PREDICTORS OF EMPLOYMENT FOR WOMEN IN A LIFE TRANSITION

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE in

Family and Human Development
ABSTRACT

Predictors of Employment for Women in a Life Transition

by

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This research explored the association between positive employment outcome (getting a job above poverty wage) and several intake variables for women in transition. The variables (self-esteem, anxiety and/or depression, pretreatment change, family functioning, community/social support, and counseling and assertiveness classes) were identified from the literature for their probable association with positive employment outcome. The intervention of taking an assertiveness class was statistically associated with positive employment outcome. The other variables appear to be linked to positive employment outcome in the direction hypothesized, although none of them reached statistical significance.

The demographic variables of family size and employment status at intake were significantly associated with positive employment outcome. A
discriminant analysis indicated that women with larger family size and greater self-esteem who are unemployed and take an assertiveness class were more likely to experience positive employment outcome.
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Kathryn Higley
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CHAPTER I

INTRODUCTION

According to the U.S. Department of Commerce (1995), 20% of American households had a single parent in 1994. Women, often due to divorce, are five times more likely to be the single parent (Ahlburg & De Vita, 1992). This increase in female-headed families is one of the major changes in today's society. Following divorce, the standard of living for women typically decreases 40% (U.S. Department of Commerce, 1995), and therein lies the problem. Children in these households are at academic risk and are more likely to live in poverty as adults (Amato, 1993) than their counterparts in two-parent families.

The increasing number of teenagers giving birth creates another major group of single mothers. In the United States, 12.7% of live births are to teenage mothers (U.S. Dept. of Commerce, 1995), and often these mothers have limited education (Ahlburg & De Vita, 1992; Marshall, 1991). For example, only one third of adolescent mothers had completed high school when their babies were born (Ahlburg & De Vita, 1992).

Single mothers who work commonly end up in lower-paying positions (Marshall, 1991). They form the largest percentage of individuals working for poverty wages (Caputo, 1991). Thus, even when they do work, women regularly find themselves "the working poor" (Starrels, Bould, & Nicholas, 1994), with the end result that single mothers often have a difficult time providing financially for their families.
What can be done to help these women and children living in poverty? How can the trend that "feminizes" poverty (Peterson, 1987, p. 329) be reversed? There are many intervention programs, but most of them have not been empirically tested for their effectiveness. Neither have the factors that enable women to get jobs that will bring them out of poverty been empirically explicated.

A variety of sources should, theoretically, impact women who seek employment. Intervention programs, and social, familial, and individual characteristics all can be identified as possibly enhancing a woman's employability. Yet no outcome-based research drawing on these sources is available to test the best approach for intervention. This study investigated which factors can be associated with the female single parent's ability to obtain employment that raises her and her family above the poverty level.

Conceptual Framework

Systems theory provides one means of looking at the complex problem of moving a woman out of poverty. Systems theory emphasizes the interrelatedness of all the components (people) that make up a system (Guttman, 1991). In this particular study, the woman and all who have contact with her are considered a system. By definition, systems are made up of interacting parts or subsystems that in this case include the individual's internal subsystem (self-esteem, personality, etc.), the current family subsystem, the social support subsystem, and the community subsystem.
These subsystems influence the economic situation of a person (Whitchurch & Constantine, 1993). Characteristics within the internal subsystem of the individual may move her toward or away from poverty. For example, if provided with formal support, a single mother’s ability to solve problems may help her break free of poverty (Sandfort & Hill, 1996). Previous experiences within her family of origin system may also impact her (Hartup & Rubin, 1986). The job experiences of her parents as well as the values of the home relating to work, education, or training may have a positive or negative effect on the woman seeking a job (Satir, 1988). Additionally, previous job experiences within the community system may prove beneficial or detrimental (Busse, 1992).

Systems theory also emphasizes circular causality. Event A causes Event B, but B affects A, which interacts with B (Becvar & Becvar, 1988). For example, the woman living in poverty interacts with others around her, and they in turn may respond in a way that helps to keep her in a poverty situation. For instance, a woman may have dropped out of school. She may have lived in poverty so long that she does not realize that other options are available to her. Friends and family reinforce her feelings that she has limited skills and abilities. This belief system keeps her from exploring other life options (Whitchurch & Constantine, 1993).

Homeostasis, another systems theory concept, compounds the problem (Guttman, 1991). Homeostasis refers to the interaction of subsystems in such
a way that the status quo is maintained. Thus, for change to occur, the whole system and accompanying subsystems must change (Becvar & Becvar, 1992; Guttman, 1991; Whitchurch & Constantine, 1993).

Conceptual Definitions

In an effort to determine which factors are associated with single mothers obtaining positive employment outcome, this study examined at the following subsystems:

Individual system factors: self-esteem, anxiety, depression, age, previous employment skills and abilities, education, perceived distress, and pretreatment change.

Family system factors: income, previous marital history, number of children, and level of functioning.

Community/Social system factors: type of assistance or intervention received from neighbors, friends, church, community, or government assistance programs.

With one fifth of the nation's families headed by a single parent and most of those single parents being women, some form of intervention is necessary to move these single mothers and their families out of poverty. Utilizing the designated subsystems, single mothers in three intervention groups were surveyed for pretreatment change, individual factors, familial factors, and social support networks to determine what factors could be used to break the homeostasis pattern that tends to keep single mothers in a dead-
end environment. How each of these factors influence employability was explored.
Researchers have identified several individual, familial, and community systems factors that relate to women's employability. They have identified self-esteem, anxiety, depression, and pretreatment change as possible individual system factors. The literature explores the influence the family exerts on the individual's employability, particularly factors concerning the family's function. Researchers have also looked into community systems factors that include social support and various types of interventions. Research on each of these factors will be reviewed as they relate to a woman's employability.

Individual Factors

There are several individual factors that influence a woman's employability. These factors include self-esteem, anxiety, depression, and the ability to change, and they influence both job-seeking behavior and job performance. These factors impact the likelihood of a life lived in poverty. Single mothers living in poverty are sometimes stereotyped by society. Although stereotyping is often unfair to the individual woman, there are certain characteristics that are common among these women.

Demographics. McLaughlin and Sachs (1988), in analyzing 1980 census records, listed individual characteristics that identified households of poverty status. They found that demographic regions or variations in employment
opportunities did not create a great change in the characteristics. The typical characteristics of a person living in poverty include:

1. Under age 24
2. At or below high school-level education
3. Younger than age 18 at marriage
4. Divorced
5. Children living with them
6. Other related adults without income.

Unfortunately, it is not known how or even if any of these characteristics inhibit a person's attempt to better the circumstances of her life. Thus, this study will assess age, educational level, marital status, and number of children. When a woman is living in the situation that is described by these characteristics, it may affect how she sees herself. A single mother's self-esteem can influence how she responds to others.

**Self-esteem.** Pugliesi (1989) studied a national, multistage, area probability sample of 1,234 adults 21 years or older to explore the effects of social roles, social support, and self-esteem on women's well-being. Results indicate self-esteem contributes to a sense of well-being while lowering anxiety and depression (Pugliesi, 1989; Rosenfield, 1989). Both self-esteem and a sense of well-being relate to job-seeking. Self-esteem is one of the most important traits watched for by employers. The importance of an individual's self-esteem equals that of their reading, writing, arithmetic, communication, and
listening skills (Busse, 1992). Self-esteem is essential when looking for a job and the lack of it can be a serious concern for unemployed women. Donovan, Jaffe, and Pirie (1987) conducted discussion groups with 61 women who had lost jobs in the previous 6 months and found their loss of self-esteem was second only to the loss of income as a major concern.

