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• CHAPTER 15 •

From Job Loss to Reemployment: Field Experiments in Prevention- Focused Coping

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In an age of organizational downsizing, restructuring, and outsourcing, the long-term relationship between employer and employee is disappearing (Reich, 1991). Rapid changes in technology are leading to predictions that careers will last only half as long for the next generation as they do now (Handy, 1989; Price, in press). In this turbulent climate, skill in transporting one's generic talents between employers, jobs, industries, and sectors will become a central component of lifelong career development. Such changes will increase the stakes that job seekers, employers, educators, and government will have in how well people manage what is often a stressful and challenging transition from job loss to reemployment.

Although numerous attempts are being made to promote effective transitions in employment, little has been established ex-

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perimentally regarding the components of a successful program. Through grants from NIMH to the Michigan Prevention Research Center (MPRC) and its investigators, it has been possible to develop, test experimentally, and establish the components of effective programs of early, client-focused preventive intervention. These interventions, known as the JOBS Programs, are designed to help job seekers manage the challenging transition from job loss to reemployment. Early intervention is required to prevent the harmful effects of job loss on mental and physical health. This chapter summarizes the results of this research and examines the generic principles of intervention theory that have guided the design of its prevention-focused trials.

Brief Introduction to the JOBS Program

This chapter explores how the JOBS Program research has pursued three programmatic aims. These aims are represented schematically in Figure 15.1. The first aim is to contribute to and test basic theory regarding the determinants of effective coping, in which effectiveness is judged in terms of outcomes such as mental health and economic and social well-being. Etiological research addressing this aim is designed to identify antecedents of successful coping that intervention might strengthen, antecedents such as self-efficacy.

The second aim is to develop and test theories of preventive intervention. Such experiments provide a basis for the third aim, the development of theory and methods for helping employers and other organizations in the community adopt and successfully implement the resulting social technologies.

In Figure 15.1, the economic and social environment of community and society are listed as important contextual variables. Elements of this broader environment, including public policy, financial resources, and norms can influence (a) the readiness of host organizations to institute preventive interventions, (b) the availability of such organizations to use tested social technologies for promoting coping, and (c) the resultant attitudes, knowledge, coping behaviors, and coping outcomes.

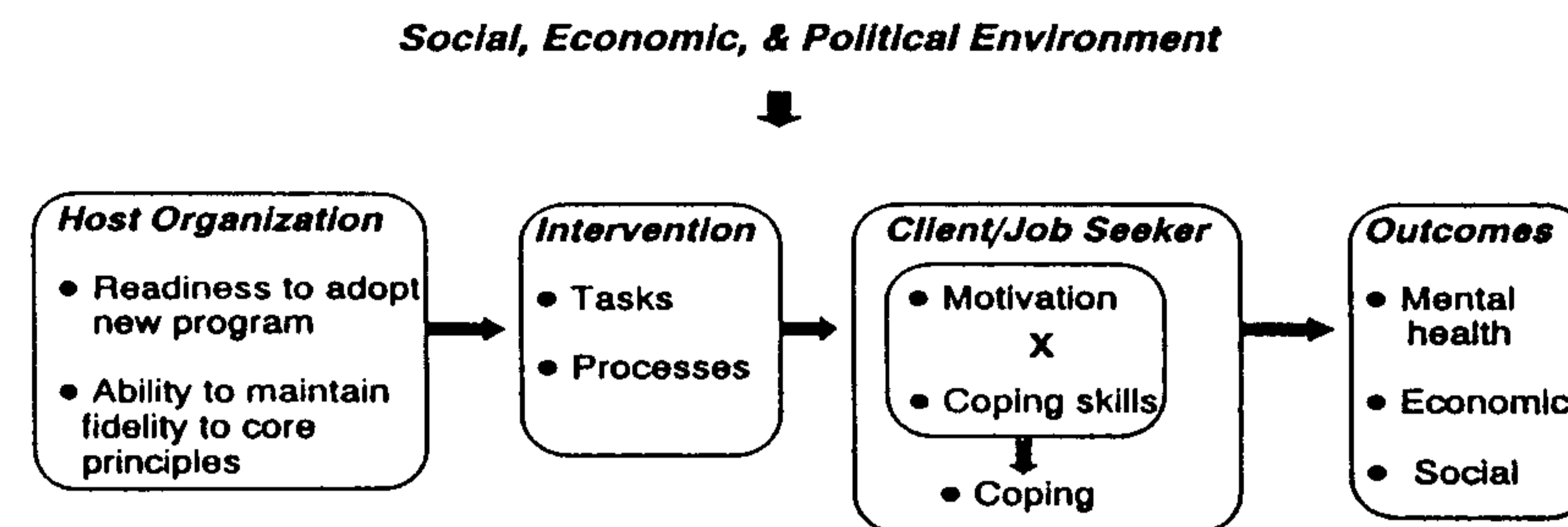


Figure 15.1. Programmatic Model of the Multiple Levels of Influence on Economic and Psychological Well-Being for Persons Coping With Job Loss

The text begins with a brief summary of the psychosocial sequelae of job loss and of effects of the JOBS intervention on economic and psychological well-being. As part of the economic effects, we describe the cost effectiveness of the intervention. Next, we examine the theories of coping and intervention that lie behind the success of the JOBS interventions. Finally, we explore ways in which employers and other organizations in society can generate these same successes. Those ways include steps that can maximize the readiness of the host organization to launch such a program (D'Aunno, 1986) and can maximize the likelihood that, once launched, the program will generate the same successes as it has during its formal testing.

The JOBS intervention includes both short-term and long-term goals. The short-term goals focus on the enhancement of productive job-seeking skills and on the self-confidence to use those skills. These short-term goals also include fortifying the job seeker's ability to resist demoralization and to persist in the face of barriers and common setbacks that are inherent in the search for a new job.

The long-term goals focus on providing the job seeker with the confidence and skills to achieve reemployment in stable settings that maximize economic, social, and psychological rewards from reemployment. The findings indicate that the JOBS intervention meets these goals, and in addition, it generates significant economic benefits for society. At the end of this chapter, we describe how the goals of this prevention-oriented research program are being

programmatically extended to target the well-being and self-sufficiency of the family as well as the job seeker.

Why Is Preventive Intervention Needed? Job Loss, Mental Health, and the Effective Recovery of Employment

Numerous studies show that loss of employment is one of the most consistent antecedents of depressive symptoms (e.g., Catalano, 1991; Dew, Penkower, & Bromet, 1991; Kessler, House, & Turner, 1988; Vinokur, Caplan, & Williams, 1987). Studies suggest that job loss increases the likelihood of risk of alcohol abuse (Catalano, Dooley, Wilson, & Hough, 1993), poor physical health (Cobb & Kasl, 1977; Catalano & Serxner, 1992), violent behavior (Catalano, Dooley, Novaco, & Wilson, 1993), child abuse (Krishnan & Morrison, 1995; Harris & Kotch, 1994), marital disruption (Atkinson, Liem, & Liem, 1986; Rook, Dooley, & Catalano, 1991), and suicide (e.g., Heikkinen, Isometsa, Aro, & Sarno, 1995; Dooley, Catalano, Rook, & Serxner, 1989).

The financial strain of job loss exacerbates the effects of other costly negative life events, such as illness in the family (Kessler et al., 1988). When economic loss occurs, tensions among family members increase in response to disagreements regarding the allocation of scarce financial resources (e.g., Conger et al., 1990). In addition, the tensions and disagreements undermine the quality and stability of the relationship between spouses and spouse mental health (Vinokur, Price, & Caplan, in press).

