's prior experiences of services to determine their bearing on the client's ability to form a good therapeutic relationship.

There was little evidence concerning factors predicting a good relationship in vocational rehabilitation, with previous research not able to determine causality in the association between relationship and working (Donnell et al., 2004). We therefore hypothesized that working during the study period might have a beneficial effect on the relationship with the vocational worker and included this in our analysis of the therapeutic relationship over time. In this latter analysis, we also investigated whether the relationship might be affected by how well-established it was at that point and by a matching of the client's and worker's sex, and explored the impact of changing clinical and social functioning on the relationship.

Studies of therapeutic relationships in general mental health services have frequently found the client's and professional's ratings not to be highly correlated (Couture et al., 2006; McGuire-Snieckus et al., 2007). In order to assess the degree to which the professional's view of the relationship matched the client's, associations between the two ratings were also explored.

2. Methods

2.1. Sample, setting and procedure

Data were taken from a multi-centre RCT conducted in six European centres — London, Ulm-Günzburg, Rimini, Zurich, Groningen and Sofia — comparing IPS to usual high-quality vocational rehabilitation (Burns et al., 2007). Clients ($n = 312$) were recruited if they had a psychotic illness, were aged 18 to local retirement age, had been ill with major role dysfunction for at least two years, were living in the community, had not been in competitive employment in the preceding year and wanted to enter competitive employment. They were randomly allocated to receive either IPS, a 'place and train' model of supported employment provided by a single IPS worker located within the community mental health team or equivalent, or traditional good-quality vocational rehabilitation using the 'train and place' model (Burns et al., 2007). They were followed up for 18 months, with interviews at baseline (T0) and 6, 12 and 18 months (T1–T3).

Data were collected through interview on vocational status, hospitalisation, psychiatric symptoms (Positive and Negative Syndrome Scale: Kay et al., 1987), global functioning (Global Assessment of Functioning, scored for symptoms and disability: Endicott et al., 1976), depression and anxiety (Hospital Anxiety and Depression Scale: Zigmond and Snaith, 1983), social disability (Groningen Social Disability Scale: Wiersma et al., 1988), quality of life (Lancashire Quality of Life Profile — European Version: Gaite et al., 2000), self-esteem (Rosenberg Self-Esteem Scale: Rosenberg, 1969) and needs for care (Camberwell Assessment of Need — European Version: McCrone et al., 2000). Clinical diagnosis was confirmed by OPCRIT (McGuffin et al., 1991). Remission was defined as meeting van Os and colleagues' (van Os et al., 2006) criteria at two consecutive time-points: delusions, unusual thought content, hallucinatory behaviour, conceptual disorganisation, mannerism/posturing, blunted affect, passive/apathetic social withdrawal and lack of spontaneity and flow of conversation being rated as absent, minimal or mild by the Positive and Negative Syndrome Scale (PANSS).

Clients were also asked to complete the client-rated Helping Alliance Scale (Priebe and Gruyters, 1993), a six-item scale comprising five visual analogue items and one categorical item, about both their vocational worker (denoted as HAS-v) and their clinical keyworker (denoted as HAS-k). The duration of the relationship with the professional was also recorded each time. The client's relationship with the vocational worker was also assessed from the professional's point of view. Each vocational worker was asked at each follow-up point to complete the professional version of the Helping Alliance Scale (denoted as HAS-p) (provided by R. McCabe, personal communication), a seven-item scale comprising five visual analogue items and two open-ended questions (the latter not analysed here).

2.2. Analyses

2.2.1. Baseline predictors of early therapeutic relationships

To explore baseline predictors of early client-rated client–vocational worker relationship (HAS-v), the following possible explanatory variables at T0 were tested univariately for associations with HAS-v at T1 using simple linear regression: service (IPS or control); client demographics (age, gender, diagnosis (schizophrenia versus bipolar disorder), living situation, immigrant status, years of education, prior work history); service contact variables (age at first contact with psychiatric services, number of lifetime psychiatric admissions) and baseline clinical and social functioning (global functioning (symptoms and disability), anxiety and depression, positive, negative and general symptoms, social disability, quality of life, needs for care (total needs, number of needs met and proportion of needs met for the total score), self-esteem and therapeutic relationship with clinical keyworker (HAS-k)).

Variables associated with HAS-v at T1 at the 10% significance level were entered into a stepwise multiple linear regression analysis, categorical ones entered as dummy variables. In order to validate the variable selection for this regression model, a bootstrap analysis was undertaken (Chen and George, 1985; Schumacher et al., 1997). Bootstrapping is a re-sampling procedure involving taking repeated samples with replacement from the data-set. In this analysis, 1000 replications were used, each representing a new re-sampling from the data-set. The robustness of the variable selection was assessed according to the percentage of replications in which each variable was selected for inclusion in the multifactorial model. The bootstrap model was also used to estimate robust parameter estimates and Bias Corrected 95% confidence intervals (CIs) for the variables found to be associated, and again 1000 replications were used. These regression coefficients and 95% CIs were then compared with those obtained from the original multiple linear regression in order to assess their robustness. This approach was repeated to explore baseline predictors of early professional-rated client–vocational worker relationship (HAS-p) at T1. These analyses were conducted using Stata v9.

2.2.2. Impact of vocational status and changing clinical and social functioning on therapeutic relationships over time

To determine whether vocational status, vocational worker characteristics and change in clinical and social functioning were associated with the client–vocational