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# Validating the Client-Focused Considering Work Model for People Living with HIV

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## Introduction

Review of the HIV employment, career development, vocational psychology and rehabilitation literature reveals a sound body of research related to HIV that has explored a range of topics including vocational needs/experiences [1-3], use of vocational rehabilitation services [4, 5, 6], impact of employment interventions on vocational outcomes [7, 8], and impact of employment on personal and public health.

Although Gollum and Kohlenberg (2005) developed the Client Focused Considering Work Model for People Living with HIV (figure 1), the model had not been validated and no methods for quantifying the levels of commitment to considering work have been developed.

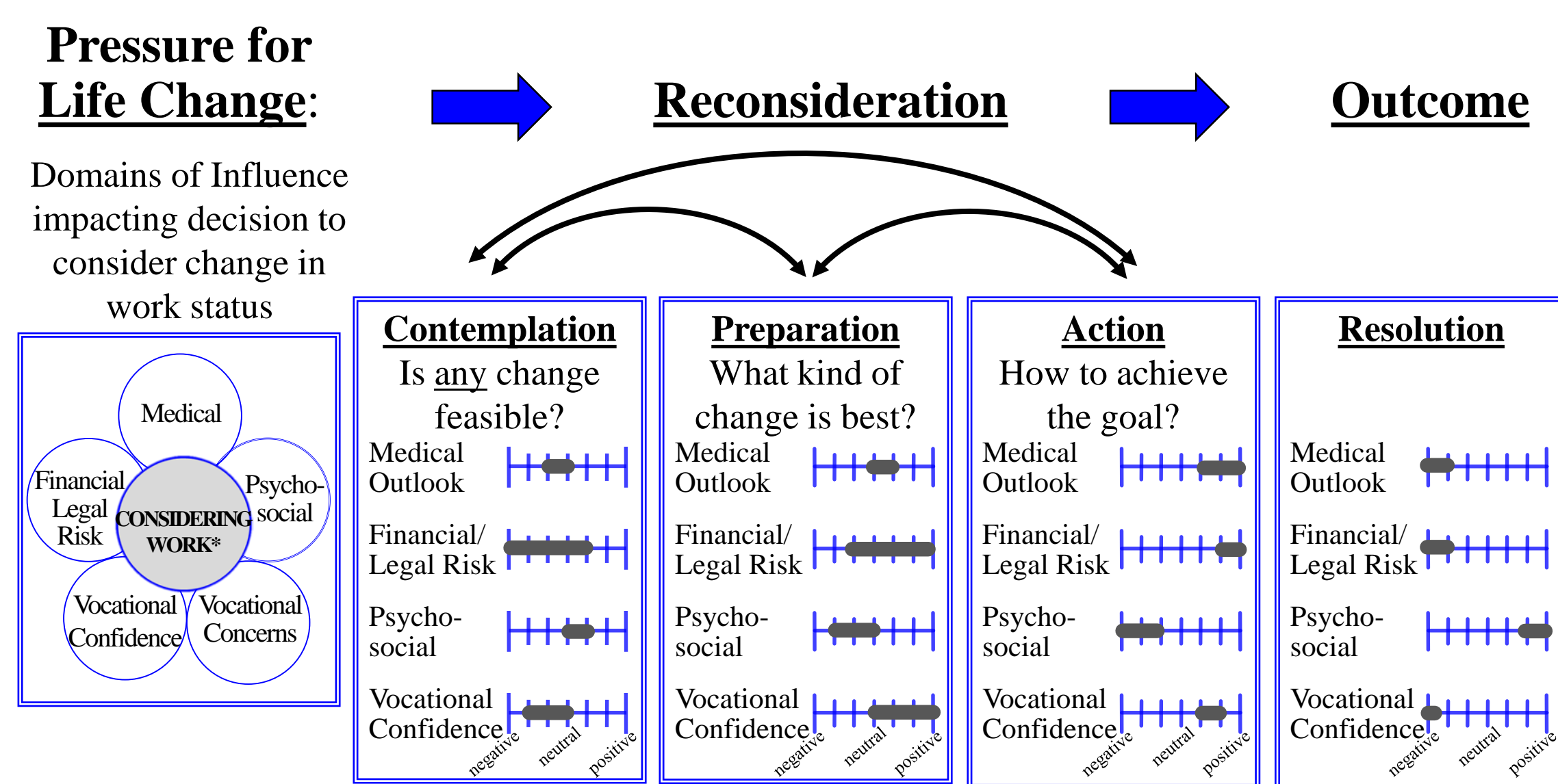


Figure 1: Phases of Considering Work (updated with the impact of domains within each phase, based on the results presented herein)

