

Implementation of the Thinking Skills for Work Program in a  
Psychosocial Clubhouse

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## Abstract

Objective: Cognitive remediation programs aimed at improving role functioning have been implemented in a variety of different mental health treatment settings, but not in psychosocial clubhouses. This study sought to determine the feasibility and preliminary outcomes of providing a cognitive remediation program (the Thinking Skills for Work program), developed and previously implemented in supported employment programs at mental health agencies, in a psychosocial clubhouse. Methods: Twenty-three members with history of difficulties getting or keeping jobs, who were participating in a supported employment program at a psychosocial clubhouse, enrolled in the Thinking Skills for Work program. A neurocognitive battery was administered at baseline and 3 months later after completion of the computer cognitive training component of the program. Hours of competitive work were tracked for the 2 years before enrollment and 2 years following enrollment. Other work-related activities (school, volunteer) were also tracked for 2 years following enrollment. Results: Twenty-one members (91%) completed 6 or more computer cognitive training sessions. Participants demonstrated significant improvements on neurocognitive measures of processing speed, verbal learning and memory, and executive functions. Sixty percent of the members obtained a competitive job during the 2-year follow-up, and 74% were involved in some type of work-related activity. Participants worked significantly more competitive hours over the 2 years after joining the program than before. Conclusions: The findings support the feasibility and promise of implementing the Thinking Skills for Work program in the context of supported employment provided at psychosocial clubhouses.

Key words: Cognitive remediation, cognitive rehabilitation, supported employment, clubhouse

Unemployment is common problem in schizophrenia and other severe mental illnesses (SMI) (Kaye, 2001; Marwaha & Johnson, 2004). Individuals with SMI and impaired cognitive functioning are less likely to have positive work outcomes (McGurk & Mueser, 2004), even when receiving supported employment (McGurk, Mueser, Harvey, Marder, & LaPuglia, 2003; Mueser, 2002), an empirically validated model for improving vocational outcomes in this population (Bond, Drake, & Becker, 2008). The attenuated benefits from supported employment (and other vocational rehabilitation models) for people with SMI and cognitive impairments has led to efforts to develop additional strategies to overcome or compensate for these difficulties in cognition, thereby improving response to rehabilitation and ability to work competitively (i.e., work in the community paying minimum wages that is owned by the individual and not reserved for someone with a disability (Cook et al., 2005).

Cognitive remediation (i.e., systematic methods for improving cognitive functioning based on practice and learning more effective strategies for compensating for the effects of cognitive impairment) has demonstrated success at improving cognition in SMI (McGurk, Twamley, Sitzer, McHugo, & Mueser, 2007), and appears to have potential for enhancing the effectiveness of supported employment programs. Several randomized controlled trials have suggested promising effects of combining cognitive remediation with supported employment (McGurk, Mueser, Feldman, Wolfe, & Pascaris, 2007; McGurk, Mueser, & Pascaris, 2005) and other models of vocational rehabilitation (Bell, Bryson, Greig, Corcoran, & Wexler, 2001; Bell, Bryson, Greig, Fiszdon, & Wexler, 2005; Lindenmayer et al., 2008; Vauth et al., 2005). These studies have been conducted in a variety of settings, such as at community mental health or rehabilitation centers, or in hospitals, but in all cases the locus of the intervention has been a mental health treatment center. There is a need to evaluate the feasibility and effects of

implementing cognitive remediation in other, non-clinical settings where clients with SMI often receive vocational services.