Seventy-five women reentering the work force were measured for personality characteristics, stress, and values. This analysis showed that unemployed women seeking work have lower autonomy, assertiveness, and self-esteem (Shapiro & Fitzsimmons, 1991). However, an individual's self-esteem increases with employment (Pugliesi, 1989), and individuals who have high self-esteem try harder at tasks, persist longer at problem solving, and are less likely to blame themselves for failure (Cutrona & Russell, 1987).

Part of self-esteem is a sense of control over one's life. In Parker's (1994) 5-year longitudinal study of self-sufficiency among 851 Northwestern single mothers on welfare, this sense of control had a low but statistically significant correlation \((r = -0.09, p \leq 0.05)\) with dependence on welfare. This sense of personal control, whether gained from additional education, training, or good health, softened the impact of other adverse factors on self-sufficiency (Parker, 1994).

Research indicates that women with strong self-esteem will experience greater employability. Self-esteem increases their sense of well-being and feelings of control over their lives and enables them to try harder and persist
longer when confronted with the competitive job market (Cutrona & Russell, 1987). Self-esteem is essential for women seeking to improve their living conditions (Parker, 1994). When a woman is unable to improve her living conditions, she may experience anxiety, depression, or both.

**Anxiety and depression.** In addition to low self-esteem, unemployed women often suffer from financial strain, anxiety, depression, and isolation (Donovan et al., 1987). This effect is more pronounced in divorced or separated single women, as noted by Warren and McEachren (1985), who classified 564 adult women into six marital-employment status groups.

Anxiety and depression, as related to employment, repeatedly surface in the literature. In Kessler, Turner, and House's (1988) multistage probability sample (N=492) of a high-unemployment census tract in southeast Michigan (40% female), unemployment increased the likelihood of depression and ill health and continued to have a residual effect even after reemployment. Bromberger and Matthews' (1994) study of a random sample of 541 middle-age women supports this conclusion. Depression was a major concern, particularly for women with perceived low support from family and friends. Anxiety among unemployed women is approximately 50% greater than among those with stable employment (Kessler et al., 1988). In Kessler et al.'s study (1988), over 80% of the single mothers in the sample were still unemployed one year later, while 42% of the total sample was reemployed. The lower re-employment rate is due in part to the effect of depression (Coyne, 1987).
Dooley, Catalano, and Rook (1988) surveyed 16 consecutive samples of 500 individuals in Los Angeles, California, by random digit dialing. The authors concluded that individuals with "elevated symptoms [of depression] are more prone to joblessness" (Dooley et al., 1988, p.118).

Warren and McEachren's (1985) research also offers support for the hypothesis that good mental health and lower depression lead to employment. Bromberger and Matthews (1994) noted that the depression in unemployed women is more pronounced for those with lower education, less support from family and friends, and lower marital satisfaction. However, Jones (1991) conceded that women's responses to unemployment are a neglected area of research.

In general it appears that unemployed individuals are more likely to experience anxiety, depression, or both (Bromberger & Matthews, 1994; Kessler, et al., 1988). This anxiety or depression tends to make it more difficult for the individual to obtain employment (Dooley et al., 1988; Warren & McEachren, 1985). The effects of anxiety and depression often make it difficult for women to make movement toward improving their living conditions (APA, 1994). When an individual is able to make a change before seeking help, researchers describe it as a pretreatment change.

Pretreatment change. A fairly recent discovery in clinical research that aids in treatment programs is that many people report pretreatment change (Weiner-Davis, 1987). A pretreatment change is any change an individual
makes in her situation between the time she decides to seek help and the time she begins treatment with the helping professional. Lawson's (1994) study showed 62% of the clients (N=82) reported a pretreatment change. This is consistent with the findings of Allgood, Parham, Salts, and Smith (1995), deShazer (1989), Talmon (1990), and Wiener-Davis (1987). Seeking help may lead the individual to do something different, which accounts for a pre-treatment change. When pretreatment change is acknowledged and reinforced by the therapist, it “builds [the] client’s self-confidence [in her ability] to resolve future difficulties” (Wiener-Davis, 1987, p. 362).

In Allgood et al.'s (1995) study of 200 clients or client families seeking marriage and family therapy, pretreatment change was associated with a lower percentage of clients dropping out of therapy. This study also provides evidence that one small change may lead to another. If the individual can make a series of small positive changes, it can be deduced that a strong possibility exists that individuals with pretreatment change will experience greater employability after intervention. The individual woman begins to make changes, which leads to positive expectancy, self-confidence, and motivation (Miller & Rollnick, 1991; O'Hanlon & Weiner-Davis, 1989). This motivation may lead to increased action towards improvement in employment status.

In general from the research it can be determined that women who have greater self-esteem are able to overcome the effects of anxiety and depression and begin making positive change in their life will experience greater
employability. These women may be able to improve their living conditions and move out of poverty.

**Family System Factors**

Families play an important part in the lives of women. The single mother is influenced by both the family she grew up in and the family she is raising. Each family has a specific style of functioning. Family members are expected to fulfill certain roles. Families have a specific style of communicating, solving problems, and managing affect as well as behavior. Each of these aspects of the family has an impact on the single mother, which may in turn influence her employability.

**Family functioning.** A woman's family can enhance or detract from her self-esteem, sense of self, or both (Broderick, 1993; Morgaine, 1994) and can influence symptoms of anxiety or depression. Assertiveness skills, which correlate with self-esteem, are influenced by an individual's treatment within her family while growing up as well as by her treatment in her present family situation (Rosen & Stith, 1992). Oliver, Klock, and Wells (1995) noted that closeness to parents, particularly to the mother, influences an individual's awareness of herself. In a study of 108 rural adolescents and their parents, Stewart, McKenry, Rudd, and Bavazzi (1994) found family adaptability, cohesion, and communication had a direct effect on an adolescent's depressive symptomatology. Less depressive symptomatology was found in
families who were adaptable and good at communicating. Taken together, this research suggests that individuals raised in a nourishing family environment may have enhanced employability.

Roles. Women often experience role strain within the family due to unclear expectations, excessive demands on time, unrewarding and repetitive tasks, lack of privacy, lack of power/control, and isolation (Pugliesi, 1989). Individuals experiencing role strain are more vulnerable to depression, distress, and psychiatric disturbance (Pugliesi, 1989). O'Neil and Greenberger (1994), in examining 194 self-reports of mothers for patterns of work role strain, determined that role strain within a family can affect emotional and psychological resources available for use in employment. These results are supported by the research of Loscocco and Leicht (1993), Shapiro and Fitzsimmons (1991), and Wharton and Erickson (1995). When a woman's energy is tied up dealing with family roles and responsibility, she has less energy to deal with employment issues.

The division of labor within the family and a woman's perception of being supported either physically or emotionally have a direct impact on her psychological well-being (Erickson, 1993; Pina & Bengtson, 1993; Wharton & Erickson, 1995). Because the parental role can take up much of a woman's time and energy (Pugliesi, 1989), the presence of children will influence a woman's decision to seek employment (Joesch, 1994; Loscocco & Leicht, 1993). Joesch (1994) analyzed information on 597 women from the 1983-87
waves of the Panel Study of Income Dynamics. Although most women returned to work after pregnancy, 52% tried to combine work with motherhood. Women who try to balance two roles were more likely to experience added strain. This family strain can spill over into the work place (Forthofer, Markman, Cox, Stanley, & Kessler, 1996). Given the research, women experiencing balanced roles within and role support from her family may have greater employability.

Communication/problem solving. Other employability skills such as communication and problem solving are learned within the context of a family system (Eastman, 1989). How a family appraises a crisis (i.e., single parenthood, divorce, or unemployment) within the context of their values, goals, and expectations will determine how the family responds to the crisis (McCubbin, McCubbin, & Thompson, 1993). McCubbin et al. (1993) studied resiliency in families using a telephone survey of 389 Hawaiian residents who had been impacted by war or national conflicts. The sample was obtained using random digit dialing. The families were categorized by race. Since this study has only white females, only the pertinent data will be reported. In Caucasian families, 75% of the variance in adaptation is explained by the number of children, the family commitment, and the family's social support. The family has the ability to buffer stressful situations for an individual member, for the whole family, or both (Eastman, 1989). However, the ability of an individual to create and sustain supportive networks is influenced by
experiences in her family of origin (Eastman, 1989) even in times of crisis. Forrest, Moen, and Dempster-McClain (1996) analyzed data from the Cornell Women's Role Project, a 30-year longitudinal data set of 328 adult women. Results indicated that experience of childhood strain and a strong father-daughter relationship tend to protect women from a later depressive response to stress.

Management of affect and behavior. How a family expresses affection and emotion, how family members respond to each other's emotional states, and how they manage and direct the individual member's behavior will have a direct impact on the members of the family system. An individual learns about herself and gives meaning to the world around her from these interactions (LaRossa & Reitzes, 1993). Since it is through early interactions with caregivers that self-concept is formed (Hartup & Rubin, 1986), the individual carries these interactional patterns and feelings about herself into adulthood (Hartup & Rubin, 1986). The family serves as a model for both content and process in forming a relational system (Bronfenbrenner, 1986; Hartup & Rubin, 1986). Oliver et al.'s (1995) study of 173 undergraduate students found that memory of family of origin patterns of affection and control interconnects with adult depressive symptoms.

As noted earlier, self-esteem and the ability to relate to others are essential in obtaining employment. Given the impact the family has on an individual's communication, problem solving, relationship skills, self-concept
and role definition, it is possible the family also will influence an individual's employability.

**Community**

Community factors include a single mother's social support system and any intervention programs she may be involved in. Both types of community involvement may impact a woman's ability to obtain employment and better the standard of living both for herself and her children.

**Social support.** Since change is necessary in the individual for employment, there is a need for extended support through a combination of family, neighborhood, and social support networks. Parker's (1994) 5-year longitudinal study on self-sufficiency of 851 single mothers on welfare showed social support had a weak correlation with reliance on welfare ($r = -0.075$). Social support networks soften the impact of some individual, family, and structural factors that may have otherwise had a negative effect on the individual's self-sufficiency (Parker, 1994). Social networks change for people who experience unemployment (Jones, 1991). Individuals who were unemployed had more contact with family and less contact with friends. This is a great disadvantage because friends are an important source of job leads (Jones, 1991). Also, individuals who have contact with friends have lower depression scores (Parker, 1994).
Social networks are a source of both emotional and physical support. Social support softens the effects of adverse life events (Jones, 1991; Pugliesi, 1989). It promotes well-being among men and women, whether employed or unemployed. It lowers distress and increases happiness (Loscocco, 1990). Furthermore, those with social support suffer less depression due to unemployment (Parry, 1986; Vinokur & Caplan, 1987). Vinokur and Caplan's (1987) study of 297 recently unemployed individuals found that attention and support from a close personal friend significantly influenced job-seeking behavior ($r^2 = .24$) in a positive manner.

Not all of a woman's support network may be favorable in regard to her employment search. However, the support network can be a source of strength for the individual (Rattcliff & Bogdan, 1988). Perceived social support has a direct impact on an individual's self-efficacy during employment training and on her future employability (Wenzel, 1993). Wenzel's study of 115 disadvantaged men and women correlated self-esteem ($r = .25, p=.02$) and social support ($r = .27, p=.01$) with employment. This is especially applicable for this study because the Social Provision Scale was used to measure social support. Knowledge that one is supported by others increases an individual's self-efficacy (Cutrona & Russell, 1987). The research indicates a possibility that individuals with extensive social support may experience a more positive employment outcome.
Treatment/Intervention Programs

There are many treatment/intervention programs targeted to help single mothers better their living situation. These interventions range from financial assistance to personal counseling. Teaching the woman assertive communication skills is a common intervention technique to aid in securing employment. Counseling is also a common intervention to aid single mothers.

Assertiveness/assertiveness classes. Assertiveness entails three components: confrontiveness, social initiative, and verbal expression. A deficit in any of these areas positively correlates with anxiety and depression. An individual's depression tends to decrease as her assertiveness increases. So noted Culkin and Perrotto (1985) in a study of 17 community college women that examined the relationship between assertiveness and depression. Elliott and Gramling (1990) conducted two studies with 445 college students, which showed that assertive individuals under stress have lower depression scores and are more proficient at accessing social support.

Giesen (1988) found that women involved in an assertiveness training program were able to increase their assertiveness. Although there were only 11 women in this sample, it is important to note that the individuals still maintained their assertiveness at 2- and 3-year follow-ups. Chislett's (1985) study of 11 college undergraduates noted that individuals obtained and maintained assertiveness skills with different types of training. Methods of training included behavioral rehearsal, modeling, coaching, and cognitive-
Restructuring. Assertiveness is a key skill when seeking a job. Horan (1983) found that assertive behavior during an interview increased the individual's chances of obtaining a job. White (1993), 10 years later, likewise found that interviewees' assertive behavior had a significant positive effect on the outcome of the interview. Assertiveness training is also associated with enhanced self-esteem (Enns, 1992). Given the evidence, there is a strong possibility that, after receiving assertiveness training, the individual may have greater employability.

Counseling. In addition to assertiveness training, relationship-centered therapy was found to be effective in helping individuals (Chislett, 1985). A meta-analysis of studies analyzing the effectiveness of psychological treatment showed it resulted in significantly more positive outcomes for clients than no treatment (Snyder et al., 1991). Counseling helps women cope with financial stress, loneliness, single parenting, and new relationships. It can also be beneficial to women dealing with role transitions (Shapiro & Fitzsimmons, 1991). Because 59% of the 75 women in their study had children and 38% were married, Shapiro and Fitzsimmons recommend marriage and family therapy. From this research it seems likely that the combination of an assertiveness class and counseling can help an individual set the most achievable career goals.

This literature review indicates a link between an individual's employability and these factors:
1. Self-esteem
2. Level of anxiety and depression
3. Life changes already in progress
4. Family functioning
5. Social support
6. Interventions employed.

As far as can be determined, no research has examined which factors are directly associated with moving single parents out of poverty via employment. It is unknown how each of these factors may influence women in transition. The purpose of this study is to add further light on which factors are significantly associated with increasing a woman's ability to obtain employment opportunities and thereby raise the standard of living for herself and her family.

Research Questions

1. Are higher levels of self-esteem associated with positive employment outcome?

2. Are lower levels of anxiety, depression, or both associated with positive employment outcome?

3. Is pretreatment change associated with positive employment outcome?

4. Is the functioning of the family with whom the individual lives associated with positive employment outcome?
5. Are social support networks associated with positive employment outcome?

6. Is the intervention of an assertiveness class, counseling, or both associated with positive employment outcome?
CHAPTER III

METHODS

In this study, women in transition were assessed to determine which factors influenced their employment outcome. The sample was chosen from Turning Point because this agency serves primarily women who are experiencing a change in their life. The measures were chosen both for their research value and for the simplicity in which they could be administered.

During the course of the year that this study was conducted, restructuring changes took place in the Turning Point agency, which influenced availability of funds for intervention and data collection procedures.

Design

This research design assessed three intervention groups. At intake, demographic data were obtained and individuals were assessed for pretreatment change, personality factors, and social support networks. Six months following intake, individuals were surveyed to assess follow-through on intervention programs and employment outcome.

Sample

The subjects were women entering the Turning Point program. Turning Point is a program funded by the State of Utah. It is targeted to help single parents, single pregnant women, and displaced homemakers entering the work force. Displaced homemakers are identified as women whose primary role has
been caretaker of the home and who for some reason must now seek work outside the home. Most applicants, who range in age from 16 to over 65, live below the poverty level. Turning Point assists these individuals in acquiring both skills and training necessary to enter the job market through information and referral, classes and workshops, counseling and assessment, job placement and limited support services, and, on occasion, financial assistance.

The Turning Point Center used in this study covers the Bear River region, which includes Box Elder, Cache, and Rich Counties. The Turning Point population is 95% economically disadvantaged (living at or below poverty level), 50% educationally disadvantaged (did not complete high school), and 5% minority. There were 127 individuals seeking service from January 1995 to June 1996. One hundred and ten individuals, ranging in age from 17 to 56, chose to participate in this research project. All individuals involved in this study had recently experienced some sort of life transition. Thirty-two percent of the sample were displaced homemakers. The demographics for this sample are reported in Table 1.

Vinokur, Price, and Caplan (1991), in evaluating preventative intervention programs for unemployment, found a self-selection process advantageous, as persons who most needed the interventions and benefited from them were most likely to self-select. Women involved in the present study selected the intervention they felt would best meet their needs with the assistance of a Turning Point administrator who helped each applicant explore the various
Table 1

Descriptive Summary of the Sample Characteristics

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<tr>
<td>Separated</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Divorced</td>
<td>40</td>
<td>37</td>
</tr>
</tbody>
</table>

services available. The interventions offered were separated into three categories. The categories provided were:

1. Attending a class: This 8-week class was designed to teach assertiveness skills, communication skills, interpersonal skills, and employment skills.

Anyone attending the class but not receiving additional personal counseling
was included in this category.

2. Personal counseling: Counseling was designed to help individuals resolve personal problems that may be related to the above topics, but it included other issues as needed. Any person who received personal counseling but did not attend the class was included in this category.

3. A combination of both class and counseling.

   Each of these interventions may influence a person seeking a positive employment outcome. Positive employment outcome for this study is a variable defined as follows: The individual chooses and follows a career choice by (a) obtaining a job with an income that will move her out of poverty or (b) enrolling in education or training.

Measurement

Basic Personality Inventory (BPI). The Basic Personality Inventory (BPI) (Jackson, 1989) is a 240-item, true/false questionnaire that includes 12 scales and 5 higher order factor scales. The 11 clinical scales are Hypochondriasis, Depression, Denial, Interpersonal Problems, Alienation, Persecutory Ideas, Anxiety, Thinking Disorder, Impulse Expression, Social Introversion, and Self-Depreciation. The last scale, Deviation, measures social desirability. A higher order factor scale can be generated by combining criteria scores from Depression, Social Introversion, and Self-Depreciation to get a Global Depression scale. This scale has been derived and replicated using factor analysis (Holden, Fekken, & Cotton, 1990).
Test-retest coefficients range from .52 for alienation to .94 for anxiety (the average being .77 for the basic scales) and is .92 for the factor scale of depression (Holden et al., 1990). The five global scales obtained by combining individual scales are supported by factor analysis (Holden et al., 1990). Five factors are defined by scales from from BPI and 96% of the variance is accounted for by this five-factor solution (Jackson, 1989). Construct validity is addressed by comparing the BPI to two widely used and accepted diagnostic instruments, the Neo-Personality Inventory and the Minnesota Multiphasic Personality Inventory (MMPI). The BPI is highly correlated with the Neo-Personality Inventory. For example, neo-personality neuroticism has $r = .54$ with the BPI scale of anxiety (Levin & Montag, 1991). The BPI clinical scales and the MMPI clinical scales “share substantial common variance and measure similar underlying constructs” (Jackson, 1989, p. 666). The BPI subscale correlations range from .45 to .73 with at least one of the MMPI subscales (Jackson & Hoffmann, 1987).

**Beck Depression Inventory (BDI).** The Beck Depression Inventory (BDI) (Beck, Ward, Medelsohn, Mock, & Erbaugh, 1961) is a 21-item, self-report scale that measures the symptoms of depression. Scores range from 0 (no depression) to 63 (severe depression). The BDI is widely used and well documented (Corcoran & Fischer, 1987). It has internal consistency with a mean coefficient alpha of .87 for both normal and clinical populations. The test-retest coefficient is .80 for both normal and clinical populations (Corcoran...
The scale measures 66% of the diagnostic criteria outlined in the DSM-IV for clinical depression, thus showing content validity (APA, 1994). The BDI shows construct validity as depression is related to dysfunctional thoughts and attitudes, hopelessness, and suicidal intent. Each of these is measured with the BDI. Convergent validity is further demonstrated by the BDI’s correlation to other measures. The BDI is correlated with clinician ratings (r = .65), the MMPI D-scale (r = .75), and the Hamilton rating scale for depression (r = .75) (Corcoran & Fischer, 1987).

**Burns Anxiety Inventory.** The Burns Anxiety Inventory (BAI) is a 33-item, self-report measure for anxiety (Burns, 1995). It was normed on 200 clinical outpatients at a medical university. Retest was given at 12-week follow-up. It has excellent internal consistency with a mean coefficient alpha of .94 (Burns, 1995). The test-retest coefficient is .53 (Burns, 1995). The BAI is highly correlated with the Hopkin Symptom Check List (SCL) and the SCL 90 (Burns, 1995). Questions on the BAI correlate with 90% of the symptoms outlined in the DSM-IV for clinical anxiety (APA, 1994). This gives evidence for construct, and content validity.

The Basic Personality Inventory, the Beck Depression Inventory, and the Burns Anxiety Inventory were used for this study. Each measure has documented clinical cut-offs for anxiety, depression, or both. These cut-offs were used to determine if clinical anxiety or depression was present at the time of intake. A clinical cut-off for anxiety and depression is sufficient as the
severity of either anxiety, depression, or both is subject to daily events (APA, 1994).

**Rosenberg Self-Esteem Scale (Rosenberg, 1965).** The Rosenberg self-esteem scale includes 10 items. Respondent choices range from strongly agree to strongly disagree. This questionnaire is one of the most widely used and recognized self-esteem scales (Robinson & Shaver, 1972). Test-retest reliability is .85 (Robinson & Shaver, 1972). To address reliability, a factor analysis of the 10 items was done. All of "the items intercorrelate positively, consistently, and significantly" (Carmines & Zeller, 1979, p. 63). This demonstrates internal consistency. To examine construct validity, 16 other variables with an empirical link to self-esteem were correlated. These variables covered socioeconomic background factors, psychological predispositions, and social and political attitudes. Nearly all of the correlations were statistically significant in establishing the validity of this self-esteem measure (Carmines & Zeller, 1979). To further test validity, Robinson and Shaver (1972) sampled 5,024 students. Their score for the measure's reproducibility was 92%, and scalability was 72%. To assure convergent validity, the students were rated independently on self-esteem and depression by ward nurses. A significant correlation was obtained with the nurses' rating.

**Pretreatment change.** Four questions related to pretreatment change and adapted from Weiner-Davis (1987) were asked:

1. Since you first picked up the phone to contact Turning Point for an
appointment, have you noticed any change in your situation?

2. If yes, do these changes relate to the reason you came in for assistance?

3. If yes, are these the types of changes you would like to continue to have happen?

4. What specific changes have you noticed?

If the first question was answered with a yes, the women were scored as having a pretreatment change. The other questions just help the clinician in assessment and providing treatment. This makes pretreatment change a dichotomous (yes/no) variable. This measure simply assesses the existence of a behavior if the respondent feels there have been changes in her life since making a call for help, and standard reliability and validity methods are not appropriate.

Family Assessment Device (FAD). The family subsystem factors were measured using the Family Assessment Device or FAD (Epstein, Baldwin, & Bishop, 1987). The FAD has seven scales: Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning, which measures the overall health of the family. This study is primarily interested in the overall functioning of the family, so the General Functioning scale was used.

The FAD has a total of 60 items. Internal consistency reliabilities range from .72 to .92. The FAD has face validity, that is, it appears to measure the concepts as one would expect (Kabacoff, Miller, Bishop, Epstein, & Keitner,
Coefficients of factor invariance (which measures the degree to which the factor structure is stable) ranged from .95 to .99 across three sample groups (psychiatric, medical, and nonclinical) providing strong evidence for a stable factor structure. The items measure the factors and support the underlying construct (Kabacoff et al., 1990). In fact, “over 90% of the FAD items loaded on factors hypothesized by the McMaster Model” (Kabacoff et al., 1990, p. 438). This gives strong evidence for construct validity. In further support of convergent validity, the FAD “correlated significantly (r = .53) with Lock-Wallace Marital Adjustment Test scores” (Epstein et al., 1987, p. 79).

The Social Provisions Scale. The Social Provisions Scale (Cutrona & Russell, 1987) has five subscales measuring (a) attachment, a sense of emotional intimacy that gives one a feeling of security; (b) social integration, a feeling of being part of a group whose members have shared interests; (c) reassurance of worth, a sense that one’s competencies, skills, and value as a person are recognized; (d) reliable alliance, a feeling that one can count on aid from others in emergencies; and (e) guidance, advice from trustworthy others. The Social Provisions Scale is internally consistent. The alpha coefficient is .92 for the total social provision scale; the subscales range from .65 to .76, with an average of .69 (Cutrona & Russell, 1987). It has test-retest coefficients ranging from .70 to .80, with an average of .75 (Cutrona & Russell, 1987).

Although there are intercorrelations among the subscales, a factor analysis suggests the subscales are separate but under the influence of a
global social support factor. Thus, the scales assess both specific components and overall social support available to the person (Cutrona & Russell, 1987). Since the current study is interested in the women’s overall perception of social support, a total of the subscales was used. The Social Provisions Scale has been used with a number of populations, among which are nurses, teachers, and the elderly. In these studies, the subscales were found to be predictive of certain symptoms of a given population (Cutrona & Russell, 1987). A confirmatory factor analysis found a goodness-or-fit index of .86 for the subscales (Stern, Norman, & Zevon, 1993; Wenzel, 1993).

Data Collection Procedures

Turning Point evaluates their services on a regular basis. The present study was designed to evaluate what services, background factors, or both are most significant to clients who successfully completed their program and are either working in appropriate jobs or are in school. During the intake interview, the individual requesting Turning Point services was asked to complete assessment forms. The intake interviewer was present to answer any questions. The questionnaires were written on a fifth- to sixth-grade reading level and took about 45 minutes to an hour to complete. Several months into the study it was determined that the assessment was taking too long. A student intern who was working with the program felt uncomfortable giving out the assessment material and at times chose not to give out all the assessment materials. In addition, some women filling out the assessment material chose
not to complete all the packet because of time constraints. At this time the BPI was dropped from the assessment packet, and two shorter measures were substituted: the Beck Depression Inventory (Beck et al., 1961) and the Burns Anxiety Inventory (Burns, 1995). This was an administrative decision made by Turning Point. The substitution of measures helped to increase participation in the study. All three of the measures (BPI, BDI, and BAI) have clinical cut-offs for anxiety and depression. This made it possible to keep the variables, anxiety and depression, in the study, resulting in dichotomous rather than continuous scores.

At 6 months following intake, individuals were called and asked to come and complete the follow-up assessment. By this time approximately one half of the participants had changed addresses. Because of the limited response, two other steps were taken to collect data. Respondents who could be contacted by phone were called and surveyed over the phone. The remaining missing data were obtained from government agencies that had contact with the women. Job Service provided information on follow-up employment. Turning Point provided information on completion of the assertiveness class and current school registration. Office staff from each agency were able to provide ways to contact the missing women. However, there were a few women from whom no follow-up employment data were available.
CHAPTER IV

RESULTS

The results of the statistical analysis will be reported for each of the research questions. Also information for the research data that adds additional light on the characteristics of women in transition will be reported.

Research Question 1

Are higher levels of self-esteem associated with positive employment outcome? This hypothesis was tested with a $t$ test. Self-esteem was considered to be a continuous variable because the scale score was computed by adding the 10 individual items. The $t$ test comparing average self-esteem scores for women judged to have successful versus nonsuccessful outcomes was nonsignificant, $t(105) = 1.11$, $p > .05$ (see Table 2). Thus self-esteem was not associated with positive employment outcome at statistically significant levels. The missing data can be accounted for by individuals who chose not to complete the measure.

Research Question 2

Are lower levels of anxiety, depression, or both associated with positive employment outcome? This hypothesis was tested using a chi-square test. A clinical cut-off was used to determine if clinical levels were present at intake, thus making anxiety and depression dichotomous variables. Positive employment outcome, which is defined as success, was tested for anxiety
Table 2

*t Test Comparing Self-Esteem Between Successful and Nonsuccessful Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteeem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>50</td>
<td>2.83</td>
<td>.65</td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>55</td>
<td>2.69</td>
<td>.61</td>
<td>1.11*</td>
</tr>
</tbody>
</table>

*p > .05

and depression separately using a chi-square test. The chi-square tests were not statistically significant, Anxiety χ² (1, N = 94) = 3.14, p = .07; Depression χ² (1, N = 89) = 2.47, p = .11 (see Table 3). Anxiety and depression were not associated with positive employment outcome in this study. The missing data can be accounted for by the fact that some of the respondents chose not to complete the measures. The BDI was placed on the back of the BAI to conserve paper and some of the respondents failed to turn the paper over.

In this sample there was also a statistically significant difference, t(89) = 3.66, p = .000) between reported social support in clinically depressed (M = 2.79, SD = .45) and non-clinically depressed (M = 3.20, SD = .51) women. Those with clinical depression were less likely to access social support. Although this was not a research question, it gives added insight into the characteristics of these women in transition.
Table 3

Chi-Square Test Comparing Clinical Anxiety and Depression with Success

<table>
<thead>
<tr>
<th></th>
<th>Anxiety</th>
<th></th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Success at 6 Mo.</td>
<td>Not Clinical</td>
<td>Clinical Anxiety</td>
</tr>
<tr>
<td></td>
<td>Follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>22</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Success</td>
<td>34</td>
<td>16</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>56 (59.6%)</td>
<td>38 (40.4%)</td>
<td>94</td>
</tr>
</tbody>
</table>

Research Question 3

Is pretreatment change associated with positive employment outcome?

Pretreatment change is a dichotomous (yes/no) variable. Success is also a dichotomous (yes/no) variable. A chi-square test for significance was used. The chi-square test was statistically nonsignificant, $\chi^2 (1, N = 102) = 1.88$, $p > .05$ (see Table 4). This indicates that there is no association between reporting a pre-treatment change and positive employment outcome. The missing data can be accounted for by the fact that several women chose not to answer the questions on pretreatment change.
Table 4

Chi-Square Test Comparing Pretreatment Change with Success.

<table>
<thead>
<tr>
<th>Pretreatment Change</th>
<th>No Change</th>
<th>Change</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Success at 6 Mo.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>29</td>
<td>19</td>
<td>48</td>
</tr>
<tr>
<td>Success</td>
<td>39</td>
<td>15</td>
<td>54</td>
</tr>
<tr>
<td>Total</td>
<td>68 (67%)</td>
<td>34 (33%)</td>
<td>102 (100%)</td>
</tr>
</tbody>
</table>

Note. Chi-square = 1.88 (1 df), p = .30.

Research Question 4

Is the functioning of the family with whom the individual lives associated with positive employment outcome? Because the primary interest was in the women's perception of overall family functioning, the total FAD score was used in a t test with success. This test was statistically nonsignificant, t(104) = .26, p > .05 (see Table 5); thus family functioning was not associated with positive employment outcome.

Family size, however, was statistically associated with positive employment outcome, t(103) = 1.97, p < .05 (see Table 5). It appears those with smaller family size are more likely to experience positive employment outcome. This is due in part to the definition of poverty wage, which takes into account family size.
Table 5

$t$ Test Comparing Family Functioning and Family Size Between Successful and Nonsuccessful Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family functioning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>48</td>
<td>2.20</td>
<td>.75</td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>56</td>
<td>2.14</td>
<td>.64</td>
<td>.26</td>
</tr>
<tr>
<td>Family size</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>49</td>
<td>3.57</td>
<td>1.59</td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>54</td>
<td>2.96</td>
<td>1.59</td>
<td>1.97*</td>
</tr>
</tbody>
</table>

*p < .05

Research Question 5

Are social support networks associated with positive employment outcome? The total social provisions scale was used because the primary interest was in the women's perception of overall social support. The total social support score was tested in a $t$ test with success. This test was statistically nonsignificant, $t(103) = .85, p > .05$ (see Table 6). The conclusion was that social support is not associated with positive employment outcome.

Research Question 6

Is the intervention of an assertiveness class, counseling, or both associated with positive employment outcome? The separate intervention
Table 6

$t$ test Comparing Social Support Between Successful and Nonsuccessful Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>48</td>
<td>3.13</td>
<td>.55</td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>55</td>
<td>3.04</td>
<td>.48</td>
<td>.85*</td>
</tr>
</tbody>
</table>

*p < .05

categories were tested with positive employment outcome using a chi-square analysis. The intervention groups were all yes/no variables, thereby making a nonparametric test appropriate. Taking an assertiveness class was associated with positive employment outcome at statistically significant levels. Although counseling was not associated with positive employment outcome, the combination of both class and counseling is also associated with positive employment outcome (see Table 7).

Further Investigation

The demographic variables of family size and employment status at intake were statistically significant when tested with success. The relationship between family size was tested using a $t$ test (see Table 2). The number of family members is a continuous variable. Employment status (yes/no) at intake was considered to be a categorical variable. A chi-square test for
Table 7

Chi-Square Test Comparing Each Intervention Group with Success

<table>
<thead>
<tr>
<th>Assertiveness Class</th>
<th>No Class</th>
<th>Class</th>
<th>Total</th>
<th>Chi-square</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Success at 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mo. Follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>31</td>
<td>16</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>47</td>
<td>9</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>81 (76.4%)</td>
<td>25 (23.6%)</td>
<td>106</td>
<td>3.71 (1 df)</td>
<td>.05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counseling</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Success at 6</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mo. Follow-up</td>
<td>Counseling</td>
<td>Counseling</td>
<td>Total</td>
<td>Chi-square</td>
<td>p</td>
</tr>
<tr>
<td>No Success</td>
<td>34</td>
<td>15</td>
<td>49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>39</td>
<td>18</td>
<td>57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>73 (69.2%)</td>
<td>33 (30.8%)</td>
<td>106</td>
<td>.03 (1 df)</td>
<td>.85</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Both Class &amp; Counseling</th>
<th>None</th>
<th>Intervention</th>
<th>Total</th>
<th>Chi-square</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Success at 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mo. Follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Success</td>
<td>41</td>
<td>8</td>
<td>49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success</td>
<td>54</td>
<td>3</td>
<td>57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>95 (89.7%)</td>
<td>11 (10.3%)</td>
<td>106</td>
<td>3.32 (1 df)</td>
<td>.06</td>
</tr>
</tbody>
</table>

significance was used. It was statistically significant, $\chi^2 (2, N = 82) = 8.30$, $p = .01$. Women who were employed at intake were more likely to experience a
positive employment outcome 6 months later.

Initially it appeared that two variables, family size and self-esteem, would be associated with positive employment outcome at statistically significant levels. Family size and employment status were statistically significant in the final analysis. The assertiveness class also proved to be statistically significant in the final analysis. These four variables: taking an assertiveness class, self-esteem, family size, and employment status, were placed in a discriminant analysis to further test their predictive value. A discriminant analysis was used because of its greater stability in small to medium-sized samples (Stevens, 1996). The correlations from the analysis also "give a direct indication of which variables are more closely aligned with the unobserved trait" (Stevens, 1996, p. 264). The discriminant analysis indicates that when these variables are looked at together, they are significantly associated with positive employment outcome (see Table 8, & 9). The canonical correlation was .44. Forty-four percent of the variance between successful and nonsuccessful groups can be accounted for by the discriminant variables (Norusis, 1985). This indicates an association with the discriminant variables; however, it does not give a model to show who is most likely to succeed. Results indicate that positive employment outcome can be correctly classified 61% of the time using the four variables of taking an assertiveness class, self-esteem, family size, and employment status. A combination of these variables may increase the likelihood of positive employment status.
Table 8

**Discriminant Analysis Comparing Assertiveness Class, Self-Esteem, Family Size, and Employment Status with Success**

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>unstandardized coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>class</td>
<td>.15</td>
<td>.36</td>
<td>.73</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>2.61</td>
<td>.62</td>
<td>.69</td>
</tr>
<tr>
<td>Family Size</td>
<td>2.97</td>
<td>1.64</td>
<td>.48</td>
</tr>
<tr>
<td>Employment Status</td>
<td>1.79</td>
<td>.82</td>
<td>-1.01</td>
</tr>
<tr>
<td>Constant</td>
<td>NA</td>
<td>NA</td>
<td>-1.64</td>
</tr>
</tbody>
</table>

Note. Canonical Correlation = .44, Chi-square = 18.62, \( p = .0009 \)

Table 9

**Classification Table of Predicted Successful and Nonsuccessful Group Membership**

<table>
<thead>
<tr>
<th>Actual Group</th>
<th>Number of Cases</th>
<th>Predicted Group Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Success</td>
</tr>
<tr>
<td>Success</td>
<td>45</td>
<td>52% (23)</td>
</tr>
<tr>
<td>Nonsuccess</td>
<td>44</td>
<td>31% (14)</td>
</tr>
</tbody>
</table>

Note. Percent of Cases Correctly Classified: 61%
CHAPTER V
DISCUSSION

In general, the results were not what was expected given the literature. Women in transition appear to be different from what was implied by the research on women in general. The only statistically significant factor impacting positive employment outcome for the women in this sample was taking an assertiveness class. It is unknown if this is because of the program's support for class participants, the value of increased assertiveness skills, the charisma of the class instructor, or the change in perspective that occurs in class participants. Further research needs to be done on women in transition to clarify these issues. This discussion addresses each of the research questions and why the results are not what were expected. Also, possible links to employment outcome for each variable will be explored.

The first research question--Are higher levels of self-esteem associated with positive employment outcome?--was not completely answered with this study. The results indicated that self-esteem, which was measured at intake, was not significantly associated with positive employment outcome. However, self-esteem can fluctuate due to life events. For example, a woman's perception of herself may be questioned in a time of transition. No data were available as to how the women's self-esteem changed as they participated in the interventions. Increased self-esteem can be an outcome of an assertiveness class (Enns, 1992; Price, 1996). The assertiveness class was
significantly associated with positive employment outcome. It may be that the women's self-esteem after the intervention would have been significantly associated with positive employment outcome. This research question needs to be addressed in further studies. The women in this study reported on average lower self-esteem scores than the normed population (Wylie, 1989), indicating that these women in transition were different from the normal population and less likely to experience the positive effects of self-esteem described in the literature.

The second research question addressed clinical anxiety or depression – Are lower levels of anxiety and/or depression associated with positive employment outcome? In this study, depression was not a significant indicator for either success or nonsuccess in employment outcome. The clinical symptoms of depression are fatigue, lack of motivation, depressed mood, flattened affect, change in sleeping patterns, change in eating patterns, diminished interest in pleasure and activities, feelings of worthlessness, feelings of guilt, and diminished ability to think (APA, 1994). Given these symptoms, most people would probably find it difficult to exert the effort and expend the energy needed to seek assistance from a government agency. This is evidenced by the fact that only 21% of the sample reported depressive symptoms severe enough to be categorized as clinically depressed. It is possible that more severely depressed women could not access intervention.
The measures used focused on the clinical cut-offs for major depressive episodes. Dysthymia, a moderate level of depression, most likely would not show up on these measures. Dysthymia over time tends to alienate people and have the same negative impact as depression. Dysthymia has many of the same symptoms as a major depressive episode but the symptoms are less debilitating and stable. Often individuals will have a good day followed by several bad days (APA, 1994). Due to the nature of the measures, this study was unable to determine the impact of depression on employment.

Research also indicates that depression and anxiety often are correlated (Oliver et al., 1995). Steer, Clark, and Beck (1995), in their study of 1,000 outpatients who were evaluated at a medical school, found individuals often overlap in their report of depression and anxiety symptoms. Asking for help can sometimes be a frightening or stressful experience, which produces anxiety. It is possible that some of the depressive symptoms were masked by the anxiety of a new situation. Forty percent of the present sample reported anxiety symptoms sufficient to be categorized with clinical anxiety. This study supports the literature in that anxiety and depression were a concern for many of these women. However, the instrument used to measure anxiety only identified clinical anxiety. Anxiety, similar to depression, is subject to daily events. Symptoms of general anxiety, although not identified by the measure, can interfere with daily living (APA, 1994). The measures were not designed to identify lower levels of anxiety or depression. This may be one reason the
results this study did not support the literature reviewed.

The results for the third research question--Is pretreatment change associated with positive employment outcome?--showed that pretreatment change was not statistically significantly associated with positive employment outcome. In this study's sample of individuals who were seeking assistance from a government program, pretreatment change was not an indicator of success. In fact, only 27% of the sample reported a pretreatment change. This fact implies the sample is different from other populations seeking assistance. This supports the underlying assumption that women in transition are indeed different from other women studied. Wiener-Davis (1987) indicated approximately 60% to 70% of individuals seeking treatment will report a pretreatment change. About 60% of individuals seeking counseling through school or college counseling centers report a pretreatment change (Lawson, 1994). Allgood et al. (1995) and deShazer (1989) also reported much larger numbers of individuals indicating a pretreatment change.

Individuals seeking government assistance may be different from individuals seeking therapy in a variety of ways. Individuals seeking government assistance are dealing with financial concerns related to food, housing, education, transportation, and child care (Price, 1996). Most individuals seeking therapy come to resolve a problem or crisis that has created enough internal discomfort that they seek assistance in dealing with it. Generally, basic needs for food, clothing, and shelter must be met before
emotional issues can be successfully resolved (Maslow, 1971). Pretreatment change may possibly be more prevalent and a better indicator of success when dealing with emotional issues than when dealing with basic physical or financial issues. Further research needs to address these issues.

Results for the fourth research question—Is the functioning of the family with whom the individual lives associated with positive employment outcome?—showed that family functioning was not a statistically significant indicator of success. According to systems theorists, families function to maintain homeostasis (Broderick, 1993). Family system homeostasis is disrupted in a time of disequilibrium such as severe marital conflict, separation, and divorce (Nichols & Schwartz, 1991). Forty percent of the women in this sample indicated that they were divorced; an additional 10% indicated their marriage was at risk. Bohannon (1970) described the stages that individuals go through in a divorce. These stages include: emotional divorce, legal divorce, economic divorce, co-parental divorce, community divorce, and psychological divorce. Each of these stages takes time, is stressful, and disrupts the status quo of the family for some time. This information gives additional insight into how women in transition may be different from the normal population. It is easy to see that a large percentage of the women in this sample were experiencing family strain. Forthofer et al.'s (1996) research provides evidence that family strain does indeed spill over into the work place. This may be one reason why families were not empowering the women to obtain employment at
statistically significant levels. Sandfort and Hill's (1996) study also provides insight into how families assist in raising the standard of living for single parents. They analyzed a nationally representative longitudinal study to determine what helps young, unmarried mothers to become self-sufficient. They found families often provide child care, social, and emotional support. But the most significant long-term factor for self-sufficiency was child support payments. It seems family process may have a direct impact on a woman's life, personality, and lifestyle, but when looking at financial self-sufficiency, money is what helps.

Another possible reason why the results of this study did not correspond with the literature reviewed could be a weakness in the Family Assessment Device (FAD). This measure was originally chosen by administrators for its simplicity. L'Abate and Bagarozzi (1993) indicated that the FAD "does not rest firmly on any recognizable theory of family process or family structure....In terms of the domains of family functioning that this instrument is designed to assess, the coverage is, at best, incomplete (L'Abate & Bagarozzi, 1993, p. 189). It is possible that this measure did not give a good indication of the woman's family functioning and its impact on her employment.

Family size had a significant impact on positive employment outcome. One would expect that a smaller family would have a better chance to move out of poverty. This proved to be true in this sample. This is accounted for in part by the definition of poverty level, which takes into account family size.
Results of the fifth research question—Is a stronger social support network associated with positive employment outcome?—showed that social support was not a significant indicator of positive employment outcome. Just as homeostasis is disrupted in times of crisis, so is social support (Bohannan, 1970). The immediate and extended family are often a woman's first and most reliable support. With a disruption in that family system, there is also a disruption in her accustomed means of social support. Accessing new support systems takes both time and energy. During this disruption, her energy is already taxed. In general, the assertiveness class and the Turning Point program often become a support system (Price, 1996). There are only research data about perceptions of social support at intake. There are no data about perceptions of social support 6 months later because of the difficulty in obtaining follow-up information. It would be interesting to know how the woman's perceptions changed after intervention, particularly as assertiveness skills often enhance an individual's ability to access social support (Elliott & Gramling, 1990). It is quite probable that social support may have been more associated with positive employment after intervention. It is possible that social support is important in getting an individual involved in an intervention program, or starting school, or finding a job. Yet it may not be a contributing factor to working above poverty-level wages. An individual may find friends within her own economic class, which may limit her ability to move out of poverty. It is also possible the need of a woman in transition for social support
exceeds that of other women. Further research needs to be done on this question.

Research also indicates depressed individuals have difficulty accessing social support (Elliot & Gramling, 1990). In this sample there was a statistically significant difference ($t = 2.87, p = .005$) between reported social support in clinically depressed and non-clinically depressed women. Women who came in for help who were clinically depressed reported they had less support from family and friends.