## Purpose

The primary purpose of this study was to validate the Client-Focused Considering Work Model and to gain a better understanding of the nature of the relationship among the four domains purported to influence the considering work process (medical, psychosocial, financial/legal, and vocational).

A second goal of the study was to quantify the relationship between these four domains and the phases of considering work (contemplation, preparation, action, resolution).

## Methods

Structural equation modeling was used to analyze data of 1,702 diverse (43% Black, 31% White, 19% Latino 7% other) unemployed respondents who were recruited from AIDS Service Organizations (ASO) and networks across the U.S. to complete the National Working Positive Vocational Development and Employment Needs Survey (NWPC-VDENS).

The majority of respondents were from low-income backgrounds (70% receive less than \$15,000 per year) and many had experienced significant barriers to employment such as homelessness (59%), drug abuse (53%) and incarceration (38%). About a quarter reported never using the Internet or email.

Factor analysis was conducted on the NWPC-VDENS to identify items that significantly loaded onto each of the domains of influence. Items with factor loadings of  $\lambda = 0.4$  or greater were retained.

Using a scale designed to assess individual phases of considering work, respondents were classified into the four phases of considering work (contemplation, preparation, action, and resolution), creating a four-level nominal endogenous variable.

## Results: Research Question 1

Overall, this study provided support for the validity of the Client-Focused Considering Work Model with factor loadings on each of the model's four purported primary domains of influence (medical, psychosocial, financial/legal, vocational) that impact the level of commitment (contemplation, preparation, action, resolution) to considering a change in employment status. In addition, results indicate the vocational domain had two sub-domains, vocational confidence and vocational concerns.

Study findings indicate the medical domain had the greatest positive effect (0.75) on increasing one's commitment to considering work but that the other psychosocial, financial/legal and vocational domains also play an important roles that are often inter-related.

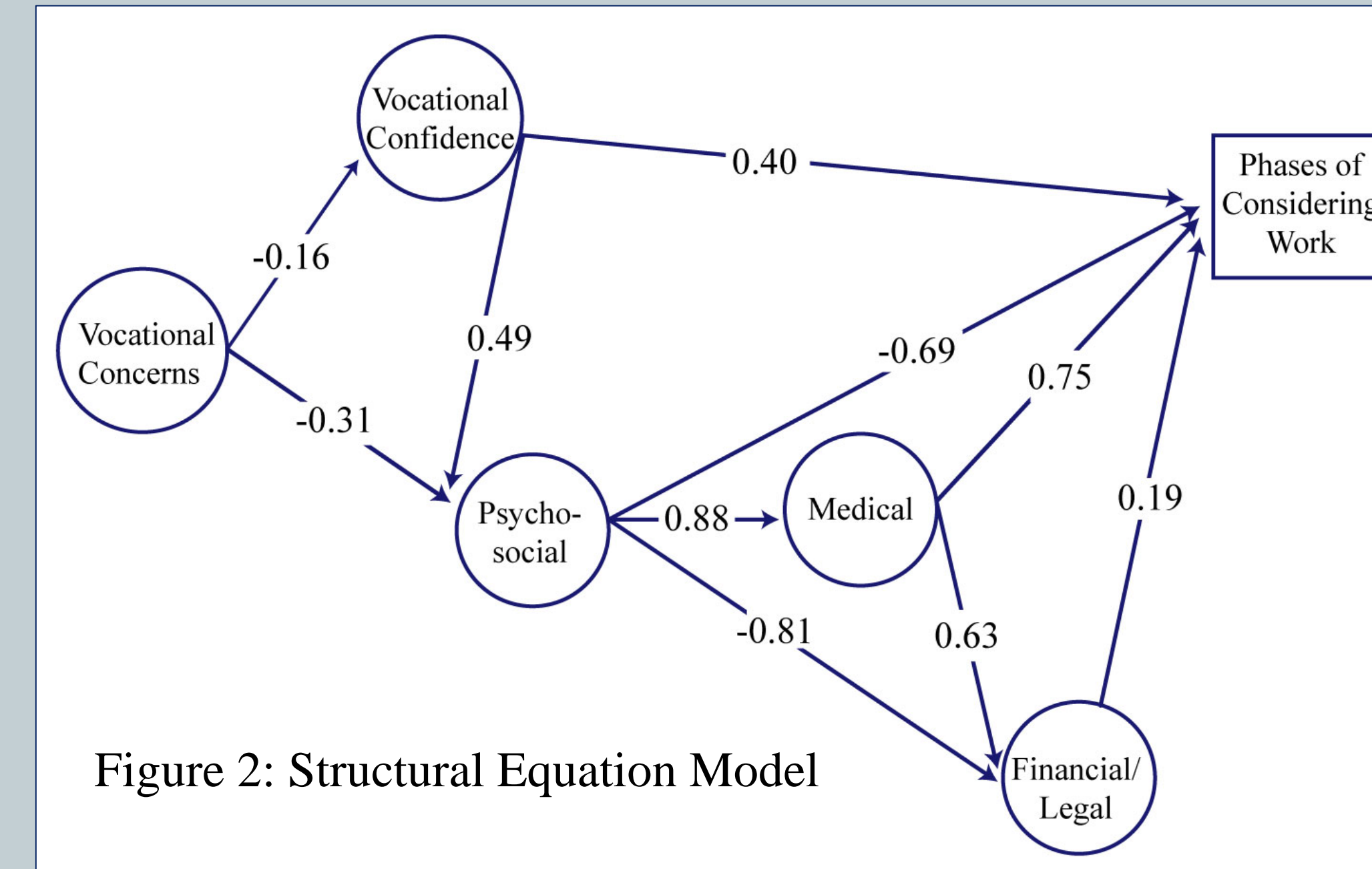


Figure 2: Structural Equation Model

## Results: Research Question 2

As noted in figure 3, within the medical domain, the probability of being in the resolution phase is highest ( $prob = 0.94$ ) among those with a poor health perception. This probability decreases to 0.1 at the mean medical factor score, when the probability of being in the action phase sharply increases. Individuals with the highest health perceptions scores have over a 97% chance of being in the action phase.

With respect to the financial/legal domain, individuals are most likely to be in the contemplation phase, although this probability decreases as the perception of financial risk increases. The transition point at approximate 1.5 SD above the mean can shift some individuals from the contemplation phase into the action phase.

Participants with the least confidence in their abilities to obtain or maintain a job are most likely to be resolved not to work or in the contemplation phase. The probability of being in the resolution phase drops steeply as one's confidence increases.

The probability curves of the psychosocial model on the phases of considering work, ignoring the impact of the medical, financial/legal, and vocational domains, indicate that as mental health improves and sigma decreases, the probability that one is in the action phase increases while the probability one is in the resolution phase decreases.

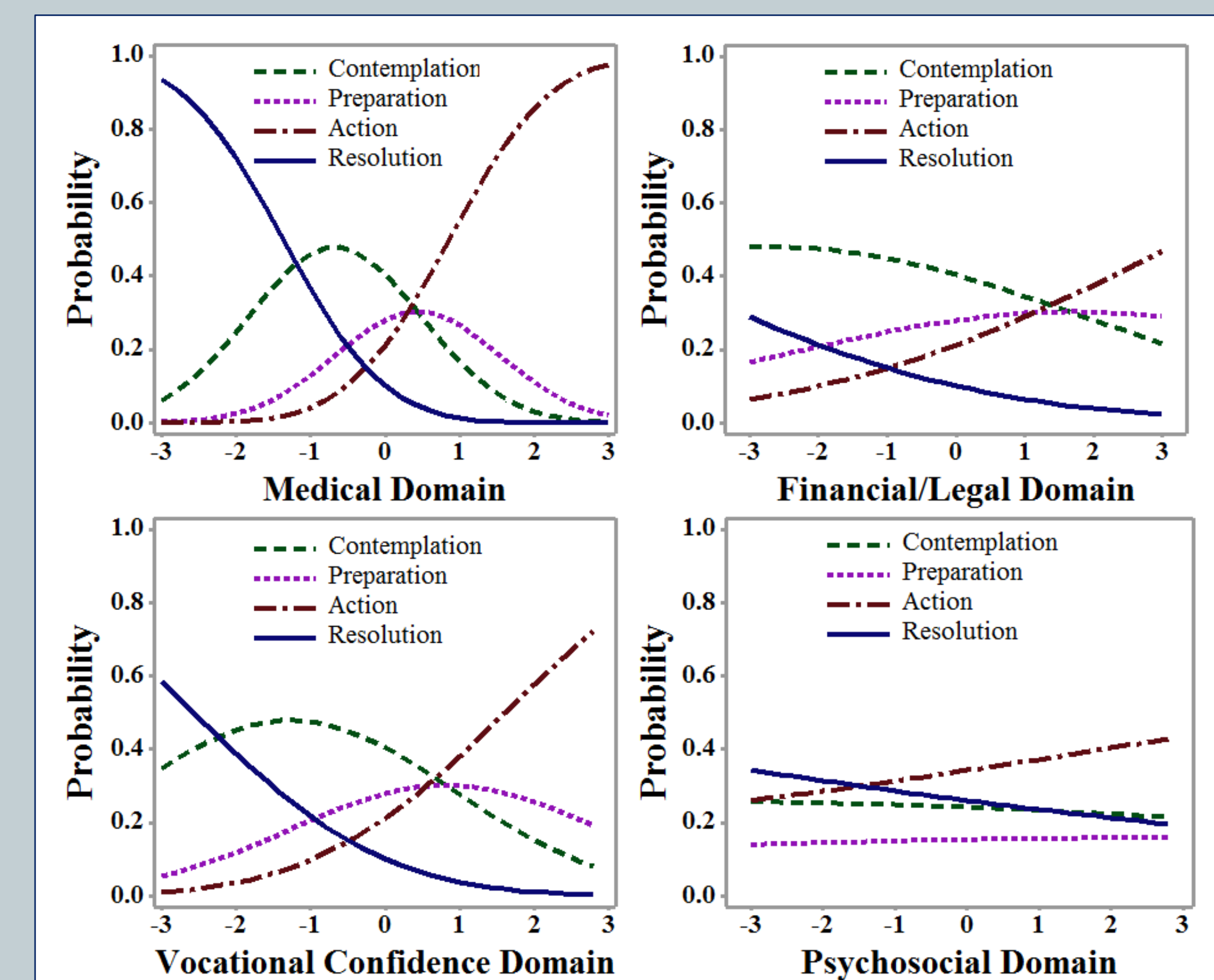


Figure 3: Probability Curves (Domain scores scaled M = 0, SD = 1)

## Implications for Practice

The ability to break the complex considering work process into discrete areas of assessment can help guide counselors to evaluate the barriers and facilitators of employment in each of the domains to help inform the selection of targeted resources and interventions for the specific domain or domains that pose the greatest barrier to considering employment.

The finding that each of these domains is interrelated reveals that it is important to complete a comprehensive assessment rather than considering any one domain in isolation. Since the domains are interrelated, it is also likely that multimodal approaches to career and vocational, interventions would be most effective for this population.

## Limitations

A limitation of this study is the lack of available instruments that meet rigorous psychometric standards. Factor loadings of items from the NWPC-VDENS indicated consistent factors, which provides some empirical support for the use of this instrument.

Although this study demonstrates conceptual validity for the Client-Focused Considering Work Model, it was based upon a voluntary sample. More research is needed to develop and validate measures that can better assess and group individuals into different phases of considering work.