Psychosocial clubhouses are one potentially important setting for exploring the implementation of cognitive remediation as an adjunct to vocational rehabilitation for persons with SMI. Psychosocial clubhouses, such as those that adhere to the International Standards for Clubhouse Programs (International Center for Clubhouse Development, 2008; Propst, 1992), typically provide a range of rehabilitative services and social opportunities to persons (or “members”) who attend those programs, but few or no medical, clinical, or substance abuse services. Since the inception Fountain House in New York in the 1940s (Beard, Propst, & Malamud, 1982; International Center for Clubhouse Development, 2008; Norman, 2006), work has been viewed in clubhouses as a healthy, normalizing activity with members often contributing to the operation of the clubhouse through non-paid work (i.e., the “work-ordered day”) as well as having access to vocational programs such as transitional employment (Henry, Barreira, Banks, Brown, & McKay, 2001). Psychosocial clubhouses have grown at a rapid rate over the past several decades as either an adjunct or alternative to traditional community mental health centers, with over 300 clubhouses worldwide recognized by the International Center for Clubhouse Development standards and an unknown number more of non-certified clubhouses (McKay, 2007). The growth in clubhouses has been accompanied by an expansion of vocational rehabilitation models beyond transitional employment (i.e., paying jobs in the community that are secured by the clubhouse and then fulfilled by members on a temporary basis in order to gain work experience and build up their resumes; (Macias, Kinney, & Rodican, 1995; McKay, Johnsen, Banks, and Stein, 2006; Schonebaum, Boyd, and Dudek, 2006), and including supported employment (Henry et al., 2001).

The present study evaluated the implementation at a psychosocial clubhouse of a cognitive remediation program designed to be integrated with supported employment services for members with SMI who have problems getting and keeping jobs: the *Thinking Skills for Work Program*. One randomized controlled trial has been completed at two community mental health centers that supported the efficacy of the program at improving cognitive functioning and competitive work outcomes (McGurk, Mueser et al., 2007; McGurk et al., 2005). The present non-controlled study examined the feasibility of implementing the program at a psychosocial clubhouse with members who had difficulty getting or keeping jobs, and evaluated improvements in cognitive functioning and work-related activity, including competitive work, volunteer work, and educational attainment. A broader focus on vocational activity was examined than the traditional emphasis on competitive work in supported employment programs because these alternatives were a clearly stated preference of some members and they are dimensions of role functioning that are widely valued in society, including volunteer work (i.e., work without pay) and better education (Waghorn, Chant, & King, 2007).

### Method

The study was conducted at a large clubhouse in Suffolk County, Long Island, that provided a variety of vocational and non-vocational services, and adhered to the traditional clubhouse philosophy of a work ordered day. Vocational rehabilitation programs included transitional employment, enclave work, community-based supported employment, as well as a “Back to Work” seminar series, entitlements planning and management, help obtaining accommodations based on the Americans with Disability Act, and linkages to other services. Non-vocational services included case management, individual rehabilitation planning, supported housing, transportation assistance, weekend and social activities, supported education, medication and symptom management

education, and creative arts. The Clubhouse did not seek ICCD certification (International Center for Clubhouse Development, 2008) because one of the ICCD standards precludes clubhouses from the provision of treatment services, such as Intensive Psychiatric Rehabilitation Services.

### Participants

All study participants were active members of the psychosocial clubhouse with SMI who were enrolled in the supported employment program. Eligibility criteria for participating in the study were: a) SMI according to the State of New York criteria; b) member of the psychosocial clubhouse and enrolled in the supported employment program there; c) not employed and desire for competitive work; d) history of difficulties with job attainment and/or retention; e) interest in participating in the Thinking Skills for Work program; f) willingness to sign informed consent to participate in the research assessments.

The procedure for recruitment was as follows: the cognitive specialist provided introductions about the study to the counselors and the general clubhouse membership. The response was very positive to these sessions. Counselors then recommended the program to potentially eligible members who were on their caseloads. Members who were interested then approached the cognitive specialist about enrollment in the study, who explained the study and obtained informed consent from interested members. Records were not kept on the number of members that the program was described to, so that it was not possible to compute what percentage of apparently eligible members chose to participate in the program.