When reemployment occurs, it can reverse the harmful emotional and social sequelae of job loss by reducing economic hardship and financial strain (Kessler et al., 1988). There are, however, exceptions. When people use the wrong job-seeking strategies, the benefits of reemployment may be short-lived. For example, job seekers suffering from depressive symptoms may take the first job that comes along, whether the fit is good or not, to short-circuit the pain of depression (Kessler et al., 1988). Such job seekers are likely to experience subsequent job loss and risk a return of depressive symptoms. In these cases, finding reemployment may be an especially uphill battle because studies suggest that depression prolongs unemployment (Hamilton, Broman, & Hoffman, 1990; Hamilton, Hoffman, Broman, & Rauma, 1993). To prevent such

occurrences, preventive intervention needs to take place *before* job seekers become emotionally disabled.

Etiological research indicates that both the risk of depressive symptoms and the motivation to engage in job seeking are potentially amenable to social influence (e.g., Vinokur & Caplan, 1987). Consequently, preventive intervention can provide both the attitudinal armament and the behavioral strategies for persevering beyond setbacks when they occur and for finding stable reemployment. Recent studies suggest that such interventions can accomplish these goals while increasing the efficiency with which job seekers and employers find one another (Bloom, 1987; Fischer & Cordray, 1995). Furthermore, such programs can accelerate the reemployment of program participants without displacing the employment opportunities of nonparticipants. Labor market analysis indicates that programs designed to promote reemployment have minimal effects on the displacement of other job seekers (Davidson & Woodbury, 1993). Any small displacement effects are offset by overall improvement in the economy that results from reducing the duration of job vacancies. The acceleration of job filling, in turn, leads to the creation of additional job opportunities. Thus, if programs that promote faster reemployment succeed in generating quicker reemployment or in helping people obtain jobs more suitable for their skills, those programs enhance the efficiency of the labor market and, ultimately, contribute to economic growth.

Key Psychological, Behavioral, and Economic Effects of the JOBS Preventive Intervention

Scientific Design

The results summarized below are derived from both the initial long-term project, JOBS I (Caplan, Vinokur, Price, & van Ryn, 1989; Price, van Ryn, & Vinokur, 1992; van Ryn & Vinokur, 1992; Vinokur, Price, & Caplan, 1991; Vinokur, van Ryn, Gramlich, & Price, 1991) and its replication, JOBS II, which focused on a comparison of job seekers at high and low risk of poor coping (Vinokur, Price, & Schul, 1995).

JOBS I and II were randomized field experiments in which recently unemployed job seekers were assigned to either a control

group or the preventive intervention. Following random assignment, the inspection of baseline characteristics of the job seekers has demonstrated that the control and preventive intervention groups were essentially the same on a wide variety of demographic variables, attitudes about job seeking and work, and measures of mental health symptomatology.

At the baseline pretest, about one week before these interventions took place, participants completed standardized measures of demographic attributes and psychological characteristics thought to influence successful coping. These attributes and characteristics included the amount and quality of employment in the last steady job, attitudes toward job seeking, and mental health. These attributes were also assessed in posttests at 1 to 2 months and 4 to 6 months after the baseline measure was obtained and at long-term follow-up 2 to 2.5 years after the pretest.

Who Participated?

JOBS I included 928 recently unemployed male and female job seekers. In JOBS II, 1801 job seekers participated. In both experiments, participants were primarily European American and African Americans from a wide range of occupations (i.e., unskilled and skilled, blue and white collar, professional and technical), between the ages of 18 to 60. These job seekers were seeking services at State of Michigan offices of employment compensation. As detailed in Caplan et al. (1989), job seekers were approached and recruited by professional interviewers. In both JOBS I and II, two out of every three volunteers were randomly assigned to the intervention, and one out of three was assigned to the control group.

Who Responded?

Of those persons assigned to the intervention program, 59% failed to appear in JOBS I and 46% in JOBS II. Once job seekers entered these field experiments, it was possible to follow up 88% and 80% of the JOBS I and II participants respectively at the 1 to 2 month posttest, 80% and 87% respectively at the 4 to 6 month posttest, and 76% and 80%, respectively at the 2.5 and 2 year long-term follow-up.

Experimental Conditions

In JOBS I, the intervention program initially consisted of a set of eight 3.5-hour sessions held during the first half of the day and spanning 2 weeks. In JOBS II, the program was successfully shortened to five half-day sessions spanning 1 week. A male-female pair of trainers ran each set of sessions for groups of 12 to 22 participants, the average group size being 16 job seekers.

The content focused on providing behavioral skill training in how to seek reemployment effectively and included active methods for raising job seeker self-confidence and providing attitudinal and behavioral repertoires (inoculation) for dealing with barriers and setbacks effectively. The control group received a brief (8-page) booklet with tips on how to find a new job. The tips covered the same content that was included in the intervention (the importance of discovering transferable skills, the use of social networks to locate job leads, and so on).

Measurement

The measures used in these studies came from past etiological research in our program (e.g., Vinokur & Caplan, 1987; Vinokur et al., 1987) and from other studies that focused on stress and coping, job seeking, and mental health. All measures met acceptable statistical standards for internal reliability and demonstrated evidence of predictive validity in previous research.

Analyses

Two types of analyses were used. One type maintained complete randomization by comparing 100% of the job seekers in each condition, including the show and no-show participants in the intervention. This type of analysis provides a lower bound, conservative estimate of program impact.

The second type of analysis compared those who actually did show up and complete the intervention program with persons in the control group who were similar to them and, therefore, would be likely to show up were they allowed to participate in the intervention (Bloom, 1984; Vinokur et al., 1991). This second type of analysis is more likely to generate significant treatment differen-

ces because it focuses on those persons who participated in the intervention, rather than on those who were assigned, of which a large proportion failed to show up. The scientific conclusions drawn about the JOBS intervention are consistent, regardless of which method of analysis was used. The difference in magnitude of the effect sizes using the two methods indicates that the full-group, conservative method of estimating program effects may underestimate the intervention's efficacy by nearly half (Vinokur et al., 1991; Vinokur, Price, & Schul, 1995, pp. 66-68).

The Findings

Mental Health and Attitudes

An immediate need was to prevent poor mental health and discouragement while job seekers remained unemployed. At the 1- and 4-month follow-up surveys, job seekers who had completed the intervention program and were still looking for work had higher levels of confidence in their job-seeking ability and a greater sense of self-efficacy than their counterparts in the control group. These effects were detectable even among unemployed job seekers up to six months after losing their jobs.

Further evidence of the power of attitudinal inoculation against setbacks came from analyses of levels of depression among job seekers still unemployed at 1 and 4 months after the intervention. Analyses of the full intervention and control groups showed no differences in level of depression. When, however, the intervention participants were compared to their statistically matched counterparts in the control group, they showed consistently lower levels of depression.

Among job seekers who became reemployed, these same analyses showed that although participants in the intervention had *higher* levels of depressive symptoms at 1 month after the intervention, these effects reversed by 4 months after. The intervention was particularly beneficial for persons at *high risk* of developing depressive symptoms at later follow-up interviews. High-risk participants were characterized by a high combined index of depression, financial hardship, and low social assertiveness at the first interview. High-risk participants who participated in the prevention program

showed significantly lower levels of both the incidence and prevalence of severe depressive episodes, even 2.5 years after the intervention (Price et al., 1992).

These results were replicated in JOBS II using a completely new staff of trainers and supervisor of the trainers and a program that involved fewer hours of intervention. On the basis of JOBS I, the number of program hours was shortened by 30%; and the overall duration was reduced from 2 weeks to 1 week with greater emphasis on the enhancement of self-efficacy. JOBS II was designed to test if the program could be made more efficient by targeting high-risk persons who were considered most likely to benefit from the intervention program. Screening was used to assign high risk job seekers and a comparison group of low-risk job seekers to the prevention and control conditions (Vinokur et al., 1995b).

The high-risk job seekers had significantly higher levels of depressive symptoms prior to entering the study. Among these job seekers, only those who were assigned to the preventive intervention showed a drop in symptoms both at 2 and 6 months after the intervention. Low-risk participants entered the study with low levels of depression. Those levels remained unchanged regardless of whether they were in the control group or in the intervention. In sum, the original JOBS intervention and its replication suggest that preventive intervention benefits those facing the greatest threats to their emotional, economic, and social well-being.