For the sixth research question--Is the intervention of an assertiveness class and/or counseling associated with positive employment outcome?--the assertiveness class was significantly related to success in this sample. It is important to remember that the data were collected in a year in which the Turning Point program was going through massive changes and budget cuts. The Utah State Legislature cut much of the funding and combined the services with other agencies. These changes limited access to both counseling and classes. Funds were no longer available to pay for counseling, class fees, and books. With these changes in funding, it is possible that not all women who may have benefited from the class were able to participate. For the most part, individuals had to pay for their own services or seek assistance from other sources. Funding changes definitely affected the availability of the service.

For this study the criteria for positive employment outcome consisted of employment above poverty wage for the woman or the onset of training
leading toward employment. The class teaches assertiveness skills. Assertiveness skills take time to become part of an individual's daily behavior patterns. Gaining or up-dating employable skills also takes time. Resolving emotional issues through counseling takes time. Six months is a short time period for individuals who took the class to use their assertiveness skills and become employed above poverty wage. Outcome data from the class indicate that individuals who complete the assertiveness class have an easier time in school and keep their jobs longer (Price, 1996). The results from this study support previous research in that the assertiveness class was associated with positive employment outcome at statistically significant levels (see Table 7). The combination of class and counseling was also associated in the direction that was hypothesized even though it did not reach statistically significant levels. It appears that the acquisition of assertiveness skills helps with obtaining employment, enrolling school, or both.

Counseling is a variable that is identified in the literature as potentially contributing to successful employment. As discussed earlier, individuals seeking government services may be different from traditional individuals seeking counseling. In this sample, counseling was recommended to individuals who expressed concerns related to emotional issues or who exhibited severe symptoms of distress such as clinical depression. The counseling the individuals attended in this sample was provided by a variety of counselors. All of the counselors report a broad systems focus with an eclectic
approach, using what method best suits the needs of the client at the time. As
in most counseling, the women presented their concerns as the goals for
treatment. These concerns, though not reported in the research, were most
likely related to the client's current emotional distress. This may or may not
have been related to our definition of positive employment outcome.
Research, however, indicates that lowering an individual's stress during crisis
frees greater energy and resources to meet family needs (McCubbin et al.,
1993). Therefore, individuals who are able to resolve clinical issues and relieve
stress or family tension may be able to deal more effectively with financial
stress and seek employment.

In this study there were no consistent treatment protocols that greatly
reduced generalizability. Also, the availability of counseling was reduced by
budget cuts. It is possible that the counseling was crisis focused or the
women dropped out due to the lack of funding. In either case, the problems
may not have been resolved in the same way they would have been prior to
the funding cuts. Due to client confidentiality laws, however, this was not
testable.

Further investigation indicated that employment status at the time of
intake was significantly associated with positive employment outcome. It
appears that individuals who are employed at intake are more likely to
experience positive employment outcome. Employment often provides needed
skills and experience that aid in finding work above poverty wage. In this
sample, if employment was combined with family size, greater self-esteem, and taking an assertiveness class, it was also associated with positive employment outcome. The discriminant analysis indicates that the combination of these factors tends to be associated with positive employment outcome about 61% of the time.

Money is a very tangible item as it is very concrete and specific. In this study, variables that are very specific—family size, employment at intake, and taking an assertiveness class—were associated with positive employment outcome. The assertiveness class taught specific skills that benefited the women in seeking employment. Other factors that dealt with relationships, such as family functioning and social support, did not appear to have an influence on employment. Personal factors such as pretreatment change, self-esteem, anxiety, and depression did not appear to be directly associated with positive employment outcome. But, all of the personal factors are influenced by assertiveness skills. Assertiveness is related to high self-esteem (Price, 1996; Enns, 1992). It counters the effects of anxiety and depression (Elliott & Gramling, 1990; Culkin & Perrotto, 1985). It strengthens a woman's ability to move forward and make changes in her life (S.K. Price, personal communication, April 1996). All of these are personal factors. A woman's use of assertiveness skills will also influence both her family and social relationships (S.K. Price, personal communication, April 1996). Assertiveness appears to be an important factor for women in transition.
Limitations

This study was limited by the difficulty of obtaining follow-up information. Women had moved from the area or were unwilling to complete the follow-up survey. Thus, some of the follow-up information does not come from the original source but rather comes from agencies who had contact with the women.

Another limitation was the small number of individuals in the sample who took advantage of the class and/or counseling made available to them. The research was gathered in a year when the state legislature made extensive changes in the budget. These budget cuts affected the Turning Point program, making fewer funds available for scholarships to the class. It also eliminated the program's ability to pay for participants to receive counseling.

Another limitation was the open approach to counseling. Many of the participants who were interested in therapy were referred to the Family Life Center for Family Therapy. Some of the participants had worked with or were currently working with other professionals in the area; thus, there was no consistency in treatment protocols. Inasmuch as following through on the recommendation for counseling was the sole responsibility of the participant, some sort of incentive may have been helpful. The research design would also have been stronger if the counseling had been more structured with at least
one of the treatment goals targeted toward moving the individual above poverty wages.

As with all self-selected samples, there is a limitation to the generalizability. There is no way to tell if the same type of individuals would select the same intervention programs with the same results in a similar study. This study describes women who participated in the Turning Point program during a restructuring year. Some important lessons were learned about the sample population, however. Women in transition seem to be very mobile. They are making changes in their life and quite often move. It would be advisable to have a way of tracking the women in future studies. These women also seem to be very busy. They have limited time, energy, and resources. They often had other work or family commitments to attend to. They did not want to take time to fill out a long measure. Care should be taken in the selection of measurement tools as time is a serious consideration for them.

Implications for Marriage and Family Therapists

Today's trend toward managed care and budget cuts leads therapists to seek practical, quick, and cost-effective solutions. These solutions must ethically be in the best interest of clients while still meeting the demand for tighter budgets. This research gives therapists valuable information for helping women in transition. Assertiveness skills appear to be an important factor for
class, but they can also be addressed and practiced in the therapeutic setting. During therapy, assertive behavior can be both modeled and experienced in the context of the woman's family or significant others.

Research indicates that gaining assertiveness skills (Enns, 1992), personal control (Parker, 1994), positive family interaction (LaRossa & Reitzes, 1993), and positive social support (Cutrona & Russell, 1987; Wenzel, 1993) also enhanced women's self-esteem. Self-esteem is theorized to be a key to healthy family functioning (Satir, 1988). Often, increasing self-esteem is a therapeutic goal. Even if it is not directly expressed, this research indicates it would be beneficial to women in transition to have increasing assertiveness skills and self-esteem as components of therapy. Taking an assertiveness class was statistically significant in obtaining positive employment (see Table 7). It can be concluded that improving assertiveness skills would impact the women's employability. Many therapists use empowerment, compliments, and self-actualization goals successfully. This research gives some insight into why these techniques are beneficial. Therapists who are successful in enhancing a client's self-esteem and assertiveness may make a lasting impact on the client's lifestyle financially as well as personally. The increased assertiveness skills could influence her ability to improve her financial situation.

Another important connection for marriage and family therapy research is the low numbers of individuals in this research project who reported a pretreatment change. Perhaps pretreatment change is not as big an indicator
of success as researchers originally thought. Researchers have consistently been unable to obtain the same high numbers of individuals reporting a pretreatment change as Weiner-Davis did in 1987. This research would add evidence that at least in this population for this sample, pretreatment change was not an indicator of success. Further research needs to been done regarding pretreatment change.
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APPENDIX
Questions to measure employment outcome:

1. Are you currently working?
2. If yes, what is your average monthly income from employment?
3. How long have you been working?
4. Do you feel this job will improve your financial future?
5. Are you involved in vocational or educational training?
6. Do you anticipate this training will significantly benefit your financial future?