A total of 23 members participated in the study. Table 1 provides a summary of their demographic, clinical, and work history characteristics. Demographic characteristics of the general membership of the Clubhouse were available for 888 members during the

study period of the study, of whom 45% were female, 49% were between the ages of 18-35, 82% had a minimum of a high school diploma, and 85% were Caucasian. Thus, the demographic characteristics of the study sample were similar to that of the Clubhouse general membership.

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### Measures

Assessments of changes in cognitive functioning and work-related activity were evaluated for the study participants.

#### Cognitive Functioning

Cognitive functioning was evaluated at baseline and following 24 sessions of computer cognitive training using a standard battery of neurocognitive assessments covering the following domains: speed of processing, learning and memory, and executive functions.

*Processing speed* was measured with the Trail Making Test, Part A (Radford, Chaney, & O'Leary, 1978). This test is a timed measure of visual scanning ability and psychomotor speed that requires subjects to connect numbers in order. The measure used is seconds to complete the task.

*Verbal learning and memory* were assessed with the California Verbal Learning Test (CVLT) (Delis, Kramer, Kaplan, & Ober, 1987). The CVLT involves the repeated presentation of a word list that consists of common items that are semantically related to 4 common conceptual categories (food, clothing, spices, or tools). The measures of interest are total learning (total words recalled during the 5 acquisition trials: CVLT 1–5) and retention (total words recalled in the long-delay free recall, which occurs 20 minutes after the last acquisition trial).

*Verbal working memory* was assessed with the WAIS III Letter Number

Sequencing (LNS) (Weschler, 1998). This task requires the ordering in sequence of a series of stimuli (letters and numbers) without use of paper and pencil. Subjects are read a series of letters and numbers and asked to give both back in ascending order, with the numbers first and then the letters. Total correct is the dependent measure.

*Executive functions* were assessed with the Trail Making Test, Part B (Radford et al., 1978), and the Wisconsin Card Sorting Test (WCST) (Berg, 1948). Trail Making Part B requires subjects to connect consecutively numbered and lettered circles by alternating between the two sequences. The measure used was seconds to complete Trail Making B. The WCST is a commonly used test of executive functioning that measures cognitive flexibility and problem-solving skills. Subjects are asked to match a series of cards to a set of four target stimuli, which are also cards. Subjects are provided with feedback on an item-by-item basis after they sort each of the item cards. After they determine one of the correct dimensions, referred to as "Categories," 10 correct responses are required before the correct category is shifted to the next one. Continued matching to a category that is no longer correct is considered a perseverative error. The variables of interest were the number of categories achieved and percent perseverative errors.

For statistical analyses a composite cognitive score was formed for each assessment point by computing standardized scores (i.e., *z*-scores) for each subscale scores across both the baseline and follow-up assessments, and then summing the *z*-scores within each assessment.

### Work-related Activity

Hours of work-related activity were assessed at baseline for the 2 years prior to enrollment in the study. Specific data about other vocational activities were not recorded, nor was information about prior involvement in vocational rehabilitation services obtained. Following enrollment, three types of work-related activity were recorded for up

to 2 years: competitive work, volunteer work, and enrollment and completion of classes towards a degree or certificate. For competitive and volunteer work, number of jobs, number of hours, and weeks worked were recorded. For competitive work, wages earned were also recorded. For school, number of weeks enrolled in classes was recorded. Members were followed up an average of 20.13 months (range: 2-24,  $SD = 7.14$ ).

### Rehabilitation Programs

All members received support employment services and participated in the Thinking Skills for Work program.

#### Supported Employment

These services were provided based on the Individual Placement and Support model (Becker & Drake, 2003), which are incorporated into the Substance Abuse and Mental Health Services Administration (SAMHSA) Supported Employment Resource Kit (Becker & Bond, 2004). This model specifies five core features of supported employment, including: zero exclusion (i.e., participation in the service is based on the client desire to work with no other exclusion criteria), focus on competitive jobs in the community, rapid job search with no prevocational training or extended prevocational assessments, attention to client preferences with respect to job type and nature of vocational support, follow-along time-unlimited supports, benefits counseling, and integration of vocational and clinical services. The supported employment program at the clubhouse adhered to all of these criteria except the integration of clinical and vocational services, since clinical services (e.g., pharmacological treatment, case management) were not provided by the clubhouse. Occasional contacts between the employment specialists at the supported employment program and clinical service providers occurred on an as-needed basis.