Reemployment and Job Security

As intended, the benefits of the JOBS intervention extend to finding reemployment as well as to reducing depressive symptomatology. In JOBS I, participation in the intervention program enhanced a range of employment-linked outcomes. Program participants found reemployment sooner than job seekers in the control group. Analyses comparing actual participants with their counterparts in the control group showed that by 4 months, 53% of the intervention participants, compared to only 29% of the control group, found reemployment. This more than 20% advantage by intervention participants was evident as soon as 1 month after the intervention.

Subsequent analyses of the pathways through which the intervention had its strongest effects on job seeking showed that changes in

self-efficacy were the most important determinant of job seeking behavior (van Ryn & Vinokur, 1992). This finding has been replicated in experimental work conducted in Israel with job seekers (Eden & Aviram, 1993) as well as in the second replication of the JOBS intervention. The effect is consistent with major theories of behavior change cited below. Those theories played a critical role in determining how the intervention would be designed.

The quality of reemployment was also higher for job seekers who participated in the prevention program (Caplan et al., 1989). Compared to the jobs found by control group members, intervention program participants' jobs were more likely to be in what they characterized as their main occupation. At the 4-month posttest, the intervention group rated the quality of their working life as significantly better than the control group rated theirs. The measure of quality of working life included items assessing a wide range of conditions, including use of skills and abilities, effective supervision, overall work load, and pay. Consequently, even though job seekers in the intervention program were finding jobs sooner, they were not taking *any* job that came along. The quality of the jobs that they found suggests that they were more effective than control group job seekers in exploiting the best opportunities in the job market.

At 2.5 years, most participants were reemployed, regardless of whether they were in the intervention or control group. Intervention participants, however, had experienced significantly fewer work transitions with new employers than their counterparts in the control group (Vinokur et al., 1991). These findings suggest that the intervention was successful in teaching the participants to get better, more stable jobs. In a world of increasingly temporary commitments between employer and employee, a world in which job seeking may become a frequently used skill, this long-term effect suggests that single interventions of the type developed in the JOBS program may yield career-long coping skills.

In the JOBS II replication, all intervention participants, whether high-risk or not, were more likely to be reemployed by the 2-month follow-up. By the 6-month follow-up, the low-risk job seekers from the intervention and control groups were equally likely to find reemployment. Once again, it was the high-risk job seekers in the prevention program who benefited more.

Earnings and Other Economic Outcomes

As early as 4 weeks after completing the intervention program, its job seekers had established a lead with regard to salary that increased and then persisted through the 2.5-year follow-up (Vinokur et al., 1991). By 4 weeks after the intervention, the intervention participants had an advantage of \$178 per month; by 4 months, \$227 per month; and by 2.5 years, \$239 per month. Analyses currently being completed indicate that findings on salary from the JOBS II study replicate this basic pattern of results, particularly for high-risk participants.

The long-term follow-up in JOBS I suggests that these effects may continue for a substantial period of time and may have beneficial economic effects on society as well as on the job seeker. Benefit/cost analyses showed that the JOBS I intervention resulted in net benefits of \$6,420 per respondent at the end of the 2.5-year follow-up. This advantage is projected to yield a conservative net benefit of \$12,619 at the end of 5 years, and \$48,151 by the time the respondents are likely to begin retiring at the estimated age of 60 years old.

The intervention group's higher projected contributions to taxable income, coupled with their lower use of unemployment compensation, suggests that implementation of the JOBS program would generate notable net economic benefits to government as well. Using a conservative discount rate (5%), the lifetime earning payout was estimated at nearly \$7000 per participant to the federal government and more than \$2000 per participant to the state government. These findings suggest that prevention-oriented programs focused on promoting mental health and effective coping skills can make good economic sense both for the job seekers and the society.

Summary

Two replications of the JOBS intervention tell the same story. Preventive intervention can have beneficial effects on the mental health, reemployment, and economic well-being of job seekers. Analyses of the experiences of job seekers who vary in their economic and social-emotional resources suggest that high-risk job

seekers are particularly likely to benefit in terms of the prevention of continued depression, unemployment, and economic hardship. Regardless of risk, however, the findings suggest that job seekers who participate in such interventions are likely to experience a higher sense of self-confidence about the road ahead. Additional analyses suggest that such mastery and self-efficacy and the lower levels of depressive symptoms found among intervention participants provide the motivational energy that leads to reemployment.

What Makes the JOBS Program Tick? The Theories Behind the Intervention

In this section we describe how generic theory, principles, and findings from the behavioral and social sciences formed the crucial foundation on which the intervention was designed. The incorporation of such theory makes it possible to establish general principles for preventive intervention, principles that are likely to guide a wide variety of interventions, whether aimed at people dealing with job loss or at people experiencing other major life events, such as a life-threatening illness.

The heading for this section refers to “theories” rather than just one theory because a theory of intervention puts together two bodies of scientific knowledge. *Etiological* theory deals with the malleable characteristics of people that determine how well they cope with adversity. *Intervention* theory deals with methods for helping people *change* those characteristics in ways that enhance their capacity for effective coping. Figure 15.2 provides a schematic of the etiological theory and its intersection with the theory of the intervention. In the following sections, we examine the elements of these theories and how we translated those elements into the JOBS design for preventive intervention.

The Theory of What Should Be Targeted for Preventive Intervention

Figure 15.2 depicts the general hypothesis that a job seeker (or any other person facing a stress) who is well equipped to cope with a stressful situation needs three critical internal resources. The first

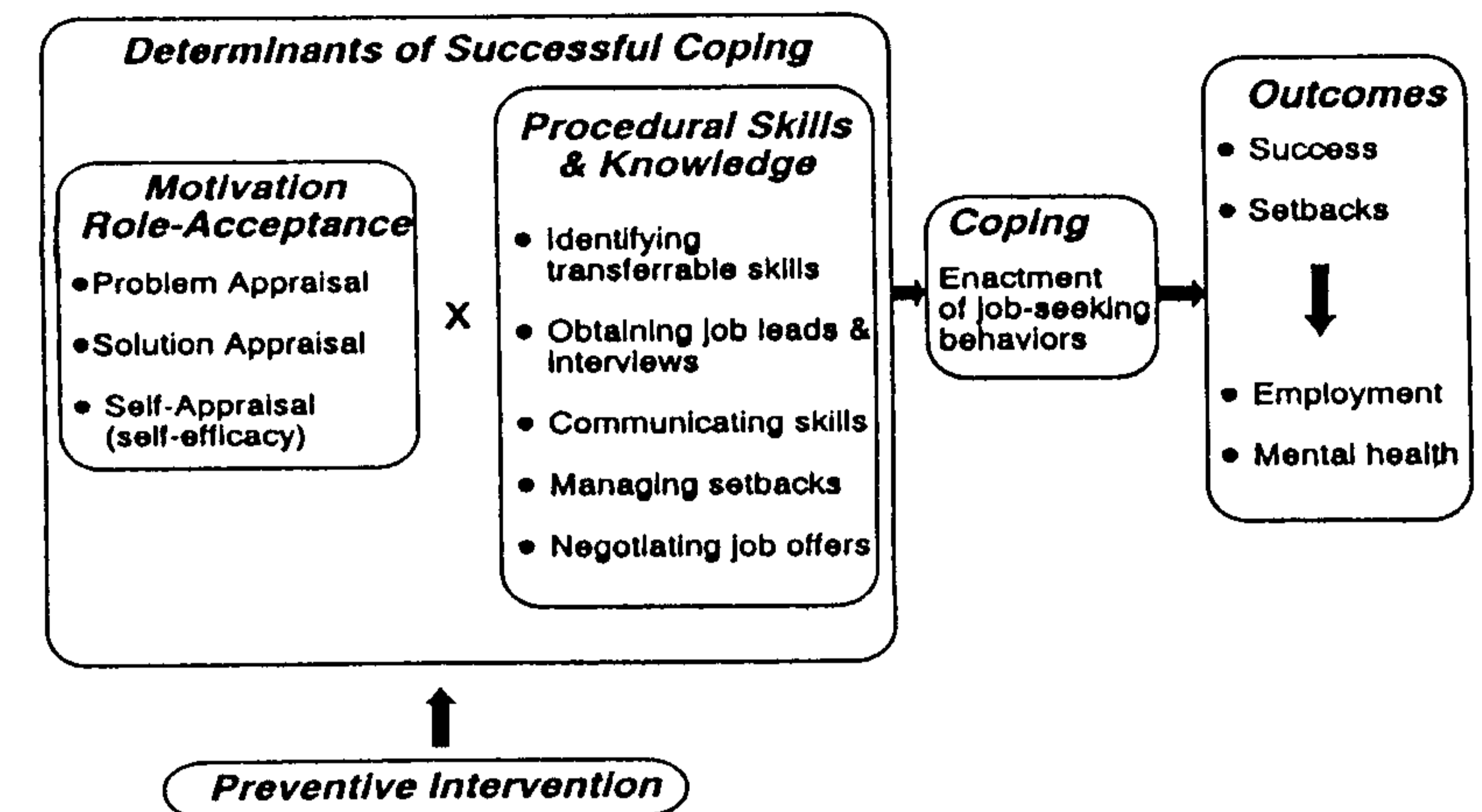


Figure 15.2. The Michigan JOBS Program: Interventions Targeting the Confluence of Motivation, Procedural Knowledge, and Skill in Coping with Job Loss

resource consists of knowledge of the procedures that are effective (e.g., how to find job leads or how to conduct a job interview). The second resource involves the behavioral skills to use the knowledge. The third internal resource is the energizing motivation to put knowledge and skills into action. This combination is expected to lead to effective coping, and thereby, to a wide range of outcomes. Small successes along the path to reemployment are likely to further energize motivation to continue job seeking. Setbacks and perceived barriers, however, are likely to have the opposite effect, undermining self-confidence.

Motivation, the Energizer of Coping

According to theory and research on human motivation and on coping (e.g., Atkinson & Feather, 1966; Bandura, 1989; Lawler, 1973; Lazarus & Folkman, 1984; Zimmerman & Bonner, in press), motivation to cope is made up of three components: (a) Do I believe I have a *problem* to solve, and have I accepted problem solving as part of my role? (Baker & Faulkner, 1991; Callero, 1994. (b) Do I

have the knowledge of possible solutions? That is, am I aware of any *paths* for addressing the problem (referred to as the "instrumentality" of a possible solution)? And (c) Do I *personally* believe I have the skills to apply the solutions successfully? That is, have I a general sense of confidence and mastery, and a specific self-efficacy to follow the action path successfully? The theory states that these elements generally combine in a multiplicative fashion to increase the motivation to use active coping. Consequently, the closer the answer to any one of these three questions is to a categorical "no" (e.g., instrumentality = 0), the more likely the job seeker's allocation of effort to carrying out that coping tactic will be zero.

These types of belief regarding having a problem, having a solution, and having the skills to use the solution can be either supported or undermined by others (Vinokur & Caplan, 1987). Such support or undermining can have significant effects on how much effort the job seeker mobilizes in looking for reemployment. A problem must be appraised, as well as a solution and personal ability to overcome the problem, to energize effective coping. Consequently, preventive interventions must seek to maximize all three elements. If people differ in the elements that constitute their stumbling blocks, then preventive intervention has to enable clients to take an active role in clarifying and deciding which elements of motivation need work. The theory of intervention described below includes the need for that active role.

Procedural Knowledge and Skilled Use of That Knowledge, the Content of Coping

In addition to motivation, sustained effective coping requires knowledge of what steps and principles to apply. Highly motivated but inadequately trained job seekers are as unlikely to exhibit effective coping as inadequately motivated but highly trained job seekers.

What should be the content of that procedural knowledge and skill? Books on how to find employment (e.g., Bolles, 1995, Granovetter, 1974; Jackson, 1991) suggest that there are at least six tasks that a well-prepared job seeker must be able to handle: (a) identification of transferable skills and (b) of the market for them, (c) procurement of interviews with employers, (d) skill in communicating one's value to prospective employers, (e) emotional,

attitudinal, and behavioral management of setbacks and barriers, and (f) when receiving a job offer, ability to negotiate and make the best choice.

A Working Theory of Intervention Tasks and Processes

Enhancing Role Taking

The overall task of the intervention is to reinforce self-acceptance of the transitional role of job seeker as well as the skills and motivation required to enact that role successfully. The claiming of this new role is crucial to effective coping (Baker & Faulkner, 1991; Callero, 1994; Ezzy, 1993). Role acceptance allows the job seeker to legitimize tasks that ordinarily fall outside the realm of daily behavior (Price, Vinokur, & Friedland, 1996). Such legitimated tasks can include asking friends, relatives, and others for job-lead information and seeking help from a spouse or others for child care. Formal acceptance of the job-seeking role can officially legitimize the job seeker's right to apply for government-sponsored employee assistance programs such as job retraining, career planning seminars, and job search workshops.

Targeting Malleable Attributes of the Job Seeker: Coupling Generic Intervention Goals to Generic Intervention Processes

Research on the acquisition of knowledge and behavioral skills indicates that there are effective methods of influencing the acquisition of such roles (e.g., Ajzen & Fishbein, 1980; Goldstein, 1994). Effective methods target potentially malleable attitudes, knowledge, and behaviors that comprise the job-seeking role. Once such elements are identified, theories of intervention can be used to generate specific goals and processes for enhancing these malleable elements. This strategy of identifying and targeting malleable aspects of the job seeker was instrumental in generating the JOBS I and II interventions.

There are both goals and processes for influencing malleable aspects of coping. Those goals and processes combine to form a matrix of intervention goals in Table 15.1. The cells of the table

Table 15.1 The Intersection of Generic Goals and Processes in Preventive Interventions

Goals	Processes			
	<i>Active Learning (All elements in this table are examples of active learning.)</i>	<i>Social Modeling</i>	<i>Graded Exposure</i>	<i>Reinforcement of Self- Efficacy and Role Taking</i>
Recruit participants	Elicit reasons why participation would be beneficial (vs. tell participants why)	Present examples of similar others participating	Indicate that the participant can make a final decision after trying out the first session	Indicate that participation in seminar is part of job-seeker role and that the participant has the capacity to overcome potential barriers to participation
Establish and maintain trust and social influence of trainers and peers	As a form of moderate self-disclosure, ask participants to interview one another and present each other to the group (vs. let acquaintance happen informally or give everyone a prepared list of participant names and interests)	Have trainers demonstrate how to engage in moderate self-disclosure by interviewing each other	Have trainers self-disclose before participants do	Have trainers praise participants for how well they introduced one another, noting that these are exactly the skills that are important in interviewing for a job
Enhance motivation to cope	Engage participants in identifying how the <i>trainers</i> can improve a role play of a poor approach to coping such as interviewing for a job (vs. tell the participants the best way to interview)	Have trainers model the suggestions made by the participants	Have participants observe the trainers role-play, then role-play, and then enact outside of the seminar	Have peers as well as trainers provide efficacy-building feedback to the participants on their role performances and contributions
Enhance procedural knowledge and skills	Engage participants in generating this knowledge (vs. give them a handout, a lecture, or a video)	Have trainers model the suggestions made by the participants	Have trainers model, followed by participants role-playing the application of the same principles and then trying them out outside the seminar	Have peers as well as trainers provide efficacy-building feedback to the participants on their role performances and contributions
Promote transfer, inoculation against setbacks, and coping with barriers	Engage participants in considering what might go wrong when they try new coping behaviors	Have trainers model the suggestions made by the participants	Have trainers model, followed by participants role-playing the application of the same principles and then trying them out outside the seminar	Have peers as well as trainers provide efficacy-building feedback to the participants on their role performances and contributions

represent transformations of the intersecting goal and process into a set of actions for preventive intervention.¹

The JOBS program focuses on five goals:

1. Recruit participants—that is, persuade them to participate.
2. Establish and maintain each participant's trust in the trainers and the peers or other participants.
3. Enhance the participant's motivation to use methods of coping that are known to be effective.
4. Enhance the participant's knowledge of the correct coping procedures and his or her skill in using those procedures.
5. Promote transfer of that coping and its generalization to a variety of settings.

The program focuses on four generic processes that apply equally well to each task: (a) active learning, (b) social modeling, (c) graded exposure, and (d) the reinforcement of self-efficacy (also referred to as self-confidence and sense of mastery). The elements in this list of processes are not necessarily mutually exclusive, but they each represent an important component from the literature on behavioral and attitudinal learning and development.

Active Learning. The most overlapping process is active learning. As we examine examples of how process is linked to each of the intervention goals, elements of active learning will appear repeatedly. Active learning redefines teacher-student roles. The client-as-student learns how to become a client-as-self-teacher. The trainer or teacher becomes a facilitator of this process. To illustrate, learning how to think like the employer is active; being told how employers think is passive. Role playing how to handle conflicts is active; watching a multimedia presentation on how to handle conflicts is passive. Generating the do's and don'ts of interviewing is active; being shown a list of do's and don'ts is passive.

Active learning leads to better skill acquisition and utilization by reducing client resistance to the adoption of new skills (e.g., Cunningham, Davis, Bremner, Dunn, & Rzasa, 1993; McKeachie, 1969). By contrast, didactic instructional strategies may increase resistance to learning new skills (e.g., Cunningham et al., 1993; Patterson & Forgatch, 1985).

In active learning modes, the client "owns" or controls the process of discovery. Such ownership means that the client can control the extent to which new areas of learning are considered. It also means that interventions can avoid providing inappropriately rigid doses of education whether or not the client needs or is ready for them.

When active learning is combined with social modeling and graded exposure to increasingly more realistic settings, such learning has the added effect of helping the client transform procedural knowledge to behavioral skill. Applied to the JOBS interventions, job seekers can move from being *aware* of the best procedures for job seeking to being able to *perform* those procedures in a way that allows them to correctly attribute responsibility for, and success of learning, to themselves. Such attribution is expected to promote self-sustained learning and problem-solving skills that will transfer beyond the time and place of the intervention.

The Use of Peer Groups. The JOBS intervention is designed for use with small groups of clients. Group interventions are more economical to deliver. Groups also relieve the solo participant from having to perform all of the active generation of ideas. At the same time, groups increase the range of ideas and experience on which each client can draw.

The use of peers has the added advantage of lowering resistance to change by providing normative support for the exploration of new ideas. Peers maximize the power of social influence and source credibility for the client because peers close the gap between client and sources of social influence (e.g., Baekelund & Lundwall, 1975; Moscovici, 1985).

Examples of the Integration of Intervention Goals With Intervention Processes

Goal 1: Persuading the Right People to Participate. JOBS I and II research suggests that not everyone necessarily benefits from an intervention; indeed, some people may do nearly as well without intervention (Price et al., 1992; Vinokur et al., 1995b). As a result, the first component of goal 1 consists of *identifying* persons with the greatest need for, and likelihood of benefiting from, preventive

intervention. The second component is to *persuade* these people to participate in the intervention.

Persuading people to come to the very first session may be substantially more than half the battle. Although this is hardly conclusive regarding the importance of the first session, our experience with both JOBS I and II shows that as many as 85% of those persons who show up at the first session complete the program.

Recruiting people to the first session, however, remains a major challenge. Our experience across four different projects, one currently ongoing in another state, is that only about half the persons who indicate that they will participate actually show up.

This recruitment task may be the most difficult one in the intervention. The recruiter must persuade unemployed persons, who are shaken by their recent job loss, uncertain about their financial and career futures, and frequently haunted by self-doubts about their marketability, to come to the intervention. In terms of role claiming, these persons may fall somewhere between the *negative* self-identity of job loser and the more positive self-identity of temporary job seeker. Consequently, the recruiter should be viewed as the front line of intervention. The role-claiming perspective is relevant to success both in this goal and in the others listed in Table 15.1. That perspective, combined with the models of motivation and intervention shown in Figure 15.2 and Table 15.1, provide the elements of a sound theory of recruitment. Such a theory suggests that the recruiter needs three types of persuasive armament in the form of methods for (a) enhancing the unemployed person's acceptance of the role of job seeker and of the need to address the task of competing successfully in the job market, (b) increasing the perception that attending such interventions will lead to effective and successful job search (instrumentality), and (c) increasing the perception that the job seeker is capable of attending and benefiting from the intervention. If possible, the intervention program must be prepared to remove barriers to attending that are not under the client's control (e.g., needs for transportation or child care).

To influence malleable antecedents of program participation, the interventionist should consider principles, such as the following, all of which derive from theories of motivation and behavior change (e.g., Bandura, 1989; Janis, 1983; Meichenbaum, 1985): social modeling (perhaps a videotape or recording of similar persons

discussing the program, their initial doubts about its value, and the benefits that they accrued); reinforcement of self-efficacy in attending important meetings (e.g., elicitation from the client of previous instances and praise for having that quality); and inoculation against setbacks (e.g., elicitation of possible barriers that might come up at the last minute, such as "feeling too tired," and strategies for overcoming them). These strategies fit with findings from the more general literature on persuasion and attitude change (e.g., Ajzen & Fishbein, 1980; Cialdini, 1988), on participation in preventive health care (i.e., tests of the Health Beliefs Model; e.g., Janz & Becker, 1984), and on related models such as the precaution-adoption process (e.g., Weinstein, 1993).

Goal 2: Establishing and Maintaining Trust in the Trainers, Peers, and Process. Research suggests that social influence that is based on referent and expert power is the most likely to help recruit people into the intervention as well as facilitate their acceptance of what the intervention has to offer (French & Raven, 1959). Referent power occurs when a relationship of trust is established because the target person identifies with, likes, or admires the source of the social influence. Not surprisingly, peers, because of their high referent power, are powerful sources of social influence. An effective way of building up such trust is by engaging in moderate self-disclosure of attributes or about experiences of the self that others will identify with (Jourard, 1968). Accordingly, the Michigan JOBS intervention has its trainers begin the intervention by engaging in moderate self-disclosure about their own experiences in coping with job loss. These disclosures emphasize the normal experience of self-doubt, the experience with barriers and setbacks, persistence in the face of these conditions, and, ultimately, success. For example, a trainer might say "I once was unemployed myself. I found that a lot of my friends didn't really understand what being unemployed was like. Some of them told me I'd do OK. But there were times when I wasn't sure I'd succeed. Still, I told myself that I had to keep plugging away. It was that persistence that led to success."

To build up the referent power of group members with each other, participants are asked to engage in moderate self-disclosure with other group members. Although participants are only asked to describe the type of job they are looking for and something special

about themselves, such as a hobby, they frequently share feelings of distress and worry. Such disclosure encourages other members of the group to feel comfortable making similar disclosures such as "I thought I was the only person experiencing these thoughts and feelings. It's good to find out all this is normal. I thought that maybe there was something wrong with me." These comments normalize the stressful experiences of job loss for participants, create a bond based on shared experience, and signal a safe environment for further disclosure and participation.

To establish the trainer's expert power, the trainers refer to the scientific evidence that the program works. The trainers also refer to their own special training in running the program.

Goals 3 and 4: Enhancing Motivation to Cope and Enhancing Procedural Knowledge and Skills. Rigorous scientific tests of social influence theory (e.g., Bandura, 1989; Eden, 1990) demonstrate that procedural knowledge and skilled performance can be influenced in tandem. Social modeling theory (Bandura, 1989; Marlatt & Gordon, 1985; Meichenbaum, 1985) has generated useful tools for achieving these goals. The JOBS program incorporates those tools in steps that move the participant into successively more challenging situations where performance of the new skill is required. To take a concrete example, job seekers learn how to conduct networking telephone calls first by watching the trainers model the wrong way, next by generating suggestions to improve the trainers' modeling, then by role-playing the correct approaches themselves, and finally by applying these repertoires of action outside the program.

At each step, efficacy-enhancing feedback is used to increase self-confidence. For example, the protocols are structured so that once the trainers follow the participants' suggestions, and the participants see how useful those suggestions are, the trainers point out that "you have demonstrated that you already know what experts know about the best way to network." As participants role-play various job seeking behaviors, the intervention is structured so that their peers combine positive feedback about the effective application with feedback about ways in which the participant can make the performance even better. The trainers model the methods for giving positive feedback and practice those methods in providing feedback to the participants.

Goal 5: Promoting Transfer and Inoculation Against Setbacks. Studies of people attempting to engage in new behaviors indicate that slips and lapses into previous behaviors, attitudes, and moods are normal, not the exception (e.g., Janis, 1983; Marlatt & Gordon, 1985; Meichenbaum, 1985). When such setbacks occur, people may make extreme and disabling self-attributions. "I'll *never* be good at networking." "I'll *always* be a failure." "I'm *basically* lousy at making good impressions." This type of negative self-talk has been shown to be a key aspect of depressive symptoms (Beck & Freeman, 1990; Ellis & Dryden, 1987). Consequently, the prevention of such talk is a particularly important benefit for high-risk participants who already experience relatively low levels of self-esteem.

Such findings have generated methods for helping people build up repertoires of thought and action that can be called on in the face of setbacks and barriers, slips, and lapses. Once participants have practiced a new coping strategy, trainers encourage them to generate a list of things that could go wrong. Consider, for example, participants who have just practiced telephone techniques for getting connected directly with the employer rather than with a personnel department. The trainers will ask these participants to suggest (a) what could go *wrong* (e.g., the secretary might say the job has been filled, or that the person is on another line), (b) how a job seeker is likely to feel (e.g., angry, helpless), (c) what the job seeker is likely to think (e.g., "I *knew* I'd never be able to do this"), and (d) how to deal with what could go wrong and with the dysfunctional thoughts and actions that are normally elicited by the setback.

With regard to suggestions for coping with setbacks, respondents might say "You've got to tell yourself, 'these things will happen. It's normal.'" Or "Sure I feel low, but that won't get me a job. I've got to turn to the next number on my phone list and make the next call." In addition, if the group has not done so, the trainer may help reframe the rejection by saying, "One writer has pointed out that successful job seeking is a long string of *no's* followed by a *yes*. So the idea is to collect as many *no's* as possible, as quickly as possible, to reach that *yes* in the shortest amount of time" (Jackson, 1991).

How Can Employers and Other Organizations Get the Results That Were Generated in the JOBS Studies?

No intervention manual can ensure that one group's successful program will be replicated by others. Two additional ingredients are required: methods for ensuring the fidelity with which the program staff deliver the program, and organizational readiness to introduce a new program into its portfolio of functions.

Ensuring Fidelity

The recommendations in this section come from two intervention trials, JOBS I and II. In both cases, the investigators and other staff observed the adherence of the trainers to the procedures prescribed in the training manual and rated the trainers on their adherence. The results indicate that the trainers delivered the procedures with high fidelity to the intervention protocol. The procedures and practices that led to such high-quality program delivery by our staff in both trials are generally associated with high employee productivity and corporate financial performance in work organizations (e.g., Huselid, 1995; Jones & Wright, 1992).

Fidelity is likely to be threatened when there is a poor fit between the demands of the program to be delivered (for example, ability to adhere to the procedures) and the abilities of the staff to carry out those demands. It is also likely to be threatened when the trainer's needs (e.g., for interesting work or feedback) are not met by procedures and resources of the workplace (French, Rogers, & Cobb, 1974). We have identified the following four requirements that need to be addressed by host organizations to prevent these types of poor fit and promote fidelity:

1. A manual or documentation of the intervention protocol and procedures so that *a consistent and concrete standard* exists for defining the nature of the role staff are expected to fulfill²
2. A *valid selection procedure* that will maximize the likelihood that the staff hired and assigned to run the intervention have the capacity to learn the procedures in the manual
3. A *training program* that will raise staff skill and motivation to perform according to the standard set by the manual
4. *Processes to maintain performance at or above the standard*

Each of these four requirements is a necessary condition. The absence of any one component can be sufficient to undermine the fidelity of the program.

The manual for the JOBS intervention addresses all of these requirements (Curran, 1992). It contains principles and standards for performance including methods for assessing staff performance, an identification of required staff skills and abilities, how to search for qualified staff during the selection process, methods for training the staff, and procedures for maintaining high performance on a long-term basis. For example, to achieve long-term maintenance of performance, we recommend ongoing monitoring of, and feedback to, staff about their performance; supplementary training to address lapses in performance; the use of rewards (e.g., compensation, verbal, symbolic); and the addressing of other needs, such as for task enrichment (see discussion below regarding task complexity). Researchers and practitioners interested in interventions with other types of clients can view the manual as a useful launching point for the design and standardization of procedures.

Fitting Program Complexity to the Capacities of the Staff

Research indicates that the more complex the program protocol, the greater the risk that it will outstrip the capacity of the staff to deliver the program (e.g., Yeaton & Sechrest, 1981). The JOBS program reduces the risk of such complexity by installing a training program that focuses the staff on (a) following a small number of fundamental principles, (b) following the same format conventions from session to session, and (c) providing a concrete and predictable, rather than ambiguous, structure for each session. Complexity is further reduced by using the same set of principles for training the staff in their new attitudes and behaviors as for training the job seekers in theirs—active learning, social modeling, and so on. This parallel is pointed out to the staff when they are trained.

As trainers become more experienced in carrying out such interventions, what was initially a challenging and interesting job may become repetitious and boring. What may have been initially too complex may become too simple, too lacking in stimulation. We have observed programs in which the latter was the case. Under such conditions, staff diverge from the manualized procedures to

enrich their own jobs and to fill the growing gap between need for stimulation and inadequate supplies of it.

The JOBS manual describes methods of job enrichment for counteracting this threat to fidelity. Within each pair of trainers, members can rotate responsibilities for different sections of the protocol. Every 2 to 3 weeks, pairs of trainers are rotated off delivering the sessions for a week. During the off week, the trainers take on responsibility for observing and providing postsession feedback to the other trainers, for designing the agenda for weekly skill maintenance meetings of all the trainers, and for helping to recruit new job seekers. The routine of trainer can also be further enriched by pairing trainers with new cotrainers.

In organizations that specialize in preventive interventions across a variety of life challenges, it may also be possible to rotate generically trained staff from one type of intervention to another. Trainers might be rotated between interventions for job seekers and interventions for people facing life-threatening health problems, and so on, while varying the composition of trainer pairs from intervention to intervention.

Maximizing Organizational Readiness

The term *organizational readiness* (D'Aunno, 1986) refers to a set of preconditions for adopting innovative practices. On the basis of a review of the literature on such readiness, Price and Lorion (1989) conclude that organizational interventions are more likely to succeed in host organizations that have five critical attributes. These attributes are presented in Figure 15.3. The first step in introducing a new innovation such as the JOBS program is to assess the presence of these attributes. Where they are not in place, they are likely to undermine program introduction and survival.

Pressures and Resources From the External Environment

The organization's external environment may either facilitate or hinder such adoption. For example, corporate decision makers may be more ready to adopt the JOBS program for outplacement purposes if key agencies in the environment of the organization produce incentives for corporate outplacement. Community-based

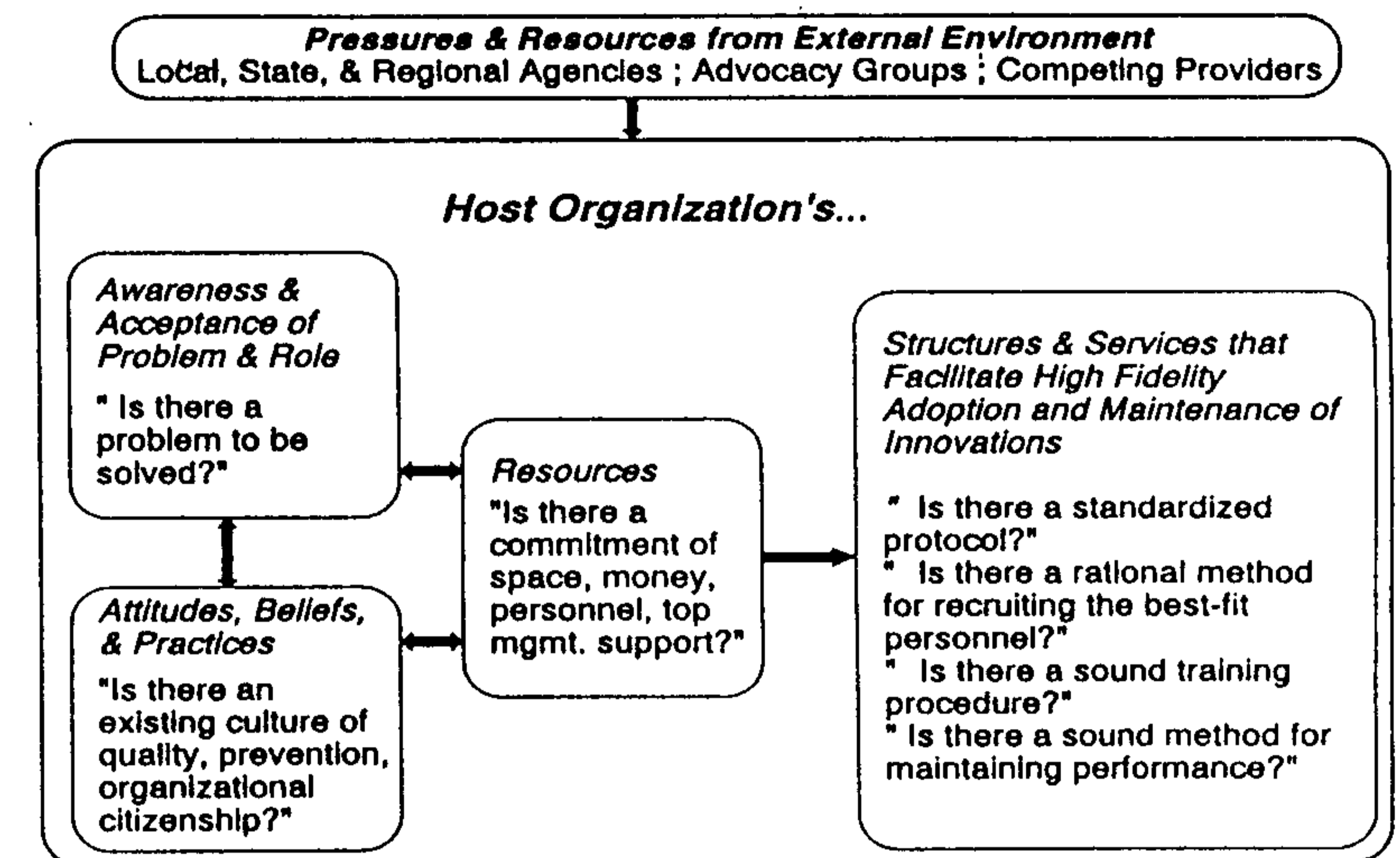


Figure 15.3. Determinants of Organizational Readiness to Adopt the JOBS Program.

SOURCE: After Price and Lorion (1989).

institutions may find support from advocacy groups for a proactive, preventive orientation in providing services.

Awareness and Acceptance of the Problem by the Host Organization

Awareness, acceptance, and ownership of the problem by top managers in the organization are hypothesized to be critical components of readiness. For example, a vice president for human resources may recognize that there are major corporate costs associated with downsizing efforts that do not include an effective outplacement program. Knowing that the lack of an outplacement program may result in demoralization of those workers who remain (e.g., Brockner et al., 1994), the vice president may be more likely to champion a program such as JOBS. Where such awareness does not exist, external as well as internal sources (e.g., professional associations, personnel departments, employee assistance programs, psychiatric hospitals, and local, state, and federal government agencies) may seek to remedy the situation.

Attitudes, Beliefs, and Practices in the Local Organization

Attitudes, beliefs, and practices of corporate managers and staff or public agency officials in the local organization can also be a critical dimension of readiness. If local human resource staff, for example, feel that the problem of job search and reemployment is not part of their roles and responsibilities, the likelihood of successful implementation is much lower.

A key practice component in influencing these attitudes as well as the resources that will be made available is *how* decisions to implement a new program or service are made. Particularly in organizations faced with scarce resources—of budget, office and meeting space, or otherwise—the unilateral introduction by top management of a new program may stir turf battles. Staff who are left out of the process may attempt to sabotage the process and are likely to make life miserable for the newcomer program. Accordingly, organizational psychologists recommend that decisions to introduce new programs be made via participation and with a problem-solving orientation (e.g., Argyris, 1993; Senge, 1990). In this way, stakeholders can express their concerns; and threats to program survival can be addressed openly, with the aim of achieving commitment from all stakeholders to protect the new program.

Resources

There may be organizational structures, services, and values already in place in organizations that can facilitate adoption of interventions such as the JOBS program (Galbraith, 1982; Van de Ven, 1986). Organizations with high levels of flexibility in their structures and work roles may be more likely to adopt and implement novel programs (Hasenfeld, 1983; Katz & Kahn, 1978; Lawrence & Lorsch, 1967; Thompson, 1967). Organizations that already allow staff to support effective job transitions within the organization, using available internal labor markets, may also be more likely to adopt an outplacement program such as JOBS. In such cases, persons with a stake in introducing the new social technology should identify and involve such resources in mapping out the strategy for introducing the innovation.

In sum, there are a series of steps that organizations can take to maximize the productivity of preventive intervention programs such as JOBS. The care taken in strengthening organizational readiness ensures that there will be adequate resources to launch the program. The next step is management of those resources to maximize the fidelity with which staff deliver intervention services. The steps that we have listed for achieving fidelity make sense on two grounds: They have worked well with two separate staffs, and organizational research indicates that they are among the most fundamental components of sound management practice.

The Future: Continuing the Agenda

The Cycle Between Survey and Field Trial

The first studies in the JOBS program focused on identifying malleable characteristics of job seekers and their environments that made a difference in how well they coped with job loss. Research from these studies formed a basis for field trials testing whether we could impart the advantages of successful copers to persons with a need for such resources. The JOBS program is continuing this cycle of longitudinal panel surveys and field trials along two paths: providing communities and organizations with the enhanced ability to launch programs such as JOBS; and broadening the focus to the family.

Providing Communities With the Ability to Launch Programs Such as JOBS

Initial studies in this cycle will examine the impact of naturally occurring variations in the readiness of organizations that introduce programs such as JOBS and in the methods they use to manage fidelity on program outcomes. Later studies will examine these effects in field trials that experimentally attempt to prevent loss of fidelity.

Investigators in other countries have translated the JOBS Manual into Russian and Finnish. These translations are likely to contribute to research that will examine what is generic in the current models

of intervention and what needs further specification to take into account the role of culture.

Broadening the Focus to the Family

Since the Great Depression, there has been evidence that job loss affects the entire family (e.g., Jahoda, 1982; Atkinson et al., 1986). The JOBS program's investigators made the explicit decision to initially target preventive intervention only at the job seeker because including the spouse or partner would add too much complexity in the initial stages of field trials. Based on the success of the JOBS trials, the research program is turning its attention to the family as a target of preventive intervention.