### Thinking Skills for Work Program

This program was delivered by a cognitive specialist who worked in close collaboration with each client's employment specialist to ensure a smooth integration of cognitive training and coping strategies with supported employment services. The program includes four core components: a) cognitive and work history assessment aimed at identifying strengths, weaknesses, and arriving at a tentative formulation regarding the client's past difficulties in attaining and/or retention of jobs; b) 24 sessions of computer cognitive training exercises over approximately 4 months using Cogpack 6.0 (Marker software), a commercially available software program shown to improve cognitive functioning in schizophrenia (Lindenmayer et al., 2008; McGurk et al., 2005; Olbrich & Mussgay, 1990), with sessions facilitated by the cognitive specialist; c) collaborative job search planning with the client, employment specialist, and cognitive specialist aimed at reviewing the client's job interests, strengths, gains in cognitive functioning, challenges, and need for supports or coping strategies to manage those challenges; and d) job support consultation in which the cognitive specialist provides consultation to the employment specialist and client to address any work-related problems or unmet needs. Collaborative job search planning can take place at any points during the Thinking Skills for Work program, depending on the client's preference, including before, during, or after completion of the computer cognitive training. Exposure to the computer cognitive training component of the program is defined as completion of at least 6 sessions of training because exercises addressing all the targeted domains of cognitive functioning are provided within the first 6 sessions, with the remaining 18 sessions involving additional practice. A more in depth description of the program is provided elsewhere (McGurk et al., 2005).

## Results

First, we describe extent of participation in the Thinking Skills for Work program. Second, we evaluated changes in cognitive performance on the cognitive composite score and subtest scores from baseline to after completion of the computer cognitive training component of the program by conducting within group *t*-tests. Third, we compared the number of hours of competitive work per month in the 2 years prior to enrollment in the program to the 2-year follow-up period by conducting a log transformation on hours worked (to normalize the skewed data) and computing *t*-tests on the log transformed variable. Fourth, we evaluated other work-related activity during the follow-up period, including percentage who worked or attended school, weeks worked or in school, and wages earned.

Participants completed an average of 18 computer cognitive training sessions. Of the 23 members who enrolled in the study, 21 (91%) completed at least 6 computer cognitive training sessions and were thus exposed to the program. For the members who were exposed to the program, the average time to complete the computer cognitive training was 18.5 weeks.

The results of the *t*-tests on changes in cognitive performance from baseline to post-treatment are summarized in Table 2. Significant improvements were present in the overall cognitive composite score, verbal learning and memory (CVLT Long Delay Free Recall and Total Learning), speed of processing (Trail Making A), and executive functions (Trail Making B). No significant changes were observed for novel problem solving (WCST) or working memory (LNS).

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The *t*-test comparing the number of log transformed hours of competitive work per month in the 2 years prior to enrollment in the study with the 2 years following enrollment was significant,  $t = 4.1$ ,  $df = 22$ ,  $p < .001$ . Members worked significant more hours per month following enrollment in the Thinking Skills for Work program ( $M = 17.9$ ,  $SD = 29.6$ ) than prior to the program ( $M = 3.5$ ,  $SD = 7.8$ ). Work-related outcomes over the 2-year follow-up period for competitive work, volunteer work, and enrollment in school are summarized in Table 3. Fourteen (60%) of the participants obtained competitive work over the follow-up period. In addition, 3 members (14%) obtained volunteer jobs over the follow-up, and 3 members (14%) enrolled in school. A total of 17 members (74%) were involved in some work-related activity over the follow-up period.

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Figure 1 depicts the percentage of members involved in competitive work, and the percentage involved in any work-related activity (including volunteer work and school) during each month of follow-up. Inspection of this figure indicates that rates of both types of work increase steadily from 0% at baseline to 40-50% for competitive work over the last 4 months, and 60-70% for all work-related activity towards the end of follow-up period.

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## Discussion

Among the 23 members in the clubhouse supported employment program with a history of job difficulties who enrolled in the Thinking Skills for Work program, 91% completed at least six computer cognitive training sessions and were thus exposed to the program. This high rate of treatment exposure is comparable to the rate of exposure

found in the one randomized controlled trial of the Thinking Skills for Work program conducted at two community mental health outpatient treatment settings (McGurk et al., 2005). The fact that most members who began the program also completed it supports the feasibility of implementing this cognitive remediation program in a psychosocial clubhouse setting.

In addition, participation in the computer cognitive training exercises was associated with significant improvements across several cognitive domains. Specifically, overall cognitive functioning improved significantly from baseline to the post-training assessment, as did speed of processing, verbal learning and memory, and one of the measures of executive functioning (Trail Making B); the only cognitive measures that did not improve significantly were the percentage of perseverative errors and number of categories achieved on the WCST, and working memory on the LNS, although changes were in the expected direction. These improvements in cognitive functioning are consistent with other studies of the same cognitive training software package (Cogpack) with similar psychiatric populations (Lindenmayer et al., 2008; McGurk et al., 2005; Olbrich & Mussgay, 1990; Sartory, Zorn, Groetzinger, & Windgassen, 2005), and more generally with other studies of cognitive remediation for people with SMI (McGurk, Twamley et al., 2007). These findings provide further support for the effects of providing computer-based cognitive remediation in the context of a psychosocial clubhouse.

The primary goal of the Thinking Skills for Work program, which is embedded within supported employment, is to help individuals get and keep competitive jobs. In the present study, 60% of members obtained competitive jobs during the two-year follow-up period, with the total sample working an average of 17.9 hours per month, far greater than the average 3.51 hours per month in the two years prior to enrolling in the program. Furthermore, among the members who worked during follow-up, the average number of

hours worked per month was 29.33 hours, with average monthly wages of \$295.61.

While the results of different studies of supported employment are difficult to directly compare due to factors such as client population served (e.g., self-selected or not, diagnostic groups, level of education), payment for participation in research assessments, and local unemployment rates, these competitive work outcomes are in the general range of those reported in controlled studies of supported employment (Bond et al., 2008). In addition, this study employed an eligibility criterion of difficulty obtaining competitive employment which is not a criterion used in supported employment programs. The fact that employment rates in this study were comparable to those in controlled studies of supported employment, despite the focus of this study on members with histories of job failure, suggests that the Thinking Skills for Work program may have contributed to employment outcomes that were comparable to other supported employment programs that did not employ this eligibility criteria. It is also possible that the good employment outcomes were simply the result of a well-functioning supported employment program.

An interesting finding was that rates of competitive employment tended to increase throughout most of the two-year follow-up period, only leveling off during the last four months. This finding differs from most studies of supported employment, which have found that competitive work rates usually increase over the first three to six months following enrollment, and plateau thereafter (Bond et al., 2007; Drake et al., 1999; Drake, McHugo, Becker, Anthony, & Clark, 1996; Gold et al., 2004; Lehman et al., 2002; Mueser et al., 2004). It is possible that participation in the computer cognitive training component of the program resulted in a more gradual increase in work as the benefits of improved cognitive functioning on the capacity to work improved over time. More research is needed to address this intriguing finding.