This work brings together two lines of work, one by members of the Center for Family Research at George Washington University (Howe, Caplan, Foster, Lockshin, & McGrath, 1995) and the other at the Michigan Prevention Research Center (Vinokur, Price, Caplan, van Ryn, & Curran, 1995). Their joint studies will allow simultaneous constructive replications (Lykken, 1968) in their respective labor market areas.

Initial-stage etiological research conducted in the Center for Family Research is identifying the determinants of successful couple-focused coping and is providing a platform for the development of measures of couples' coping behavior. The findings are intended to guide field trials aimed at helping couples manage the challenges to the family of job loss and recovery. These trials will merge the social technology of the JOBS program with that for helping couples deal with relational challenges of job loss (for example, Markman, Renick, Floyd, Stanley, & Clements, 1993).

The Identification of Basic Principles: What Is Generic?

The programmatic aim of the JOBS research is to contribute to the development of basic theory and principles of preventive intervention. A basic theory should apply across a wide range of stressful life events, including job loss. Such theory should also include guidelines for when modifications should be made to accommodate event-specific crises. For example, serious illness in the family, loss of property, and unemployment may all call for interventions that

include the raising of self-efficacy regarding survival skills. At the same time, there may be significant variance among these events with regard to their impact on family roles, the cognitive reframing of loss, and the time frame over which the event unfolds and generates different sequelae. Such variance is likely to require tailoring of the intervention to the event.

To maximize the likelihood that the JOBS focuses on fundamental principles and contributes to a general theory of preventive intervention, we derived the elements of the program's theoretical models from a variety of basic literatures. Those literatures include social, clinical, community, and industrial/organizational psychology as well as health and family psychology. Theory and findings from these sources were integrated with those from the literatures on job loss and well-being.

Future application of the principles that guided the JOBS interventions to preventive interventions for other stressful life events can provide a direct test of the generalizability of those principles. Drawing on Figures 15.1 through 15.3 and Table 15.1, we will conclude with a dozen of those principles, all of which are linked to broader theory and applications cited in this text. The first nine principles address the design of the intervention, whereas the last three address the successful implementation of that design by host organizations.

Principles of Intervention Design

1. *View recruitment as the start of the intervention.* Client acceptance of the role of "successful" or "potentially successful copers" is key to entering a preventive intervention. Successful copers maximize their resources (Pearlin & Schooler, 1978). However, unless potential clients perceive a need for intervention and accept their own role to be an active pursuer of such services, they will not participate. Accordingly, recruitment should attempt to make the role of successful copers a salient one. Recruitment should be treated as an intervention—the first and perhaps most critical one.

2. *View intervention as social influence.* For interventionists to achieve such social influence, they must initially establish a relationship of trust with the client (i.e., staff will act in the client's best interest and respect the client's needs). Interventionists must

also provide a basis for client beliefs that the interventionist has expertise in running the procedure and that the procedure is efficacious. Once these perceptions are established, the intervention must maintain them.

3. *Target motivation, skills, knowledge, and resources*, because all of these elements are required for successful coping. If coping is required to obtain resources (e.g., financial aid, referrals and leads, information), then build declarative knowledge on what skills need to be used, the procedural skills that enact appropriately performed repertoires, and the self-confidence to enact those skills.

4. *Build self-sufficiency*. An intervention need not provide all the resources for successful coping, but it needs to enhance whatever motivation, skills, and knowledge the person requires to acquire key resources that are not presently available. The intervention needs to provide the skill and motivation to pursue such resources beyond the time and place of the intervention. As an illustration, the JOBS intervention does not provide job leads, but it provides the motivational foundation and behavioral tools for uncovering such leads, once the job seekers are on their own.

5. *No one succeeds unless he or she has the confidence to try to succeed*. In some cases, the beneficial effects of preventive intervention on successful coping may result more from the enhancement of a sense of mastery than from the acquisition of new skills. In the JOBS experiments, for example, the likelihood of gaining reemployment may depend more on having the self-confidence to search for, locate, and pursue job leads than on the skills used in doing so. A sense of mastery, however, results from the performance of skills coupled with positive feedback about that performance. Consequently, interventions should view skill building and positive feedback as inseparable requirements for successful future coping.

6. *Within the structure of the intervention, allow for individual differences in levels and modes of participation*. To prevent resistance to change and to maximize individual achievement, interventions should allow clients to find their own levels of challenge within each component of intervention. This approach recognizes that (a) there are basic sequences in developing coping skills (e.g., build trust, generate felt need, build skills, raise self-efficacy, and inoculate against setbacks), but that (b) there are individual differences in people's expression of their needs and abilities to benefit from the intervention.

7. *Use active teaching and learning methods to maximize fit between the demands of the intervention and the learning capabilities of the participants*. The incorporation of active teaching methods that involve peers as sources of feedback can maximize the likelihood that each participant will proceed at the rate that is best for that person. Peer feedback in one-on-one exercises can maximize instruction that is individualized to the needs of each client.

8. *Select components of active methods to maximize the experience of success*. When active learning incorporates social modeling, graded exposure, and reinforcement of self-efficacy, the combination increases the likelihood that the person will both learn and use new coping techniques. Together, these intervention elements should appear to (a) minimize the experience of failure, (b) maximize the experience of success, (c) maximize the attribution that success is the result of internal stable attributes, and (d) minimize the attribution that success is tied to external sources such as the presence of the trainer or the support group. The deletion of such elements could lead to experiences of failure, participant dropout, and failure to generalize beyond the setting of the intervention (e.g., Abramson, Seligman, & Teasdale, 1978; Feather & Davenport, 1981).

9. *Build expectancies of setbacks and barriers and inoculate against them*. Lapses, setbacks, and slips in the performance of new as well as established coping methods are normal. Interventions should prepare people for these contingencies by having participants generate repertoires of thought and action for dealing with them.

Principles of Design Implementation

10. *Pursue program fidelity with a passion*. Successful application of a tested program of intervention is limited by the fidelity with which the staff apply the program's generic principles. If you have to make modifications, make them quantitative (e.g., reduce the number of minutes), not qualitative (e.g., omit the practice of reinforcing self-efficacy).

11. *Select the right staff and take care of them*. Fidelity to the original principles of an intervention depends on careful identification of desired staff attitudes, skills, and behaviors; the selection

and training of the staff; and the maintenance of the desired types of performance. For example, to maintain staff teamwork, pay systems should recognize team-relevant as well as individual performance.

12. *Do your organizational homework.* The achievement of all of the preceding goals depends fundamentally on the successful introduction of the program into the host organization. The context of preexisting priorities and values, contests, pressures, scarcities, and strengths influences the host organization's decision to implement and support new programs and services. Failure to recognize, respect, and capitalize on that context may lead to short-lived programs. Doing one's organizational "homework" is shorthand for organizational networking, information-seeking, trust- and coalition-building, and negotiating and a variety of related tasks. Give yourself an "A" on such homework if, by time the decision to implement the new program comes up for a vote, the vote is pro forma, and the answer is "approve."

In sum, such prescriptions represent an accruing set of ideas regarding the ingredients for successful programs of preventive intervention. The field of preventive intervention research is still relatively young, and the empirical literature on the conditions under which interventions such as JOBS are successfully transferred to new host organizations is in its infancy. Consequently, we would not be surprised if a number of these elements are modified or reframed by subsequent theory and research on what constitutes best practice for preventive intervention.

Notes

1. *JOBS: A Manual for Teaching People Successful Job Search Strategies.* (Curran, 1992), provides complete instructions for implementing these principles for the JOBS intervention. Each session is described in 12 to 15 pages of detailed instructions. For readers interested in developing new interventions, the manual can be used as a template for what should be included.

2. It is likely that identical replication of a program such as the JOBS from site to site will be impossible. Differences in resources and other contextual demands will force adaptation of procedures rather than faithful adoption. The more that adaptation preserves the generic principles of the core design, the greater the likelihood that the delivered intervention will generate the beneficial outcomes of

the original social technology. There is a need for research that examines the effects of, and limits to, such adaptations.

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