Desire for competitive work was an eligibility criterion for participation in the Thinking Skills for Work program. However, several members changed their mind over the course of the study and chose to pursue educational goals or volunteer work, neither of which had been actively pursued in the two years prior to enrollment in the program. It is well established that psychiatric disorders, especially schizophrenia, often prematurely curtail educational attainment (Kessler, Foster, Saunders, & Stang, 1995), and that low educational levels predict less employment (Mueser, Salyers, & Mueser, 2001) and are associated with hopelessness and demoralization (Lewine, 2005) in this population. Members frequently endorse furthering their education as an important personal goal, with the most common reasons being getting a new job or personal growth/sense of accomplishment (Corrigan, Barr, Driscoll, & Boyle, 2008; Mowbray et al., 2005; Unger, 1993). In a recent survey of barriers to educational goals among members with SMI, four commonly reported needs were improved study skills (54%), help with memory (26%), help with keeping track of assignments (22%), and “help with feeling stupid because ‘I’m not that smart’” (19%) (Corrigan et al., 2008). The Thinking Skills for Work program, with its emphasis on practice of cognitive skills with ample reinforcement for gradual gains and developing practical strategies for addressing common problems encountered in any work-related situation, including school, may have helped members overcome these barriers and pursue their educational goals. It is also possible that the supported employment services were primarily responsible for helping members make progress towards educational goals.

Volunteer work is broadly accepted by society as making a valuable contribution to others, and frequently reported by individuals to be an enormously gratifying experience. Some individuals with SMI lack the confidence to pursue competitive work, and approach volunteer work as a stepping-stone to paid employment (Pratt, Gill, Barrett,

& Roberts, 1999). Other reasons for pursuing volunteer work in favor of paid work may include not needing the money, not wanting the complications of dealing with benefits issues when working competitively, not feeling that the small monetary benefits of working for some members who receive disability payments are worthwhile, or interest in some types of volunteer work for which paid alternatives cannot be found. For all these reasons, volunteer work is commonly viewed as a viable alternative to paid work as a type of structured, meaningful role functioning for persons with SMI (Crosse, 2003; Reger, Wong-McDonald, & Liberman, 2003). Furthermore, participation in volunteer work for people with SMI has been reported to be associated with a range of benefits, including improved self-confidence and the feeling that one is making a contribution, learning new skills, and increased social contacts with persons who do not have a psychiatric disability (Murray, Bellringer, & Easter, 2008). More attention is needed to evaluate the impact of supported employment on helping consumers obtain volunteer work, the psychological and clinical benefits of such work, and the potential contribution of cognitive remediation to volunteer work.

Overall, 74% of the members became involved in some type of work-related activity, indicating that the combined supported employment and Thinking Skills for Work program helped most clients achieve their vocational and educational goals. Of course, the specific contribution of the Thinking Skills for work program to these outcomes cannot be determined in this study. Broadening the traditional focus of supported employment services from only on competitive work to addressing education and volunteer work, other commonly endorsed goals of members, could increase the appeal of these services, and further improve role functioning in these individuals. The provision of adjunctive cognitive remediation, such as the Thinking Skills for Work

program, could also enhance the effectiveness of supported employment in helping members achieve these goals.

As in any feasibility trial, this study had significant methodological limitations, such as the lack of random assignment to experimental and control treatment groups, blinded evaluators, and a large sample size. These limitations notwithstanding, the findings support the feasibility of implementing the Thinking Skills for Work program in a clubhouse setting, and suggest that participation in the program yielded improvements in cognitive functioning, and may have contributed to better work related outcomes. Psychosocial clubhouses are increasingly becoming a site for the provision of psychiatric rehabilitation services. Controlled research utilizing standardized measures of program fidelity is warranted to more rigorously evaluate its effects of the Thinking Skills for Work program in clubhouse settings.

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Table 1: Background Characteristics of Study Sample

<u>Categorical Variables</u>		<u>N (%)</u>
Gender	Female	12 (52.2)
	Male	11 (47.8)
Marital Status	Never Married	17 (73.9)
	Married or Living as married	6 (26.1)
Race	White	19 (83)
	Other	4 (17)
Education	High School Graduate	21 (91.3)
	Less than high school	2 (8.7)
Diagnosis	Bipolar disorder	6 (30)
	Major depression	9 (45)
	Schizophrenia	4 (20)
	Schizoaffective disorder	3 (15)
	Obsessive-compulsive disorder	1 (5)
Prior Vocational Service	No	17 (73.9)
	Yes	6 (26.1)
Work History	No	12 (52.2)
	Yes	11 (47.8)
Drug Abuse History	No	17 (73.9)
	Yes	6 (26.1)
Alcohol Abuse History	No	15 (65.2)
	Yes	8 (34.8)
<u>Continuous Variables</u>		<u>Mean (SD)</u>
Age		38.78 (11.51)
Age of First Hospitalization		24.79 (10.87)
Age of Last Hospitalization		35.74 (12.30)
Total hours worked past 24 months		84.17 (187.21)
Hours worked/month past 24 months		3.51 (7.80)

Table 2: Cognitive Measures

	Baseline	Post	Statistical Results		
	Mean (SD)	Mean (SD)	df	t-score	p level
Digit Span (N = 19)	14.05 (3.22)	14.89 (3.30)	18	-1.80	0.088
Digit Symbol (N = 19)	41.16 (12.78)	39.32 (14.82)	18	-0.87	0.397
Trail making A (N = 19)	50.58 (27.46)	42.16 (24.34)	18	-2.91	0.009
Trail making B (N = 19)	139.63 (94.39)	103.95 (65.64)	18	-3.91	0.001
CVLT Learning (N = 19)	43.00 (11.06)	49.00 (11.05)	18	-4.46	0.000
CVLT Delayed Recall (N = 19)	8.90 (4.03)	10.53 (3.36)	18	-2.3	0.034
WCST Categories (N = 18)	1.56 (1.50)	2.11 (2.00)	17	-1.57	0.135
WCST % Perseverative Errors (N = 18)	17.89 (9.74)	14.89 (9.94)	17	-0.95	0.355
Letter-Number Sequencing (N = 18)	8.00 (3.40)	8.28 (3.18)	17	-0.41	0.684
Cognitive Composite Score (N = 19)	-0.14 (.69)	0.11 (.61)	18	-3.53	0.002

Table 3: Work-Related Outcomes

Competitive Work

Any work

		<i>24 months post</i>
<i>Total Sample (N = 23)</i>	Total hours	305.44 (483.92)
	Hours per month	17.85 (29.55)
	Total wages	2630.60 (4101.42)
	Wages per month	179.94 (326.63)
	Total weeks	25.52 (35.52)
	weeks per month	1.39 (1.93)
	# of Jobs	0.74 (.689)
<i>Worked Sample (60%, N = 14)</i>	Total hours	501.79 (538.70)
	Hours per month	29.33 (33.40)
	Total wages	4321.70 (4538.36)
	Wages per month	295.61 (379.11)
	Total weeks	41.93 (37.34)
	weeks per month	2.29 (2.03)
	# of Jobs	1.21 (.43)

Volunteer Work

Any volunteer work

<i>Total Sample (N = 23)</i>	Total hours	46.47 (127.96)
	hours per month	2.55 (7.09)
	total weeks	8.78 (23.77)
	weeks per month	0.47 (1.26)
<i>Volunteer Sample (13%, N = 3)</i>	Total hours	356.29 (120.52)
	hours per month	19.59 (7.26)
	total weeks	67.29 (17.54)
	weeks pr month	3.59 (.719)

Education

Any school

<i>Total Sample (N = 23)</i>	total weeks	5.00 (14.19)
	weeks per month	0.21 (.59)
<i>School Sample (13%, N = 3)</i>	total weeks	38.33 (17.24)
	weeks per month	1.60 (.72)

Work-Related Activity

Any work-related activity

<i>Total Sample (74%, N = 17)</i>	total weeks	39.30 (40.23)
	activity per month	2.07 (2.26)

Figure 1:

