

# **Building the Future: Organizing Psychosocial Rehabilitation with a Veterans Construction Team**

**A Descriptive and Process Analysis for**

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## Executive Summary

- VCT is an innovative form of Compensated Work Therapy for unemployed and homeless veterans who have problems with substance abuse or serious mental illness. It provides an intensive psychosocial rehabilitation experience to veterans who are receiving clinical services from a primary care physician, a psychiatrist, and/or a psychologist. VCT is offered within the Mental Health Service Line of the Edith Nourse Rogers Memorial Veterans Administration Medical Center in Bedford, Massachusetts.
- VCT is a model of cost efficient use of government resources because veterans in the program are paid for projects that meet the needs of other government units.
- Since 1993, over 700 veterans have been served in VCT and contracts worth \$21.5 million have been completed. Each day, VCT serves about 25-50 veterans; each year, it obtains contracts valued between \$2 and \$4 million.
- This report describes VCT operations and identifies issues that arise in the course of operating a VCT program. Data were collected through interviews of program managers and staff, field supervisors, and VCT participants; archival data on VCT projects; and previously conducted surveys of participant satisfaction and backgrounds.
- VCT management performs six functions that are common to any construction contractor: obtaining contracts, procuring equipment and materials, monitoring expenditures, selecting and supervising workers, and completing projects. In addition, VCT must interface with the Veterans Administration and deliver rehabilitation services.
- Key management positions in VCT are a managing director, a director of operations, a program manager and a project planner (although these two positions may be combined), a vocational rehabilitation specialist, and a fiscal coordinator. VCT must use experienced construction contractors to supervise participants and manage individual projects; since government regulations do not allow a government employee to supervise non-government employees, an independent contractor is employed as the VCT Director of Operations.
- Smooth relations between VA and VCT are necessary for efficient program operations. The VA Acquisitions and Materials Management department purchases all goods and services; Facilities Management is responsible for planning construction work at VA facilities themselves; and the VA Fiscal Department processes payroll and purchasing transactions. Unanticipated equipment needs can result in delays, so advance planning is important for smooth-running operations.
- VCT pays a wage that exceeds the federal minimum; increases are given with experience and achievement.

- The primary source of VCT contracts has shifted gradually from VA medical centers to Department of Defense sites (military bases) and Department of Transportation (primarily Coast Guard) projects. A mix of different types of projects are necessary so that VCT can continue to serve veterans during construction downturns as well as meet the needs of different types of veterans. The most desirable projects are “anchor jobs” that are relatively long-lasting, labor-intensive, socially supportive, and educational. General construction projects that offer relatively unskilled work over a long period are most desirable. Trade jobs that involve close supervision by an expert are useful for providing more advanced training, while labor contracts can provide ongoing work at military bases and other sites when there are insufficient construction projects.
- VCT projects must be supervised carefully to ensure that they meet employer expectations and provide rewarding experiences for veterans. Successful projects tend to have adequate materials, a schedule with goals and benchmarks, clear safety rules and a clean work area, and respect for other participants. The scope of work for successful projects is spelled out clearly and on-the-job conflicts are resolved quickly.
- Veterans entering VCT represent a broad cross-section of the available population, with only some having prior construction experience and most lacking formal training in particular trades. Most participants are seeking a meaningful work experience and many rate highly the goals of competitive employment and better pay.
- Field supervisors reported that many participants lacked motivation in the program or a desire to move on. Many veterans were unsure about leaving VCT or seeking other employment.
- Satisfaction with VCT jobs was very high overall, as well as in regard to specific job components. Questions about social support on the job and about the work experience itself elicited enthusiastic comments. Satisfaction was somewhat lower with respect to the amount of feedback received on the job and the rates of pay and some participants expressed an interest in more training opportunities.
- Current VCT participants were very satisfied with their supervisors. Most supervisors had developed approaches to discipline and handling workplace tensions that ensured effective leadership of construction projects and measured responses to personal problems. Past difficulties with supervisors indicated the importance of careful supervisor selection, training, and review.
- The VRS assigned to VCT responds to immediate needs of participating veterans and maintains linkages with VA clinical service staff assigned to these veterans. He received very high praise from program participants. The on-site group therapy sessions that had been used at some sites were identified by many as providing an effective model for delivery of more services. Veterans tended to express little interest in additional services, but some field supervisors felt they needed more guidance about service issues.

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The Veterans Construction Team program (VCT) is an innovative form of Compensated Work Therapy (CWT) in which veterans who have problems with substance abuse and/or serious mental illness work as a team on actual construction projects. VCT provides a rewarding work experience and a supportive group that facilitates both training and rehabilitation. Veterans may participate in this intensive psychosocial rehabilitation program while they are receiving clinical care from the VA. Service linkages are maintained with the assistance of a Vocational Rehabilitation Specialist, in collaboration with the project's field supervisor.

Pioneered by the Psychology Service at the Edith Nourse Rogers Memorial Veterans Administration Medical Center in 1993 (Bedford, Massachusetts), VCT now generates \$3-4 million in contracts on an annual basis. Its self-supporting nature makes VCT a model for efficient use of government service resources. The program has served over 700 veterans, completed work on contracts worth a total of \$21.5 million, and carried out short-term construction projects at six other VA Medical Centers in a total of four states (Cournoyer, 2001).

This report describes the development and operation of the VCT program, identifies problems addressed and solutions developed, and makes recommendations for further research as well as program enhancement. The report is organized into six sections that represent the scope of VCT activities and the issues that the program has encountered. Each section begins with a description of findings from relevant data collected for the report and ends with policy and research recommendations. Recommendations and related research proposals reflect both suggestions by project interviewees and principles stemming from rehabilitation practice and organizational theory.

Material presented in each section can best be understood in the context of the analysis in the other sections. "Management," the first major section, provides a framework for understanding the program as a whole, while "Projects," the second section, reviews the operation of individual work projects as integrated units. The other sections—"The Veterans," "The Work," "Supervisors," and "Services"—cover the different components involved in each construction project. The success of each VCT project and the ability of management to achieve program goals are largely determined by the functioning of these components and the way that they fit together on a project.

## **Introduction**

Like other health care providers in recent decades, the VA has adopted the goal of improving quality of life and maximizing patients' ability to function in community settings. An emphasis on long-term inpatient care for those who have had substance abuse or mental health disorders has been replaced with a system-wide mandate to offer vocational rehabilitation programs and transitional residences that will facilitate community living. The array of vocational rehabilitation programs offered by the VA includes: Manual Arts Therapy, which allows assessment of prevocational skills and development of socialization skills through such activities as woodworking, machine

shop, printing and horticulture; Incentive Therapy, in which veterans are paid to provide such services at their Medical Center as landscaping or dietetics; and Compensated Work Therapy (also known as Veterans Industries), which relies on contracts developed with both private and public sector industry to provide paid jobs that include sheltered workshops, work at the Medical Center, and supported jobs in the community (VA). Some Medical Centers also offer a special CWT/TR program, in which veterans live in a Transitional Residence while participating in CWT; TR residents must remain sober (98% have been in treatment) and pay a portion of their CWT income as rent.

The Veterans Construction Team is a unique form of Compensated Work Therapy developed by the Psychology Service at the Edith Nourse Rogers VA Medical Center. In some respects, VCT represents the most ambitious attempt in the context of CWT to adapt work processes to the goal of psychosocial rehabilitation. The pace and unpredictability of construction projects require changes in the usual contracting and ordering processes in the VA. The demands of completing actual construction projects also make more challenging the delivery of clinical services to project participants. But the opportunity construction provides for rewarding work and supportive social relations also exceed what is often available in even private-sector jobs.

Program goals identify some of the unique contributions that VCT can make (Cournoyer, 2001):

- Foster positive motivation, work behaviors and self-esteem in the men and women veterans who participate in the program.
- Decrease substance abuse. Increase successful living and working in the community thereby decreasing hospitalization and reliance on public entitlement programs.
- Increasing program participation through continued success and program expansion.

Like other Compensated Work Therapy programs at the Edith Nourse Rogers Veterans Administration Medical Center, VCT is offered within the Mental Health Service Line. To the other clinical services a participating veteran is receiving, VCT adds an intensive psychosocial rehabilitation component that is designed to improve community reintegration.

### ***Theory and Methods***

Current VCT operations and our recommendations for its improvement reflect in part principles that have emerged from theory and research in the areas of vocational rehabilitation and organizational change.

Judith Cook (1999) has highlighted those principles for which there is some consensus among experts on vocational rehabilitation. First, situational assessment of vocational skills and potential is preferred to traditional psychiatric assessments. In a

situational assessment, behaviors and attitudes in actual work environments are observed and rated over time. Second, clients are to be rehabilitated by being placed and trained in community jobs, rather than in sheltered or unpaid work. In addition, rapid placement into paid community employment is preferred to a lengthy prevocational training period. Fourth, vocational support should be available that is appropriate to the individual's needs and situation and, fifth, that is tailored to the individual's preferences. Finally, earnings policies must take into account their impact on eligibility for disability income and associated health care benefits. Our recommendations attempt to maintain fealty to these principles while applying them realistically in the case of construction work.

Theories of organizational change provide another source for the policy recommendations (Scott, 1998). We derive from these theories the principles that organizations tend to resist change; that organizational success requires rational connections between means and ends; that environmental change creates pressure for organizational change and hence can disrupt customary organizational patterns. Organizational theory also points out that change is made more difficult by multiple goals and competing interests within organizations. We focus particular attention on the importance of organizational resource needs and the role of organizational boundary management in regulating exchanges between the organization and its environment. Many of the policy recommendations offered involve changes in the buffering and bridging processes that organizational theory highlights as the bases for organizational boundary management.

We designed our methodology for reviewing VCT so as to capture the standpoint of those who direct the program and those who participate in it. We drew on six data sources:

- (1) *Program management, office staff.* All management personnel and office staff currently employed in the program were interviewed (N=7). All of these personnel had been involved with multiple projects and had developed many insights into program operations. Comments by managers form the primary basis of the management section.
- (2) *Field supervisors.* Interviews were conducted with all field supervisors (contractors) working for VCT while the study was in progress (N=5). Open-ended interview questions covered experiences with the current project as well as with past projects.
- (3) *VCT participants.* Almost half of the 46 veterans on the VCT "Active List" at the time of the study were selected randomly (N=19); interviews were completed with 15 of these individuals (see appendix for interview schedule). Two of the four individuals who were not interviewed were not available; the other two worked only in support roles that did not involve construction work. In addition to the individual interviews, a focus group was conducted with 8 VCT

participants at one work site (see appendix). Three of these participants had been interviewed individually.

- (4) *Construction project records.* A systematic random sample of 12 VCT projects was selected from the 40 completed in FY 2000. Key features of these projects were coded, including contract value, change orders, numbers of employees and supervisors, and number of early departures (see appendix). VCT's Director of Operations rated each job in relation to achievement of work and service goals. These data are used in the Projects section.
- (5) *Satisfaction survey.* The Bedford Division of the Mental Illness Research, Education, and Clinical Center (MIRECC) and the Edith Nourse Rogers Memorial Compensated Work Therapy (CWT) program jointly sponsored a Satisfaction Survey of current CWT participants in Spring 2001. The survey achieved a 55% overall response rate. Twenty-one of the respondents identified themselves as VCT participants, yielding a 46% response rate based on the number of VCT participants in February, 2001. The responses of these VCT participants provide another source of data about current participants' reactions to the program.
- (6) *The Veterans Industries' Monitoring Data Sheet.* This form is used by the VA's Northeast Program Evaluation Center (NEPEC) to collect baseline and followup data from CWT participants; these data are supplemented by the Bedford Mental Illness Research, Evaluation, and Clinical Center (MIRECC) with data collected in the Client Services Inventory. We use data obtained with the Monitoring Data Sheet to describe characteristics of VCT participants and to identify those characteristics that distinguish VCT participants from those in other CWT programs. The sample we use for this analysis is comprised of those CWT participants for whom a Client Services Inventory was obtained at a followup interview, at least 3 months after their CWT participation ended. This procedure identified 74 former CWT participants, 34 of whom had been in VCT.

Our analysis integrates findings from these data sources, but most sections rely primarily on the comments and ratings of the VCT supervisors and participants. Due to the low rate of response to most of the quantitative surveys as well as the cross-sectional nature of much of the data, the analyses presented in this report should be viewed only as preliminary. A separate subsection at the end of each section indicates the types of additional research that would help to provide a more comprehensive analysis of VCT.

## **History**

Vocational rehabilitation was first authorized for veterans disabled by military service with the War Risk Insurance Act in 1917 (Losardo, 1999). Subsequent legislative

acts have expanded the scope of VA vocational rehabilitation programs and extended eligibility to more groups of veterans. Public Law 96-466, passed in 1979, shifted the focus of vocational rehabilitation for veterans from a goal of training to restore employability to that of achieving maximum independence in daily living and actually securing and maintaining suitable employment. Public Law 94-581, passed in 1981, specifically authorized the Compensated Work Therapy program (CWT); a subsequent law (PL 102-54) allows CWT to contract directly with federal agencies (VA, ).

Current regulations for CWT (38 USC Section 1718) emphasize the therapeutic nature of the program and so specify that veterans cannot be considered as employees of the United States. As a result, earnings are not taxed, benefits like sick leave, vacation and Workman's Compensation are unavailable, and non-VA labor regulations do not apply. In addition, CWT participants are not allowed to drive government vehicles. Job injuries are to be treated by the VA as arising in the course of medical care and to result in VA compensation benefits. Actual pay rates for CWT jobs are set by the local VA medical center (Veterans Administration, 1996).

The Edith Nourse Rogers Memorial V.A. Hospital (formerly the Bedford VA Hospital) has offered vocational rehabilitation since its founding as a psychiatric treatment institution in the 1920s (Losardo, 1999). Farming was the primary focus until the 1960s, when sheltered workshops became more popular. Community-based work was first obtained for Bedford veterans in the late 1960s, but it did not become a major form of vocational rehabilitation there until the 1980s. During that decade, the CWT program grew from serving 30 to 40 veterans per week to serving 200 to 300 weekly. As deinstitutionalization decreased inpatient programs after 1994, CWT became an increasingly important component of the hospital's service programs. In the year 2000, under the leadership of Dr. Walter E. Penk, Director of the Psychology Service, the ENRM VAMC CWT program continued to serve about 700 veterans each year. The VA Under Secretary of Health in that year bestowed on the CWT program and its Veteran's Construction Team his Innovations Award.

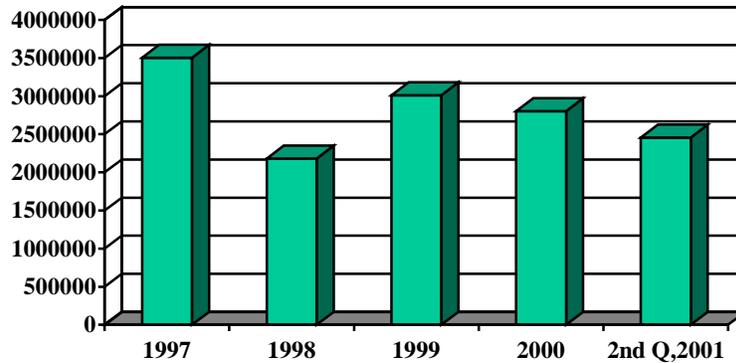
The VCT program began as an extension of the ENRM VAMC CWT program. In 1993, a CWT counselor was informed of an opportunity to place veterans in a painting job at a nearby air base. Because this work required additional expert supervision, an experienced vendor was given a contract to provide day-to-day supervisory services (Cournoyer, 2001). After this initial experience, larger contracts were secured and by the end of its first year the VCT generated \$60,000 in revenue. As the program continued to grow, more field supervisors were hired and one of them became the Director of Operations. Additional managerial positions were created. Most responsibility for monitoring work sites was delegated by the Director of Operations to the Program Manager and a Project Planner.

For the next seven years, VCT expanded its source of contracts from Bedford to other Veterans Administration Medical Centers and to military bases, military housing, and other federal agencies (see figure 1). By Fiscal Year 1997, VCT was able to secure contracts worth \$3,500,000; through Fiscal Year 2001 the program continued to obtain contracts that totaled at least \$2.1 million per annum. By FY 2001, veterans in the

program had performed more than 600,000 hours of work and had earned more than \$5 million in wages.

Figure 1

### Total VCT Contract Values, 1997-Spring, 2001



## Management

Any construction contractor must perform six distinct functions: (1) obtaining and estimating contracts; (2) mobilizing equipment and procuring materials; (3) monitoring expenditures; (4) selecting participants; (5) supervising participants; and (6) completing projects. VCT must also deliver rehabilitation services and interface with the Veterans Administration. The management structure of VCT is shaped by these functions; the process of managing VCT reflects their performance.

#### VCT Functions

- *Obtaining & estimating contracts*
- *Procuring equipment, materials, subcontractors*
- *Monitoring expenditures*
- *Selecting workers*
- *Supervising workers*
- *Completing projects*
- *Delivering rehabilitation services*
- *Interfacing with the Veterans Administration*

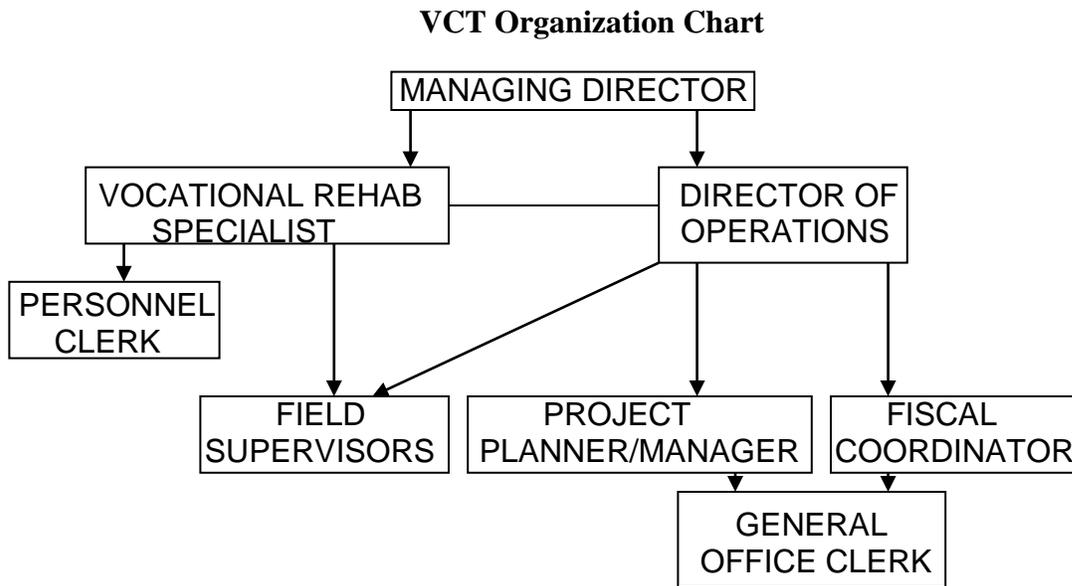
This section describes the management structure developed to perform these functions. Personnel, relations with the VA, office operations, and supervisory practices are each described and problems identified.

**Management Personnel**

“It’s [VCT] a pretty well-oiled machine. The office staff is supportive. [The Director of Operations] is awesome. [The Managing Director] and the support staff are always there [for you]. [The Managing Director] is dedicated. It’s a pretty remarkable rehab program.”

The VCT office is both the hub of program operations and the public face of the program for other VA personnel and external visitors. Efficient office operations are essential for program functioning. This means that appropriate personnel must be recruited and the operations they are to perform clearly identified (figure 2). Office staff must be available to respond to unexpected project needs and veteran concerns throughout the day. As the preceding quote illustrates, the Bedford VCT office has developed an office operation that meets these requirements.

Figure 2



At present, VCT relies on five management positions (see figure 2) (the project planner/manager may become two positions if the workload is great enough). The *Managing Director* is a Department of Veterans Affairs employee who is responsible for fiscal monitoring and compliance with federal contracting and procurement regulations, including all record keeping. He or she coordinates all efforts with the Director of Operations and works with other VA administrative staff to market the program, select vendors, review invoices for materials and services, participate in engineering and project status meetings, and ensure project safety and customer satisfaction. The Managing

Director must have frequent contact with CWT and other VA clinical staff and so needs to have a background in human services as well as in construction.

The *Director of Operations* maintains direct oversight for supervision, accounting, and project planning and completion. Although in the program's first years this oversight often included visits to work sites, the Operations Director now relies on the Project Manager/Planner for this direct monitoring. His own work is based in the VCT office, with frequent calls to field supervisors. Because VA regulations do not allow a federal employee to supervise the work of non-government employees, the Operations Director him or herself must be an independent contractor. The position requires strong management skills, a high degree of construction expertise, and understanding of and commitment to VCT's rehabilitation mission.

The VCT *Project Planner* provides technical support to VCT, including preparing bid take-offs, occasional project designs, and project submittals and scheduling, as well as monitoring materials and services utilized. A *Fiscal Coordinator* monitors expenditures and maintains accounts and payrolls, coordinating with the VA Fiscal department. The *Project Manager* coordinates marketing activities for program development and replication and prepares project proposals, requests for pricing and materials acquisition procedures. The Project Manager also coordinates with the *Field Supervisors* and *Project Planner* and Facilities to ensure prompt delivery of materials and subcontract services and maintain the schedule (Chirico-Post, et al., 2001). When the number of projects in process is not too high, the Program Manager and Project Planner positions may be combined.

Service delivery is primarily the responsibility of a *Vocational Rehabilitation Specialist*. The VRS assesses job placement and readiness and then meets directly with project participants about their service needs, most often on a weekly basis at work sites. He reviews with field supervisors the functioning of project participants and any special needs of which supervisors must be aware. The VRS is also available at all times to participants and supervisors by cell phone and he travels to sites as needed to provide additional support to program project participants. He conducts screening tests for substance abuse on site when there is an indication of a problem. The VCT VRS is also the program's contact with community employers and so is expected to help VCT participants obtain jobs when they leave VCT.

Daily work supervision is the responsibility of *Field (or Site) Supervisors*, who exercise this function through morning meetings on the job, ongoing monitoring of work progress, and one-on-one discussions with participants on an as-needed basis. Many projects require three supervisors with different specialties--general, plumbing, and electrical, but at least the latter two specialties are often not needed throughout a project. As a result, supervisors can add an essential element of flexibility to VCT operations: they are "working foremen" who can finish skilled work in a satisfactory and timely fashion when sufficient qualified VCT participants are not available. Field supervisors may travel between sites on an as-needed basis in order to complete work in their specialty. Some field supervisors may be former VCT participants who have had sufficient experience in a trade.

Field supervisors inform the Director of Operations about the progress of their projects and file requests for supplies with the Project Planner. They maintain control over the work site and also extend vocational rehabilitation services through their supervisory and support practices. Field supervisors observe participants' behavior, attitude, and appearance, they consult with the Vocational Rehabilitation Specialist about problems they have observed, and they may participate in group consultations with a VA psychiatrist about service needs.

Routine office and personnel functions are performed by a General Office Clerk and a Personnel Clerk, who can both be VCT participants themselves. Four positions interact regularly with the larger VA Medical Center: the Project Planner submits invoices and requests for equipment, subcontractors and supplies to the VA A&MM Department, the Fiscal Coordinator coordinates payroll and project billing with the VA Fiscal Department, the Director of Operations meets with A&MM and the Fiscal Services Chief, and the Managing Director confers on program development and oversees fiscal transactions and vendor selection.

The VCT's ability to achieve both construction and service goals has been facilitated by using in management positions veterans whose backgrounds represent both elements. All the management staff have had some experience in the military or construction, as well as in management or human services; several have experienced personal tragedies like those confronted by their veteran clients. These diverse backgrounds create a unique combination of skills and orientations that span social work and construction as well as general administration and more specialized professions.

### ***Interorganizational Relations***

Efficient operations in the construction business require flexible and responsive procedures. Unanticipated needs for materials, equipment, and even personnel arise due to unexpected construction difficulties and unpredictable weather, as well as due to fluctuations in personnel required for a job. Small but specialized jobs, such as wiring or plumbing, may require temporary contracts with individual vendors. The ebb and flow of needs for materials, equipment, and specialized services can require rush orders to available vendors. These needs can be difficult to meet in a large bureaucracy that requires extensive review and documentation of decisions

In the Veterans Administration, the Acquisitions and Materials Management department (A&MM) is responsible for decisions about purchasing all goods and services and so serves as a critical gateway for VCT. When A&MM employees are able to respond promptly to unpredictable demands resulting from construction projects, project work can continue without interruption. When A&MM is not able to respond promptly, whether due to processing procedures, personnel shortages, or other problems, construction projects may be delayed. The VA's Engineering Department (Facilities Management) handles local VA construction projects, so its support is critical if VCT is to operate within the local VA facility. Finally, the Fiscal Department processes payroll and financial transactions and reviews the available funding for all purchases.

The VCT at the Bedford VA has developed a series of steps for developing project plans that facilitate coordination between the VA and VCT (Chirico-Post, et al., 2001).

- *Marketing Phase.* This involves promoting VCT with potential customers. The focus is on contracts with the VA and other government agencies, which can set aside contracts prior to solicitations being sought for the benefit of a rehabilitation program. The set aside prevents direct competition with firms subject to Davis-Bacon wage requirements (mandating payment at the prevailing local wage rate). When a contract involves a government agency outside the VA, a general Memorandum of Understanding about the relationship with VCT is negotiated before any specific construction jobs are reviewed.
- *Preliminary Planning Phase.* When notified that a specific project is under consideration for VCT, the VCT Managing Director and Director of Operations review the bid request to determine whether the project offers benefits to veteran participants. It is imperative that the project scope be clearly defined. Within the VA, it is the Engineering Department, with concurrent agreement of A&MM, that informs VCT when a project is under consideration for set-aside. If the overall project would be beneficial, but a component of the work exceeds the available skills within the VCT program, subcontracts may be planned for this component of the work.
- *Request for Proposals and Bidding Phase.* The Project Planner and Director of Operations negotiate the project's scope and prepare a work statement and budget. A ten percent overhead for project expenses is added for contracts with the VA. VA's Contracting unit reviews the plan and budget proposal.
- *Contracting Phase.* After the contract is awarded, the Fiscal Department establishes a fund transfer procedure with electronic payments (OPAC) (using VA form 2237 or 1358, or the MIPR for Department of Defense and Department of Transportation [Military Interdepartmental Purchase Request]). When additional work proves to be required as the project is carried out, a change order to the original contract may be negotiated to make the necessary adjustments (VA 2237 & VA 1358).
- *Scheduling and Detailed Planning Phase.* A detailed project plan is developed. The Managing Director, Director of Operations and the VA AM&M solicit, interview and select Field Supervisors. Detailed time, labor, and materials requirements are established and project folders and accounting programs are developed. The Program Manager and Field Supervisor then develop work teams and make a formal request to the VRS for staffing.

In practice, problems have occurred on some projects in the VA with respect to both materials acquisition and personnel policies. But the flexibility of the VCT approach has also proven to have some advantages for the larger VA system, by allowing for rapid and cost-efficient responses to construction needs.

### Materials and Subcontract Acquisition

When work or materials are needed for a construction project, “takeoffs” are developed that specify work plans, identify the quantity and sizes needed, and distribute work and materials by trade. Field visits are essential to verify existing conditions, develop work plans, and identify the potential for special problems that might affect costs. Changes in plans may be suggested to the customer. After any necessary changes, a *Request For Quotations* is developed for contractors, subcontractors, and vendors who seek to work on the project or supply materials for it. The RFQ package describes the type and scope of work needed, specifies exactly what each vendor is to bid on and not bid on, and includes drawings and specifications. Accuracy is essential in order to minimize the likelihood of underbidding. Prospective vendors are identified through prior contacts and prequalification processes. When a vendor is selected, they list specific products in the “Product data listing.”

Construction projects require an ongoing supply of materials and specialized services. For most projects, most of these needs can be identified when a contract is first developed. VCT uses a 5-step process to identify these needs:

1. At a pre-construction meeting, charts submitted by contracting units and other plans are reviewed. At this point, incomplete specifications may need to be clarified. The field supervisor and Project Planner review all specifications and plans, begin to develop a stock list, visit the site as required to refine the initial list, and identify specialized services for subcontractors;
2. Develop list of needed materials (a stock list);
3. Prepare RFQ with type and specifications of materials and services;
4. Select vendors to whom an RFQ should be sent;
5. Prequalify potential vendors by phone;
6. Review submissions and submit all documentation to AM&M for procurement. The specific materials are then solicited through normal government contracting procedures.

In spite of these procedures, unanticipated needs often emerge as a project progresses—pulling down walls may reveal latent conditions such as problems with electrical wiring; a new ceiling may require more supports than expected. The only certainty about such needs is that they cannot all be anticipated before construction work begins. As a result, arrangements must be made to accommodate orders for new materials throughout a construction project. As one supervisor commented, “When we need material, we need material.” These unanticipated needs are submitted to AM&M for an expedited acquisition process. The Bedford VCT’s experience is that these modifications usually are accepted with minimal question and an agreement is quickly

reached on a fair price. However, if the materials required by these change orders are not then filled in a timely fashion, delays are inevitable.

Many private construction contractors have regular, direct access to suppliers. VA procurement regulations do not allow such a practice. Instead, materials must be ordered before they are needed; if these needs are not anticipated by purchase requests well before a project begins, the progress of construction may be hampered. Two-week delays in obtaining supplies are common.

At the VA, you have to learn to plan out the whole entire package and order all you will need at the start of a project, instead of in stages, since you don't know how long it will take to get everything. You may be told, "they are 'held up in fiscal,' Even when orders are submitted weeks in advance, the supplies may or may not be ready, and you can't find out what is available until you pick up the materials. You can't 'buy like a construction team.'

These problems worsened at the Bedford VA when the number of purchasing agents was reduced from five to one.

VCT has responded to these difficulties through its office procedures and supervisor actions. In the office, the Project Planner tries to submit materials requests months before the materials are needed in a project. He checks daily on the status of transactions and verifies costs by calling vendors. Then he submits a request to a VA purchasing agent who checks and adjusts costs. When unforeseen costs result in the project going over its initial budget, the required change orders are filed as quickly as possible. Frequent meetings with the VA Acquisitions Officer and aggressive pursuit of orders also help. Supervisors are urged to anticipate all needs for materials in their initial stock lists. Although as independent contractors they are not accountable for expenditure of unnecessary funds, most also try to avoid cost overruns by not requesting materials that might prove to be unnecessary. In emergencies, after receiving pre-approval from the VA, supervisors may purchase materials themselves to prevent delays.

As a result of these strategies, relations between VCT and the Bedford VA Purchasing and Contracting departments are smooth and supportive. However, at some VA sites where short-term VCT projects have been carried out, poor relations with the AM&M or Engineering departments have delayed project completion and precluded VCT expansion.

Subcontracts are used for work that cannot be performed by the available veteran labor or field supervisors within VCT. The initial project review is supposed to identify work that requires a subcontract. The specific subcontract proposal is developed primarily by the Project Planner, who defines a specific scope of work based on plans and specifications. Materials that are integral to this work may be included within the subcontract. This work is then the basis for a competitive solicitation by the VA using government contracting procedures.

## Personnel Policies

VCT participants receive a higher rate of pay than that available in most other CWT jobs: the starting wage is \$7, which increases to \$8 after a favorable review at 30 days, and reaches a maximum of \$13 per hour for those who also enroll in school. Although they are high relative to CWT's practices, these rates are lower than those paid in regular construction jobs due to VCT's reliance on new, temporary employees, who in most cases are not trained in the skilled trades.

The dual nature of the program as work and a type of therapy also requires several adjustments in traditional orientations. As a type of therapy, VCT employs veterans who are suffering from ongoing personal problems that may result in time off from work for service appointments, occasional episodes of treatment as an inpatient, and relapses that result in early termination. These potential problems require more skilled management, in order to keep construction projects moving along; they also indicate that a rate of pay equivalent to regular employees would be inappropriate. Estimates of time required for job completion may be insufficient if based on private sector experience, since some VCT employees may prove to be undependable and many are new to construction.

Although federal legislation allows payment in compensated work therapy programs at a rate below the minimum wage, Massachusetts law requires paying a rate established by the Fair Labor Standards Act of at least \$6.75 per hour. In every project, VCT management maintains a commitment to a pay rate that contributes to self-esteem and to resolving economic barriers to rehabilitation--\$7-\$10 per hour for unskilled laborers and \$10-\$15 for skilled participants.

[As a construction worker], you have to make at least \$7-8 per hour; it's important for self-esteem. You [the employer] are getting something out of the [participants, and should pay them].

Of course, \$8 per hour is below the norm for federal construction jobs and so some VCT participants still feel inadequately compensated. The prevailing wage for a construction laborer is currently \$18 per hour, which with insurance and benefits comes to \$28-30 per hour. However, under the controlling federal legislation (Title 38), VCT is considered a training program that gradually adjusts stress and expectations and so is not required to pay the prevailing wage.

The differences between VA and VCT operations do have some advantages for the VA. Because work is done in-house, contracts with VCT can be developed faster and changed more readily than with outside contractors, and with lower costs. The VCT management team also offers an additional source of expertise for planning construction projects. Finally, because it exposes VA supervisors to VCT participants engaged in work, VCT projects at the VA can identify veterans with skills and orientations who can become candidates for permanent positions with the VA.

## Non-VA Agencies

VCT has focused in recent years on projects in the Department of Defense and the Department of Transportation (Coast Guard). Positive relations have been facilitated by identification of long-term projects that can be carried out by VCT with a core group of participants. Several of these projects have involved renovation of multiple residential units, presenting a mix of construction tasks that must be repeated frequently enough to allow substantial skill development. VCT has been able to work out agreements for these projects and then carry out the necessary tasks without direct supervision by agency representatives.

### **Office Operations**

Efficient office operations are essential for the operation of any organization, but achieving efficiency can be difficult in the fluid, decentralized construction world. Without carefully designed procedures, it is easy to overspend a budget, to make mistakes in payroll, and to avoid competitive bidding procedures that require systematic organization. Interpersonal squabbles and personality conflicts are much more likely to occur when the design of operations is unclear and responsibilities for these operations are ambiguous. A strong, centralized leadership structure can prevent many such problems.

The first practical concerns for office operations are developing a system for keeping records and a well-ordered division of labor, as well as a clear set of procedures for monitoring the progress of construction projects.

The Bedford experience suggests several specific necessary steps in developing an adequate record-keeping system for VCT:

- 1) Organization of files containing correspondence, bills, etc. by type and date;
- 2) Inventory of tools, so that daily use can be tracked;
- 3) Database of vendors, with characteristics, contact information, and prior experience with VCT;
- 4) Systematic procedures for maintaining attendance records, cross-checking payroll;
- 5) Computerized cost accounting;
- 6) Standardized cost estimating.

Changes in procedures for processing payroll forms also improved operations. Time sheets had varied between jobs that differed in location, rate scale, and/or pay system. Multiple calls had to be made for some clients in order to track down the various time sheets required each week. Standardizing these forms and requiring that they be screened by a Vocational Rehabilitation Specialist streamlined these procedures and improved reporting accuracy.

One additional procedural step is important when VCT participants form part of the office staff. Because participants are not allowed to have access to medical records on others being served at the VA, the computer system must be structured to permit access to work records while precluding inspection of other records.

## **Review**

VCT at the Bedford VA has developed a multi-talented management and office staff that has maintained a high level of commitment to VCT and a willingness to refine the program as necessary. VCT has developed supportive relations with other units at the Bedford VA that have allowed the program to develop new contracts and acquire materials on an as-needed basis, resolving problems with both federal procurement regulations and personnel procedures.

The Bedford VCT program has developed effective procedures for carrying out most of the eight necessary management functions, but has had less success with several. *Obtaining contracts* is a critical function, but has been a continuing source of concern. The potential for publicizing the program has not been achieved and there has not been enough attention in the VA system to the possibility of contracting for construction work through VCT. Procedures for *procuring equipment and materials* have been worked out well with regular staff at the Bedford VA, but staff shortages have contributed to frequent procurement problems. In addition, there has been no clearly defined model that can be exported to other VA medical centers. *Supervision of VCT workers* has been effective on many projects. This will be discussed in detail in a later section. Procedures for *monitoring expenditures* have been refined and coordinated with the relevant VA department. *Veteran selection* procedures have been efficient for VCT, since they rely on one evaluator, but they are neither systematized nor coordinated with ongoing MIRECC evaluation procedures. A subsequent section provides more details. Successful *project completion* has been a hallmark of VCT and will be detailed in the next section. At the Bedford VA, one Vocational Rehabilitation Specialist (VRS) delivers all *rehabilitation services*. It has only been the extraordinary dedication of this VRS that has ensured that all VCT participants receive the most essential services, as will be noted in the section on services. A suitable *interface with the VA* has developed at the Bedford VA, but it has been hard to export this model.

## **Policy Recommendations**

1. Hiring a contracting officer for the VCT program should reduce difficulties in materials acquisition. This expert would be available to help develop and manage contracts and subcontracts, as well as to check on orders and expedite their processing. The VCT contracting officer could also maintain relations with materials vendors and subcontractors, assisting all who bid on VCT RFQs and encouraging those whose bids are rejected to improve their response to subsequent RFQs. The position would need to be filled by a government

- employee with detailed knowledge of procedures and clearance to access VA records. This could be a half-time assignment for a current employee.
2. The requirement of seeking three bids for orders of any materials that cost more than \$2500 is an impediment to VCT operations. Because of the frequent need for new materials, the 3-bidder requirement amplifies the other difficulties in materials orders. VCT recommends that the \$2500 limit be raised for prequalified vendors.
  3. In the early days of the program, when new procedures were being worked out and new personnel hired, facility-based contracts are much more desirable and so Engineering support is that much more critical.
  4. A permanent interdepartmental VCT/VA management team should help to improve VCT's ability to carry out efficiently procurement and personnel actions within VA. Such a team would build on the current model for project planning. VA representatives should include a procurement specialist (from AM&M), an engineer (from Facilities Management), and a representative of the Fiscal Department. VCT should be represented by the Project Planner, the Program Manager, and the Director of Operations. This team should meet regularly, perhaps monthly, to identify potential projects and to review issues in project initiation, management, and completion. VCT can use the team for assistance in overcoming crises due to difficulties in procurement or personnel. However, efficient VCT operation requires a strong command structure in which decisions can be made promptly. The VCT management team should meet at least weekly to ensure timely and coordinated responses to opportunities and problems.
  5. An external advisory board should be formed to facilitate ongoing review of program operations, transfer of new construction technology to VCT, resolution of barriers posed by government regulations, collaboration across medical centers, and identification of training and placement opportunities for VCT participants. This advisory board should include veterans who have successful careers as managers of major contracting firms, experience in the Department of Labor, and exposure to apprenticeship programs and craft union hiring halls. The board could meet every two months, and host a special recognition dinner at least yearly.
  6. The increasing size and scope of VCT require greater coordination between program elements and personnel. A single supervisor of office staff should be appointed and included within the VCT management team. This team should meet weekly with a written agenda and formal minutes. The minutes should be available to the VCT/VA management team. Meetings should include a review of office operations, project completion, and supervisor performance.
  7. When VCT participants are selected for office work, their background must be considered carefully. Some VCT participants chosen for office work in Bedford left because they could not meet expectations. Motivation is also essential.

- Construction contractors and vendors, as well as VCT participants, often need questions answered quickly. “These veterans are looking for leadership and decisions and sometimes you have to give them instantaneous response to their questions.” A successful VCT program requires ongoing monitoring of both jobs and participants and consistent availability.
8. The program manual should spell out in detail the operational procedures of the program. The manual should include detailed descriptions of office operations and worksite management, as well as the other aspects of program functioning reviewed in this report. Lines of authority at the work site, in relation to the office staff, and in interaction with the VA should be spelled out. An outside consultant might be used to develop this manual together with VCT management.
  9. More sophisticated computer software may be used to further improve office procedures. A relatively simple database system using Excel is now being replaced by the more sophisticated Peachtree accounting program. Peachtree facilitates both instant summary reports and extensive reports. The program provides cost accounting (construction, labor), man hours, payments for products, and management costs (on a daily basis). These capabilities should be used to improve project monitoring and evaluation.
  10. At least one office staff member should have substantial database management skills. This requirement could be met by enrolling a member of the office staff in a computer training program or through regular consultation with an outside consultant.
  11. The level of oversight of field supervisors has varied with the extent of VCT work and funding. The line of reporting authority should be clarified and the responsible VCT management team member should make regular visits to project sites. The Director of Operations should hold monthly meetings of all field supervisors. Field supervisors should be interviewed at the end of each project, using a standard reporting form, and project data should be reviewed with the relevant field supervisors after discussion within the management team. It may be necessary to raise the overhead charge on VCT projects to provide the funding necessary to pay for regular meetings with supervisors.
  12. Regionalize recruitment of veterans for participation in the VCT program. Casting a broader net for veterans in treatment who have specific construction skills would allow more construction work to be carried out by participating veterans and reduce reliance on field supervisors and on subcontracts to other construction firms when specialized work is required. An external advisory board (Recommendation #4) could facilitate this process. When VCT handles contracts at other VA medical centers, veteran participants should be recruited from the local pool of service recipients.
  13. Materials acquisition and subcontracting processes must be tailored to the particular procedures used at each VA Medical Center, but in most cases this

process could be facilitated by nationalization of the process. Nationalization would involve placing materials orders with a central VCT office that would maintain ongoing relations with a variety of potential vendors and subcontractors. The Bedford VCT office could serve as this national VCT “hub” and the dedicated contracting officer (see recommendation 1) could provide needed guidance. Other functions of a national VCT office could be to provide reports on local VCT projects, design evaluation research, and make available expertise for resolving local problems. A national VCT office could also help to generate capital for projects through seeking grants, in-kind donations of materials and equipment from closed military bases and VA surplus stock. Local projects would be expected to include a small overhead charge to fund these services.

14. Initiative is needed from the leaders of government agencies to facilitate more opportunities for VCT contracts. Administrators can encourage departments to consider construction projects for allocation to VCT on a set-aside basis. VCT managers can evaluate quickly the potential for proposed projects so that the process need not delay project timetables. A regular review process should enable VCT to expand and stabilize its work load, and thereby provide rehabilitation opportunities for disabled veterans at many sites.

### ***Research Recommendations***

1. Interview VA officers and support staff, as well as available VCT veterans, at all medical centers where VCT has completed projects. The goal of these interviews is to identify directly the impediments to program expansion and to provide a basis for new efforts to expand the program with a new model.
2. A background report on models of organization in different types of construction business could be used for evaluation of program options.

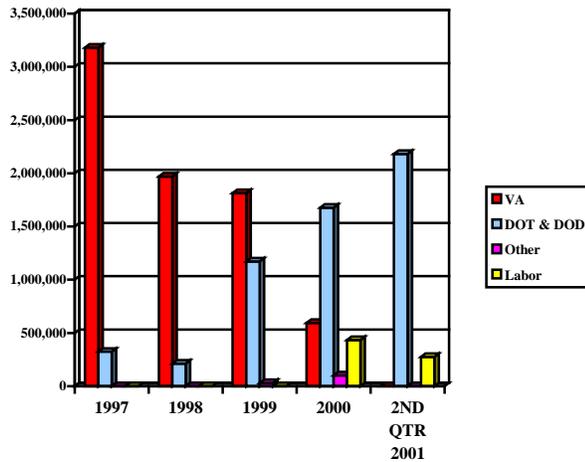
## Projects

The \$21,500,000 in contracts completed by VCT represents a changing mix of project types. Differences between projects in contract type, employer type, and project size and duration can influence the challenges that management confronts and the experiences that veterans have.

### Types

The importance of the VA itself as a VCT employer diminished after 1997 as a new administration shifted priorities. In the meantime, the role of other government agencies (Coast Guard and Department of Defense) increased (see figure 3). Labor contracts have become a small but important source of job opportunities for VCT participants.

Figure 3  
VCT Contract Amount by Source, Fiscal Year 1997-Spring, 2001



Although labor contracts represent a growing portion of VCT work (see figure 3), they do not involve actual construction projects. Construction projects are designed to produce a specific work product according to the terms of a formal contract, while labor contracts require instead that veterans work in a particular, ongoing job for one employer. Supervision for veterans on labor contracts is provided through the regular site supervisor rather than by VCT.

VCT labor contracts are for jobs requiring some type of construction skill, but otherwise they are similar to work placements made through the larger CWT program. Labor contracts play a valuable role in VCT because they enhance program flexibility. When there is a downturn in construction business, labor contracts can offer opportunities

for many VCT participants to continue to use their construction skills and, in many cases, to work with other VCT participants. Some VCT participants are offered ongoing work opportunities, through a labor contract, at job sites where they have just participated in a VCT construction project; others may be assigned to a particular job through a labor contract because it matched best their skills or orientations.

The type of customer who contracts with VCT for a specific project also influences several aspects of project operations. The major types of customer for actual construction projects have been the VA itself, other military arms of the government (Department of Defense and the Coast Guard), and other federal (General Services Administration) and state government units. Federal personnel may be most suited to collaborate on VCT projects, due to their prior knowledge of government contracting regulations and their experience with delays in purchasing and personnel transactions. As VCT has reached out beyond the VA for construction opportunities, branches of the military have become key employers. Military bases have been very compatible work sites for VCT projects and have hired many VCT participants on labor contracts. A local community college has also supported several VCT participants with labor contracts for worthwhile jobs.

Another aspect of variation in construction projects that has important consequences for VCT is the level of skill required in the project. *General construction jobs* involve mostly demolition, painting, or simple carpentry. These are labor intensive jobs that do not require prior construction experience, so they can employ many VCT participants without extensive supervision. *Trade jobs* rely on the skills used by a particular type of tradesman to meet a specialized construction need. Plumbers may be required to replace a hot water heater, electricians may be needed to install lighting, or a HVAC expert may be called on to install air conditioning. These jobs can only be contracted when field supervisors with the requisite skills are available and usually involve no more than three veterans working with a single supervisor. The specifics of the work required on a trade job determine whether assistants can be used who lack formal training in the requisite trade. Because these projects cannot employ many veterans, trade jobs cannot comprise a substantial portion of VCT activity, but they can be very valuable as training opportunities when they permit less skilled veterans to learn trade skills under close supervision.

Project size and duration have also varied markedly. Some projects allow hiring a number of veterans with a mix of skills who are employed for a long period. Others have a mix of skilled and unskilled opportunities, but with more opportunities for laborers than for skilled employees.

Table 1 documents the primary features of a sample of construction projects completed in Fiscal Year 2000. The wide range of variation in project features indicates the potential impact of project selection and monitoring on all aspects of VCT.

Table 1  
VCT Project Features, FY 2000 sample\*

Indicator	Mean	Minimum	Maximum
Total Cost	104,620	20,017	200,082
Profit as % of Cost	7.7	-32	49
Labor as % of Total Cost	20	.9	26.9
N Participants	15	2	33
% Full Project Project/N Part	37	0	100
N Supervisors	6	1	12
N Supervisors/N Participants	.5	.15	1.1
Total Project Hours	2032	72	4427
Project Hours/Participant	138	36	331

\*9 randomly selected projects completed in 2000.

### **Quality**

Securing a contract and starting a project do not ensure a good work experience for participants. Supervisors and managers considered most VCT projects they had worked on successful, but they painted a very stark contrast between these projects and those that had been less successful for the participants.

When there's a good atmosphere—guys pick up tools, go to work where they left off, have to be told to stop. This is less likely to happen if they're demoralized. When there's a downturn in morale, you have to repeat rules and instructions more. It's more difficult to maintain professionalism on the job. Some of this [occurs] due to boredom on big jobs.

[A well-run job] doesn't lack for materials, well-structured schedule, with goals and benchmarks. Good safety consciousness, job kept clean, not messy. Respect for the environment in which employees have to work; keep them all productive. [A poorly run job is] dirty. Employees wander around aimlessly and work hours that are too short (no one is there early or late); materials are not properly stored.

Several examples were used to illustrate the contrast and highlight the potential for VCT projects—to show that, in the words of one supervisor, “organization is a prerequisite for success.”

The most satisfying job was renovation of [a VA medical center's] Emergency Ward. [It cost] \$750,000 over three phases. It was an extremely complicated job, with every type of construction problem you could imagine. There was ongoing hospital work, the work was in a small area, and there were many employees. It was very challenging and I like being challenged. Everything finished 'on the numbers'. There was a work team of 5, that grew to 20. There were some

problems with materials acquisition, personality conflicts among supervisors. The guys realized the concerns we were up against. You set the tone, let the guys know the expectations, that they are capable of it. Before the end, some are running their own groups of [participants].

[Worst VCT job near Bedford?] At [another] VA: renovation. VCT was very short handed when we had to begin the job. We got off to a bad start, behind schedule, yet the [hospital service] had to keep operating in the area. There were no significant problems with personnel, just not enough of them.

[A building renovation]: highly successful, with lots of vets employed, for one year. We were getting things done. There were 45-50 guys; they worked hard, slept well at night. There was much demolition on the job (of walls, etc.) The guys love it: break down walls; tension release (“I’ll get you”).

Supervisors mentioned several other job features as distinguishing good and poor projects. Administrators at good sites were supportive of the goal of rehabilitation and willing to compensate veterans for some of the time they spent in treatment meetings. Supervisors at good sites monitored employees very carefully and participants interacted well and took “a lot of pride in their work.” Participants picked up the sense of urgency when deadlines were tight and threw themselves into the work.

Administrators at poor work sites would not make accommodations for treatment meetings and allowed unsafe work practices. Lengthy commuting times and a small number of VCT participants [even when there were other, non-VCT employees] were also seen as common characteristics of poor VCT projects. Poor work sites were more likely to have an insufficient number of employees, often because they required specific skills that were not represented among available veterans. Administrators at some sites refused to pay minimum wage or take responsibility for errors in billing or initial cost estimates, resulting in some conflicts with VCT. Supervisors at poor sites allowed them to be dirty. Pilferage could occur. Jobs that required variable participant work times were often fragmented and generally poorly run.

The VCT Director of Operations rated most of the projects included in the FY 2000 project sample (Table 1) as successful with respect to both achieving contracted goals and benefiting the veterans involved. Successful projects provided an experience in achieving goals, attaining work mastery, and receiving and providing social support that had clear therapeutic benefit. Two projects failed to achieve several contract objectives but still provided a valuable work experience for veterans. Some projects that were small add-ons to larger projects met the contract objectives but did not result in much benefit to veterans. Only one project was rated as a failure along both dimensions.

VCT prefers projects that use many participants over a long period, with a relatively high proportion of labor to total costs and no more than a moderate ratio of supervisors to participants. Since VCT is self-sustaining, profitability is also an important consideration. A project that meets these goals is termed by VCT management an “anchor job”; it provides the most opportunity for VCT participants to learn new

skills, develop a meaningful level of social support, and contribute to the continued success of VCT.

One of two projects involving renovation of flat-top housing units at a local Coast Guard station exemplified the characteristics of an “anchor job” (it was not included in the random sample represented in table 1). Although this second renovation project at the site used only ten veterans, it employed half of them for the project’s duration (5 months), lost none of them to early discharge or suspension, and required 15% of the total project’s cost of \$211,100 for veteran labor. The project was completed on time and within budget, with high ratings for work quality and employer satisfaction, and earned a net profit of \$11,018. Another “anchor project” involved 31 veterans who renovated 3-story barracks at a military base. The project cost about \$200,000 and earned about \$10,000 in profit. The work was predictable, involved primarily labor instead of expensive materials, and required a relatively low supervisor to veteran ratio.

Two projects that ran into difficulties both exceeded the original budget and so had negative profit results. One involved replacing doors and carports and other interior components of housing to be used by U.S. Coast Guard personnel. The initial costs and time required for this work were initially underestimated, and the finished product required skilled carpenters that could not be supplied by VCT veterans. An outside subcontractor also had problems with carpet installation. Two veterans had to leave early and only four worked for the entire six months of the project. However, veterans involved received training in carpentry and generally had a meaningful job experience. The other less successful project involved renovating a club at a military base. Only two veterans worked for the entire two months required for project completion. Qualified veterans were not available for the finish work, which then had to be completed by project supervisors. Supervision was inadequate and veterans received little training, in spite of the fact that the work required itself seemed to be meaningful to the veterans.

These different project experiences emphasize the importance of selecting projects carefully and monitoring all aspects of project operations. There does not seem to be a formula for predicting project success on the basis of basic contract characteristics, but it is clear that supervision of supervisors and ongoing monitoring of progress can help to avoid major problems.

VCT supervisors pointed to several other factors that seem to influence the degree of success of a particular construction job. Insufficient initial specification of work and materials is one of the most important. Vague “scope of work” statements are likely to result in disagreements with the customer and may also lead to unreasonable degrees of work pressure or down time on a job. Inadequate supervision can create multiple problems. Conflicts that emerge between veterans at the work site may go unresolved. Inadequate job performance may result in a lengthy “punch list” at the end of the job, so that extensive work is required to meet the specification of the original contract. Deliveries of materials may be missed when participants do not maintain regular hours at a job site. Poor procedures for processing forms may result in loss of invoices or other essential documents.

The generation and course of construction projects is also influenced by the surrounding economic environment. Unlike construction in the private sector, the primary influence on the level of demand for VCT labor is the level of government contracting. Slumps in the larger economy may lead to more government programs, and hence to greater demand for construction workers. Such “boom times” for VCT have brought many veterans into the program to work on large and lengthy projects. Rapid growth in the larger economy may not stimulate more government construction. Lean times have resulted in few work opportunities and reliance on labor contracts for many VCT participants.

Some supervisors identified the sense of program decline as influencing participant attitudes.

On a few projects, with low vet morale, it’s due to what’s happening in the program—lack of sufficient work—not due to the specific projects. This creates some demoralization and some apathy about work at the job.

There’s a tendency of some to be overwhelmed by problems. It helps to be able to talk about their prospects, although for some in this population there’s greater distress than there should be.

Because lack of work can create apathy and demoralization, it is important to develop alternative jobs for VCT participants during downturns. Labor contracts can create opportunities for many to work as regular participants, while some more skilled participants can be given less skilled construction work. Participants can also be used in support roles, such as driving a van, delivering messages, or working in the office.

Some supervisors thought that there was at least some benefit to the “dose of reality” occasioned by “down periods.”

The last several months, the private sector was very busy and we haven’t been. This is especially distressing, but it may be beneficial to have slowdowns. This is a common experience in construction. It’s a good incentive to look for private sector employment.

## **Review**

VCT has successfully carried out many construction projects that have met employer expectations and provided rewarding experiences for veterans. The nature of construction work means that VCT must maintain flexible, responsible operating procedures and supportive relations with the VA; even when these requirements are met, some less successful projects are inevitable. Careful review and selection of project opportunities and ongoing project monitoring are essential.

The most appropriate mix of different types of construction projects will vary with the availability of work opportunities, eligible veterans, and government funding. For these reasons, the overall state of the economy, the demand by veterans for VA

services, and the ebb and flow of national politics will each influence the course of VCT, often in unpredictable ways. However, the problems that these influences can create for VCT operations can be minimized through planning and oversight.

General construction projects are the hallmark of VCT, but a project mix that includes some trade jobs and labor contracts allows VCT to achieve the maximum flexibility in response to changing external conditions. In some circumstances, such as at military bases, labor contracts can provide a supportive environment for VCT that allows many veterans to engage in useful work projects over an extended time period. Labor contracts can also be used selectively to sustain the program during economic downturns and to provide work to a few individuals for whom a construction project for some reason is inappropriate. Trade jobs can provide the most intensive training experiences for VCT participants and can also provide field supervisors with rewarding experiences in using and passing on their skills.

### ***Policy Recommendations***

1. The project mix for a new VCT program should consist of some labor contracts and selected general construction jobs. As the program matures, trade jobs should be sought in order to provide some veterans with more intensive training in particular trades.
2. Identification of potential VCT projects should be a major responsibility of one administrator and an ongoing focus of project management and interdepartmental team meetings. A list of potential jobs should be maintained for review in these meetings; this should classify each potential job by basic characteristics, including construction or labor and general or trade. Long-term relationships should be fostered with particular employers or sites, such as military bases, that have proven to be good sources of VCT projects. Administrators from such sites may be invited to participate in the VCT external advisory board. Regular meetings with current clients should help to ensure that their needs are met and additional contracts are considered.
3. The VCT program should be advertised directly to government units that may have appropriate needs and opportunities. Project possibilities that result from this advertising should be considered each month so that a preliminary decision can be sent to the respondents.
4. Labor contracts are important to VCT operations because they provide construction work opportunities when there are not enough formal construction projects and they also can help VCT participants move into regular jobs. However, labor contracts should not become the major focus of VCT contracting so the program maintains its most distinctive and worthwhile aspects as a construction program.
5. Monitoring of work sites should include unannounced management visits to review project operations and supervisory style.

6. Supervisors use daily meetings with veterans working on a site to review work progress and any required corrective actions. Weekly “crew meetings” provide a forum for discussion of more general issues such as safety; they also give participants an opportunity to provide feedback about their experiences. These meetings are an important aspect of both the work and therapy aspects of VCT and should be viewed as essential for every project.
7. Supervisors are required to maintain a daily log, in which work progress is noted and problems with the work and the VCT participants are described. This practice is essential for effective supervision as well as for consultation with the VRS about service issues.
8. A transportation plan should be incorporated into the design for each off-site project. Lengthy transportation requirements have diminished the benefit of some of the otherwise most successful VCT projects for some participants.

### ***Research Recommendations***

1. Implement a more detailed project reporting system that tracks project implementation, changes in project scope, and use of VCT and other labor. This process should integrate ratings by management personnel of project outcomes, summaries of 90-day client progress notes, and detailed reports by project supervisors. The project reporting sheet used for this report provides a model (see appendix). The database created by this project reporting system should be used for systematic research on the determinants of project outcomes and to monitor objectively supervisor performance.
2. Immediately after VCT projects are completed, the customer’s evaluation of the work product and process should be obtained through a systematic interview. Field supervisors should also be required to fill out a project evaluation sheet and to submit a copy of their project logs for review and archiving. Management team meetings should include a review of these data and the management experience on each project, integrating this evaluation into the project reporting system.

## The Veterans

Veterans who participate in VCT must be capable of the consistent effort necessary to complete construction projects and must have some of the skills that are used in construction jobs. Neither of these requirements precludes hiring veterans who are still struggling with addictions or mental illness, nor those who have only worked previously as laborers, but they do necessitate a more focused selection process than is used with most other CWT programs.

### ***Backgrounds***

Two-thirds of the VCT participants had had some prior construction experience, but only three of the fifteen interviewed had worked in the skilled trades. Other construction experiences included framing, hanging sheet rock, painting, laying rugs and tile, roofing, and laboring (including building maintenance). Non-construction work experiences included warehouse work, tree trimming, cooking, youth counseling, and core drilling. Overall, compared with their prior work experience, work in VCT was a lateral job move for some, a step upward for others, and a decline in occupational status for very few. One former mechanic was now working in maintenance and one trained machinist (who had spent most of his prior employed years trimming trees) was an unskilled lab assistant.

Educational levels also reflected a relatively modest level of occupational preparation, ranging from 11 years of formal schooling (1 in 5), to high school graduate (2 in 5) (three of these with a GED), to some years of college (1 in 4); none had completed college. Only one quarter had had vocational training in construction (with three being licensed or certified); another quarter had had some other vocational school experience.

The NEPEC data provide more details on participants' backgrounds and the results of selection for VCT. The VCT participants who were followed up had 12.8 years of education, on average, and just 6% were married at the time of the baseline interview. About one in five were members of minority groups. Just over one-third had usually worked full time within the past three years and about half had been homeless the last time they had lived in the community. On average, they had worked only two days for pay in the past 30, had earned only \$101 from paid employment during that time, and received \$353 in benefits. About two-thirds had previously been hospitalized for treatment for alcoholism, half had been hospitalized for drug problems, and about half had been hospitalized for psychiatric problems. Three-quarters reported current psychiatric problems, two-thirds mentioned alcohol problems, about 2 in 5 mentioned drug problems, and 2 in 5 mentioned medical problems. Formal diagnoses recorded by clinicians varied, with the most common being alcohol abuse/dependence (74%), drug abuse/dependence (50%), affective disorder (44%), PTSD (26%), and anxiety disorders (23%). On none of these characteristics did VCT participants differ significantly from veterans in the other CWT programs.

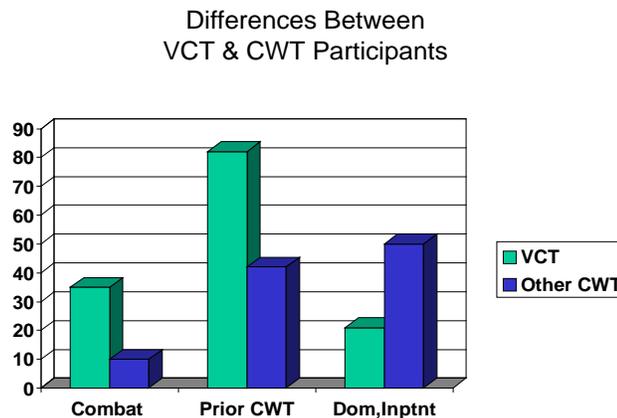
**Selection**

VCT participants come from a variety of transitional residences and shelters, with most (60%) based in from a homeless shelter in Worcester, one-quarter attending from the Domiciliary program and transitional residences run by the Bedford VA, and the rest coming from several small transitional programs. Successful operation of the VCT program requires hiring veterans from these sources who are ready for the physical demands and psychological pressure of construction work—neither too old and infirm nor too psychologically impaired. Although the fundamental goal of the program is rehabilitation, rather than construction,

[t]he pressure to complete a project on time and in budget filters down. Not all the CWT guys are ready for this pressure; you have to watch additional demands made of [participants].

According to the NEPEC data, VCT participants differed from other CWT participants in three measured characteristics (figure 4): about one-third had received either hostile or friendly fire in a combat zone (compared to just 10% of the other CWT participants), 82% had participated previously in CWT (compared to 42% of other CWT participants), and only one in five VCT participants was currently a VA inpatient or living in a VA domiciliary unit (compared to half of other CWT participants). These differential characteristics suggested a selection process that favored veterans who were known to CWT but were not currently dependent on VA for housing. Although formal diagnoses in medical records did not reflect it, the higher rate of combat exposure also suggests a greater likelihood of PTSD.

Figure 4



Comments in project interviews provide more details about the selection process. The selection process for VCT begins with an interview to determine whether the veteran has appropriate goals, any construction experience (this is not a prerequisite), and would

be suitable for current job opportunities. Those who only need help with securing employment, but do not need other services, are referred directly for jobs or for help with developing a resume or particular job skills. Those who are in a personal crisis are referred to clinicians for help with substance abuse and mental health services. About one-third of those who are admitted to VCT have been in the program previously but were unable to maintain independent employment.

After the initial evaluation, jobs are assigned to VCT participants based as much as possible on their backgrounds and interests. Even unskilled labor jobs vary in their appeal to different applicants. For example, a veteran who had no construction experience had shoveled coal as a child. He was given a job shoveling and cleaning up and threw himself into it. After building his confidence at that work, he developed his skills in new directions and became a carpenter. Once they are assigned to a project, “generally speaking, the guys rise to the level of expectation.”

The composition of those available for VCT varies with the larger construction labor market. When demand for construction work is high, private contractors tend to lower their requirements for employment; veterans with serious substance abuse problems who might otherwise come to VCT instead are able to secure competitive jobs. In a robust economy, veterans who are licensed in a trade are able readily to secure employment.

### ***Motives***

Motivation is a key focus of the initial evaluation. Current VCT participants reported some reasons for program participation that are comparable to those that motivate most job seekers: aspects of the work itself, pay, and relative job security. Other reasons are unique to vocational rehabilitation: the services offered through the program and the opportunities it provides to engage in other services. Supervisors focused instead on commitment to competitive employment and reported much room for improvement.

### **Veteran Perceptions**

The most common motive for participation in VCT, expressed by about 2 in 5 current participants, was an interest in the type of work itself. These participants talked about the appeal of using their previously acquired construction skills or a desire for challenging work.

I wanted to do construction; it’s what I’ve done, so I wanted to do it because of the job itself.

I like doing this kind of work; every day is a challenge. We do everything; give me something I don’t know how to do (with repetitious stuff, I get in trouble).

Just over one quarter were interested in the opportunity VCT (and other CWT programs) provide to combine work with participation in clinical services.

I owe this program a lot. Not only that they can direct you to aftercare, but everyone in the group has had one type of problem: Totally depressed or drugs or alcohol. Every day there's a meeting... a way to help you deal & heal.

I thought that it could be therapeutic because it had a support system built into it and it worked at a pace that balanced well with my starting [psych] meds. So I could work while getting my head together. Also thought: Here I am, going back into a program for therapy and stuff. I'm above it.

Another 1 in 5 participants expressed a primary interest in the financial rewards of VCT work and 1 in 10 mentioned simply a need for work of some type.

It sounded good, prime job location (Hanscom), no fear of layoffs, don't have to worry.

[It provided a] job; money. It didn't need an extensive resume.

The higher pay available in VCT than in other CWT jobs was reported to be a primary appeal by some, but this appeal was sometimes leavened with a recognition of the importance of ongoing participation in services.

It had higher pay, and you could get a raise and could advance in the job.

First of all it was the money. Then I left the program after I got my own place, thinking I could do everything on my own. Couldn't get a job. Called counselor to get into VCT. Try taking it easy.

Several current participants reported that they had known little about the program when they first started to work in it.

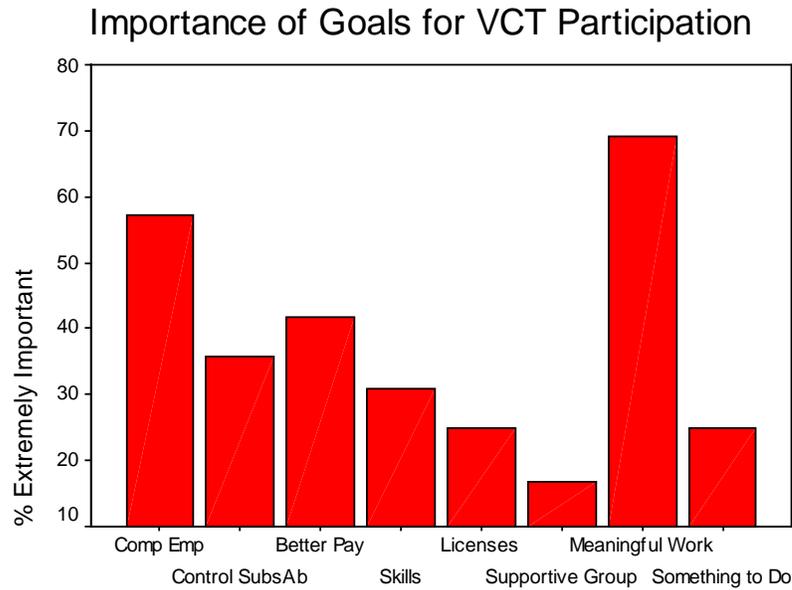
I didn't know that much about it. A guy who worked here told me it was great, lenient with appointments. Didn't know what it would be.

Motives for participation in VCT were explored prospectively, as well as retrospectively. Respondents were asked "What would you like to get out of your participation in the VCT?" and were then shown a set of eight possible goals. They were asked to rate the importance of each goal on a scale from 1 ("not important") to 4 ("extremely important") and were then given a chance to suggest other goals.

Having meaningful work was rated by more than two-thirds of new VCT participants as extremely important, thus making it their top initial goal (see figure 5). Improving chances for competitive employment was also a popular goal, with almost 60% rating it as extremely important, while better pay was ranked third and rated as extremely important by just over 40%. Achieving control over substance abuse was

ranked as the fourth most important goal, with about one-third rating it as extremely important, but at the same time this was rated most frequently as a “not important” goal—by just over 40% of the respondents. No other goal resulted in such a bimodal distribution. Improving skills, obtaining licenses, and having “something to do” were less often endorsed as extremely important. In spite of the many comments made by VCT participants about the value of a supportive work group, at this time when they first came to the CWT program having a supportive group of veterans was rated as extremely important by only 17%.

Figure 5



VCT Sample, Spring 2001.

Most of the respondents (12) also suggested at least one other goal for their participation in VCT. These other goals ranged from saving money and obtaining housing to raising self-esteem and reducing stress while putting together a “normal life.” Most of these other goals reflected a desire to improve work habits and attitudes, rather than developing particular construction skills. VCT was seen as offering an ideal environment for achieving these broader goals.

Reinforcing my work ethics. One of my big problems in competitive employment was poor attendance, due to drug abuse. One of my main motivating factors is if I don’t show up, I don’t get paid.

Self-esteem, getting confidence back; having an air of confidence with others. Before this, I didn’t have any of that. I think VCT does that.

Better work habits so I can move ahead with other meaningful employment, not just anything.

Most respondents thought they would achieve the goals that motivated their participation in VCT. Three-quarters were either extremely or very confident, and the rest were at least somewhat confident.

I'm always on my toes, but I'm confident. Go up the ladder one rung at a time, don't skip any or will fall off.

A big problem: I had no confidence when I started. I've become more confident, because to start a project and finish it, I can say, 'there, I've done that.' I've done right, overcoming hardship. If I'm doing harder things and finishing, or overcoming problems, getting here in the snow, it's good for my esteem. [There are still] obstacles that could happen to set me back. But I'm a lot more confident than I used to be. I've gotten past that stage.

### Supervisor Perceptions

Supervisors reported much sharper differences in motivation among VCT participants. Most often, these were expressed as a contrast between those who were motivated--"attempting to do something"--and those who were only using the program—who "feel society, the military, owes this to them and don't see it as an opportunity;" "run the system' just to collect a check" and are "chronic manipulators, whiners, no sense of purpose," "in limbo." Estimates of the size of these two groups varied widely: one supervisor believed strongly that 75% were in the motivated group; another estimated that only 20% "want to really get out there." One supervisor distinguished three groups: 75% who are "good, honest people who could be redirected, 12.5% who are confused, and 12.5% who are opportunists, regardless of what you do."

There was no generally shared understanding among supervisors about the source of these differences in participant orientations. One supervisor found the more negative orientations mainly in veterans who had served since the Vietnam war; another attributed them primarily to laborers, rather than tradesmen.

Generally, most skilled workers [with trade experience] are moving on; a few are just 'floating.' Laborers are more likely to just be 'floating'; they really don't believe in themselves, that they can do more. Can I do it? Will I do it? Self-esteem problems. And some are old, and just want some activity to do.

One attributed the difference to basic personality differences: "They [those who are not motivated] are chronic manipulators their entire lives."

Supervisors felt that a successful construction project was seen as needing a number of more motivated participants: "a core group focused on job, not personal issues." Negative or self-demeaning attitudes among some veterans were seen as creating major problems for the operation of VCT. As one supervisor noted, "[you] can't teach everything out of a book; they must show pride in workmanship and an *esprit de*

*corps.*” The unmotivated veterans in the program “lack the confidence”; they “want to camp out here” and receive housing and benefits, and “do a little work in between”—“go through the motions.” Some of the less motivated veterans talk about ‘how to manipulate the system’ and may use drugs, steal on the job, or shoplift, or just misplace tools.

There was no strict boundary between these two groups, even in the estimation of the supervisors. One supervisor pointed out that even veterans who were not motivated to move on from their VCT experience into competitive employment still received valuable help in the program.

Some just need to be out in public, need to get out in the day, to be involved in the world. At night, they still need the structured VA environment. It’s better for them to be active than just staring at the walls, or to “run”—fall off the edge by drinking, drugging. It’s good for them to be involved in an activity. ... We’re here to help them achieve their potential.

## Leaving VCT

The focus group conducted with VCT participants identified substantial variation in veterans’ expectations for leaving the VCT program and gaining competitive employment. Some were highly motivated to seek competitive employment, although construction work was not itself an occupational goal for many. In some cases this was because of concern with peer pressure in construction for substance abuse.

This Saturday I take the test for my license. It could help me get a supervisor's job. It's up in the air how long I'll be here. I'm a resident manager at the TR. I would like to be one of the VCT supervisors if the program expands to include new positions. I want to stay in construction.

I plan to apply as soon as possible (for a competitive job). I don't get enough money. I'm waiting to get my electrician's license. I've got the registration forms to take the exam again.

I'm getting out of construction because boozing goes with it; so a little over a year ago I started taking courses at UMass about computer imaging, etc. I plan to get a BA in Information Systems and get a certificate in web design and multimedia. Within a year or so I'll be employable.

I'll be here for a little while, at least a year. I'll either work for the government or get my Mass powerplant license. I don't want to get into construction again because of the drinking and drugging. My main concern is maintaining sobriety.

Other veterans did not seem to have any clear idea about when they would leave or what their post-VCT activities would be. One supervisor remarked that some veterans seemed to think of leaving the program as “falling off the cliff. “

I have no clue when I'll leave. I'm a cook by trade, but I can't stay on my feet for a long time.

I plan to go back to working as a millwright after I work out some personal issues. I have no time frame. I get a lot of support here and I get to keep my appointments.

### **Review**

Veterans entering VCT represent a broad cross-section of the available population--only some had had prior construction experience and most lacked formal training in particular trades. Most participants are seeking a meaningful work experience and many rate highly the goals of competitive employment and better pay. This orientation was reflected in a high rate of prior CWT participation. Many participants were enthusiastic about their participation in VCT and felt it was helping them to improve their work habits and attitudes. Desires to use VCT for help in managing substance abuse problems or to achieve other goals were less commonly expressed.

Field supervisors had evaluated motives in terms of participants' orientations toward their work and toward gaining (or regaining) competitive employment. From this perspective, they reported that many participants lacked much motivation or orientation to moving on. Many veterans themselves expressed a lack of interest in leaving VCT or at least uncertainty about post-VCT plans.

VCT's primary goal, as a vocational rehabilitation program, is to assist participants in returning to community living. Achieving this goal requires that at some point, participants develop a desire to leave VCT. It appeared that VCT had had only partial success in this process. Recognition of the prevalence of substance abuse on construction projects led some veterans to plan on other types of work once they left VCT and undermined the motivation of others to leave VCT. The relatively high rate of combat exposure suggests that PTSD may also be a factor in shaping, or undermining, motivation for community success.

### **Policy Recommendations**

1. Evaluation for VCT should include review of a formal job history and rating of work and service goals, drawing on the tools used in the MIRECC. Regular meetings to select veterans should include a VRS, a member of the VCT management team, and research staff from the MIRECC.
2. In large VCT programs, when many projects are in place, the assignment of program participants to available jobs can be improved with a database that contains participant skills and experience. As job opportunities arise on projects, this database can be consulted. As veterans receive training on the job, the database should be updated. This database should include all veterans working in CWT positions, so that those appropriate for VCT can be notified when

- opportunities become available. In the Bedford VCT program, the work history form used for all new CWT participants is used to construct this database. Prospective participants for whom prior training is not documented should be invited to participate in a preliminary work assignment to allow on-site evaluation of their work capabilities.
3. Veterans participating in VCT should also be encouraged to inform their VRS of interests in job changes or desires for training or placement in competitive employment. A primary focus of management meetings should be to consider the mix of current jobs and available skills and interests and the possibilities for improving the match between them.
  4. Consider interventions to increase motivation for competitive employment. This may include identifying opportunities for training or job search assistance as well as peer counseling, in which successful program graduates return to meet with current participants.
  5. Develop ties with local construction contractors and use these to identify potential job placements for VCT participants that are relatively free of substance abuse.
  6. VRS support to VCT participants should include discussion of work plans, ongoing review of issues that arise on the job, and assistance with training needs. The skill level of VCT participants should be carefully assessed, with special attention to such fundamentals as writing, reading, and arithmetic; a program of courses can then be designed to overcome any deficits that would impair employment success. Establishing a relationship with a community college may facilitate the development of a training program.
  7. Support needs vary among VCT participants. Peer support should be encouraged as a means for adjusting the level of support each veteran receives and for allowing participants to develop experience in securing the type of “natural support” that is available without cost in community settings. The VRS could review with each participant their sources of social support and ensure that they had at least one “buddy” in the program. The VRS could also help to organize participant support groups that would meet after work hours.
  8. Consider a placement policy for VCT jobs that takes into account prior performance in VCT. Former participants who did not complete work assignments or otherwise were unable to perform adequately on prior jobs would be assigned to more routine jobs, perhaps on labor contracts. The goal would be to improve the average performance level on VCT projects and to maintain an implicit reward for good performance. Raises should also be tied explicitly to performance, with a rate of possible pay increases set in advance for all major projects.

9. Establish an expected “graduation date” for new participants. Review this date and progress toward it quarterly with each participant.
10. Offer service support tailored to helping with PTSD symptoms and reactions.
11. A program brochure should be distributed to all potential participants. The current Bedford VCT brochure provides an overview of the program; a more detailed introduction to VCT might also note both advantages and potential sources of stress in the program. The VA Web site currently provides background information on CWT; it could be expanded to describe the VCT program and the VA sites where it is currently available.

### ***Research Recommendations***

1. The selection process for VCT should be studied systematically, with more intensive analysis of available data on the distinguishing characteristics of VCT entrants and some evaluation of the bases on which VRS staff select participants.
2. Study treatment motivation and job orientations among VCT participants. A longitudinal study would allow identification of changes in motives and orientations over time.
3. Require VRS or other staff who choose VCT participants to record the bases for their decision and to estimate systematically the likely benefit to each veteran of participation in VCT.
4. Conduct an experimental study of the benefit of sharing with VCT participants the bases for decisions about job placements and service referrals.
5. Investigation of correlates of variation in motivations for VCT should be investigated in a cross-sectional survey of current participants. Differences in motivation seem to account for much of the difference that supervisors report in work performance. Identification of the sources of variation in treatment motivation may help to develop strategies like group sessions or training or placement opportunities that could help to motivate less skilled participants.
6. The possibility of a high rate of PTSD among VCT participants should be investigated and the link of PTSD to motivation explored.

## **The Work**

The importance attached by VCT participants to meaningful work indicates the value of focusing on their work experience. Orientations of veterans differed markedly, as did supervisors' perceptions of those orientations.

### ***Work Activities***

Combining current and last VCT jobs, almost half had worked in skilled construction, primarily as carpenters and electricians, although some had had to use multiple skills at particular sites: "all carpentry; repair broken windows, stalls, doors. Build guard shacks, bus stops, benches, offices. Work with steel as well as wood. Snow removal." Two of those who had worked previously in construction were painting on their current job (one quarter had worked as painters in either their current or previous job). Half had worked in maintenance or as laborers in one of their last two VCT jobs. About 1 in 5 had had clerical jobs (shipping & receiving, service order clerk).

These distinctions among primary jobs obscures the mix of activities required at some sites, ranging from "doing carpentry and indoor painting" to "helping do demolition and some frame work on officers' quarters, painting at end." "I do a lot of wrecking for rebuilding. Take down walls, overheads. Grass, snow, plants, shrubs." This variety was a source of pleasure for some, "do a lot of different things . . . Like a lot of different things." "I do all aspects of painting (rolling, cutting in, prep)." "Snow removal; Picking up trash outside; Cleaning inside of buildings; Painting small specific things, not entire building or even room like the painters do." "On any different day: framing, hanging sheet rock, ceilings, lights." "I order supplies that are needed, people call and tell me what they need. I receive supplies; anything they order I deliver; the paperwork associated with that."

The respondents had worked an average of 13 months on the current job and 5 months on the preceding job (among the 9 respondents who had had another CWT job). Among the current jobs, job tenure had been shortest for those in skilled construction (5 months) and longest for those in maintenance or laborer jobs (22 months). Few respondents reported that the work had changed much while they were on a job.

### ***Job Selection***

Of the 21 current or previous VCT jobs respondents discussed, the large majority (81%) were jobs that the participants had wanted. Jobs were usually received through a vocational rehabilitation specialist or VCT administrator, although some job information was obtained from other veterans. About half of the jobs (of the current and previous jobs) were obtained at a time when there was no other alternative; just 18% reported that they had much choice of jobs.

[While in treatment for a substance abuse relapse] I ran into [the VRS], who said come see him when I was ready. He offered me this job as the

one site available. I could have turned it down, but no other work was currently available.

My last job ended (at Otis). They needed painters at Devens; my work supervisor from Otis asked me to go with him to Devens. It was my own choice, although there wasn't much else going on. Devens was the biggest job.

You always have a choice--to stay or not. Depends on the person: what you want to do. if you're there to waste your time; it all depends.

### ***Social Support***

Social support on the job is one of the most evident advantages of the VCT experience. Both supervisors and participants commented frequently on the value participants derived from the social support they received.

### **Veteran Perceptions**

Social relations were a vital and very positive aspect of the VCT job experience for many participants. On average, VCT participants reported working with 4 people on the job, but the number of coworkers ranged from none to 12. Eighty percent of the respondents reported that coworkers get along "very well" and 70% said they were able to talk on the job with coworkers, as needed. Two-thirds reported that they had at least one good friend on the job.

Many comments described the role of social relations in helping create a positive work experience.

What makes the work not so bad is the crew. We had a huge crew. Everyone knows what they have to do, no bitching, moaning. We all get along. Well oiled machine.

I enjoy it, enjoy people I'm working with. Very fair, treat you really well. Nice to you, respect you; they bend over backwards to help you. Here at Hanscom is the best place to work.

The value of on-the-job social relations was often framed explicitly in terms of achieving the goal of continued sobriety or dealing with other personal problems.

It's good, we're all in recovery. A lot of support for one another. Not unusual to talk over each other's personal problems.

We eat lunch, break; interact all day. If anything going on with any one of us, you can't hide it. Ask others if you have problems, about help, and we're there.

Social relations with non-VCT participants were also important for some. One respondent had appreciated the opportunity particularly to interact with non-VCT personnel at one military base.

More informal, more relaxed. You actually got to see other people (non VCT)—got to show off your stuff.

Focus group participants also remarked on the value of contact with other staff on the base.

I like it. The grounds guys will come in and help out. We do a lot of different things as the building progresses. We've got good bosses for the most part.

The staff we work with here--they treat us like we're equal.

Maintaining a stable set of coworkers in the same location for a period of time encouraged the development of even more supportive relations. One set of veterans worked on building and grounds projects on an ongoing basis at a military base, where they had been given a small building for meetings and taking breaks. These VCT participants went to lunch together on some occasions, had coffee every morning and discussed the day's work at that point, took breaks together, and even had some cookouts together in the summer. The high level of social support this generated in this group was evident in their comments as well as in their interaction with each other.

There were some negative social experiences. One participant expressed resentment about the perceived work habits of some others.

Problems on the job: a couple of people who are not doing what they're paid for. I don't want people to lose their jobs, but you need to have a full team. If someone doesn't show up, where's the incentive for guys who are here every day? It's a problem, the only negative thing. ...negative behavior should have consequences.

Another found that it was painful when coworkers were unable to continue in VCT: "Watching guys fail, that sucks."

One veteran compared the more stable social relations with coworkers at his current VCT job unfavorably to his previous CWT experience.

There's always a little bit of not knowing exactly what's going to happen when you walk in, or walk out. CWT: all different programs in there, all types of people in there for short periods. Who you're going to run into, didn't want to hang out, talk to non-vets.

Half of the respondents reported that their on-the-job social contacts extended after hours or on weekends. A few participants who lived together in a transitional

facility socialized more often. Just one group of veterans who had worked together for some time maintained more regular contact.

Most of us have each other's numbers, and we talk over the weekend, not about the job. We're looking out for each other.

Lack of geographical proximity was often cited as a reason for not extending job social relations after work.

### Supervisor Perceptions

Supervisors also perceived a high level of social support among VCT veterans while they were at work.

A lot of them live together and form cliques. They can work together, do outstanding job.

They stick together like glue. For example, they wouldn't admit who was smoking in a building where it was prohibited. They're very tight.

The level of social support could vary between VCT crews based on the mix of participants.

Better crews have the core group of vets who are focused on the job, not personal issues, will not tolerate problems. [We give] some attention to team composition: mix of skills and personalities, whether the supervisor can handle these specific individuals.

Social support could vary within VCT crews according to residence, with those who live together forming cliques, or between occupations, with laborers and tradesmen forming opposing groups that would squabble about such issues as responsibility for cleaning up. Overall, however, social relations were good on most jobs.

Supervisors had seen tangible evidence of the value veterans attached to social support from VCT. Some participants wore their VCT T-shirts as a badge of honor. VCT-based social relations replaced lost family relations for some. Some veterans told supervisors that their discussions with peers about personal issues resulted in valuable social support. Supervisors tried to ensure some support by assigning participants to work in teams even when a task only needed a single employee.

However, social support was not given unconditionally. Many participants had learned that maintaining a viable group was more important than supporting an individual.

They seem to cover each other a lot, but will turn someone in if there are problems (such as substance abuse).

The level of social support available on jobs varied with project size and longevity.

50% of projects are smaller and fragmented with little social interaction. When there are long-term jobs and varied work, it tends to develop active social relations and strong supervision: a tight knit group of people to get the job done.

Several supervisors had found that their own relations with the veterans became stronger on smaller projects, even while the overall level of support from other veterans was diminished.

For some participants, continuing to work with the same VCT team was more important than continuing to work in their accustomed trade. Some individuals with this interest in support would move from job to job in order to maintain this support group. Others preferred to stay in the same trade even if it meant they had to leave their old team and perhaps experience other inconveniences.

**Job Satisfaction**

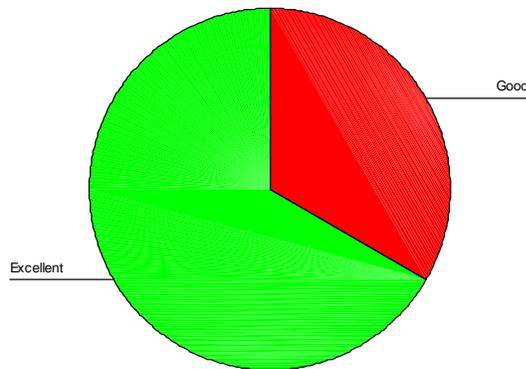
Reactions to the job overall and to the specific work demands were very positive.

**Overall Reactions**

Job satisfaction was very high. All but one respondent reported that he or she liked the current job and two-thirds rated it as “excellent”; the rest rated their current job as “good” (see Figure 6).

Figure 6

Overall Rating of VCT Job



Sample of VCT Employees, Spring 2001.

Many respondents commented enthusiastically about their work in VCT:

I keep so busy I forget to have lunch!

I couldn't ask for no better; it doesn't get better than this for the first [technical] job.

Great, I really like it. It teaches me responsibility, keeps me busy, I get to go around to the different departments so there's some variety.

I like it a lot, enjoy it. I'm now into a routine. I'm having a great time. Getting some good work habits. My problem was alcohol abuse. I'm getting good work habits [in VCT]. My problems: being dependable, doing what I'm told to do; have a thing about authority, patience, tolerance; teamwork. It's been a great experience. I had a lot of jobs, but they didn't work out. People will help when asked.

It's been a positive experience so far. Just don't know what [else] I could do, what they could do. It's been a very positive experience. People I work with are important to me, and they're great to me, treat me fine. I just wish it was a little more advanced responsibility. But maybe I'm not ready for it. I understand I'd be liable for it if I goofed it up. I'd like to get a little more computer training. What I know is obsolete.

The desire for a relatively low pressure work experience and the need to accommodate service appointments had been satisfied by the VCT work arrangements:

I like it very much. VCT lets me keep medical appointments for my arthritis, it's flexible. They understand if I have a bad day. I love the job. And the people!

I don't regret one minute of what I'm doing here. [It's been] all positive, no negatives. [I'll] look back in 10 years, build on this. [My previous] ... business was really good money, but this is what I like doing. If I go back, it will only be tomorrow 'til I pick up again [use drugs]. VCT—it's a good thing.

The work itself was often a source of pride and enjoyment.

That I can come in, at the beginning of a job, and see the potential, and when I walk out, the 180 degree turnaround is good. When I finish a job and it looks good, it makes me feel good.

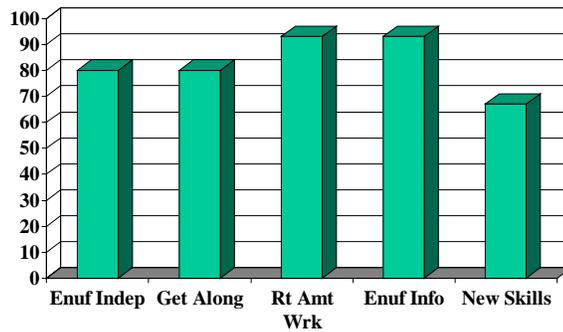
It builds up your self-confidence again. They trust you to do the right thing. Carpentry work—instant gratification. Can show this is what you did at the end of the day. It's tangible, you can touch it.

VCT projects that were carried out with congenial coworkers, in pleasant surroundings (such as on the Cape), or for appreciative customers also tended to be rated highly.

These positive sentiments about VCT jobs were reflected in participant responses to particular questions. As indicated in figure 7 between 80 and 90% of the respondents felt their VCT job gave them enough independence and the right amount of work, and that people got along on the job, and their supervisors provided them the information and materials they needed. About two-thirds said that they had learned new skills on the job.

Figure 7

### Evaluation of VCT Jobs



Pay rates were not often criticized; in fact, one respondent pointed out that lower pay rates were appropriate for a work therapy program; another mentioned the value of the effective money management approach they were able to develop while in VCT.

It’s really strange. I’m making peanuts compared to the past (50%), but saving and have bank account. Have better appreciation of hard earned dollars. Want to get back to that.

However, pay and benefits were a bone of contention for some—particularly for those participants who did not understand that government insurance covered VCT participants:

Money, I can’t really ask for more but I need more. Plus no holidays or benefits.

What you get paid for it [is a problem]. Get home and worn out (though the job is not too pressured).

Not covered by workmen's compensation. They have paid holidays, and Mass Health, but if we get injured on the job, then what happens to us with our housing and our income?

There were some other negative aspects of the VCT work arrangements for some participants. Transportation was the most common source of complaint—mentioned by 6 of 15 respondents. At the time of the interviews, Ft. Devens, about half an hour west of the Bedford VA, was the largest VCT employer. Some respondents had worked for some time on VCT projects on Cape Cod and in Manchester, New Hampshire, far from the Bedford VA. For some, the problem was the distance they had to travel for their VCT job (and hence the extra hours added to the work day); for others, the difficulty of obtaining transportation was key.

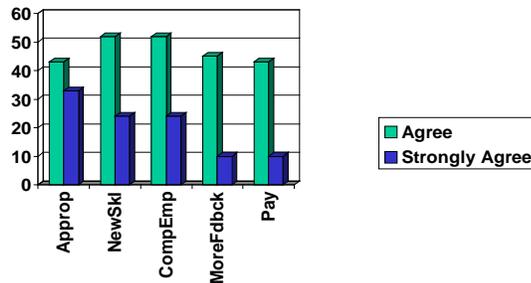
Few work tasks elicited complaint; snow removal chores for those working in building and grounds were often disliked—they increased pressure on the employees and did not involve interesting activities--but this work was viewed as only one less desirable feature of a very desirable job. Office work for those seeking construction jobs was experienced as “boring,” while physical demands at work were sometimes seem as excessive—the dirt involved in demolition and the difficulty of one painting job were cited. Two respondents mentioned unpleasant altercations with supervisors (in the past).

The MIRECC Satisfaction Survey provided additional insight into feelings about the VCT work experience (figure 8). Almost nine in 10 respondents agreed or strongly agreed that they were satisfied with their program experience. At least three-quarters agreed that their job placement was appropriate for their skills, was challenging and helped to develop new skills, and improved their ability to obtain and maintain competitive employment.

The two areas in which there was less satisfaction were pay and performance feedback: Just over half of the respondents agreed that their pay was “reasonable for the work I do” and 55% thought they “could benefit from more feedback on my work performance.”

Figure 8

### Positive Evaluation of Job Features



## Work Demands

The pace of work was not a complaint for most. All but one respondent said that they had “just about the right amount of work” at their current job. Comments explain why:

I'm a pusher, like a place that keeps me busy which this does.

I only work 32 hours (would like more). I have no problem with kinds of things to do. The atmosphere is real good: they work with you, never yell at you, are mellow.

The right amount. There's always something to do but I can pace myself so it's just right. I work at a pace I can handle and they can handle.

Enough, although it varies from not enough to too much at times

There's a lot of work, and under pressure, but it's a test: before it would be stress or pressure that would send me right out. I took advice about my recovery, to build yourself a network. We got it while we worked and during breaks. Very low incidence of conflicts. Learn how to resolve them, and it's occurring all the time.

One veteran reported dissatisfaction with work demands in previous VCT jobs only in relation to the pay rate.

They [in previous VCT jobs] tried to act as if it were a competitive job. They'd hold you to a standard, but wages were low for their expectations. I've seen people discharged because they tried to maintain themselves in treatment.

Two-thirds of the respondents said they had learned new skills on the current job. These skills ranged from duct work, masonry work, vinyl siding, framing skills, electrical wiring, and specific techniques in carpentry or painting, to operating a Bobcat (a small utility vehicle for earth-moving or plowing), stenciling, and refining computer and drafting skills. Some who had already had some construction experience were able to broaden their skill base by engaging in multiple aspects of construction work. This was an important source of satisfaction for some. In at least one case, however, the pace of work seemed to have prevented effective instruction.

## **Review**

VCT has been exceptionally successful in providing veterans with self-affirming as well as productive work opportunities. This is reflected in high levels of satisfaction with the job overall and with particular job components, as well as enthusiastic comments about social support on the job and about the work experience itself. Although some participants and supervisors favored changes in particular aspects of VCT projects, these

various suggestions were all proffered within the context of a strikingly positive evaluation of work in the VCT program and the social support available through it.

The value many participants attached to the social support they received in the program contrasts with the relatively low interest in “a supportive work group” that future VCT participants expressed the first time they entered CWT (as noted in the section on “the Veterans”). Although these data were collected from different samples, the contrast suggests that program participants come to realize the value of peer social support only through an experience that offers so much of it.

Some participants desired changes in the rate of pay. This desire tended to be expressed by those who had participated in construction projects that had a relatively high degree of pressure. Those participants who had worked on labor contracts, so that they worked in regular jobs for extended periods, did not tend to express concerns with pay.

Many participants also desired more systematic training while in VCT. Although some had developed construction skills that enabled them to secure competitive construction jobs, most learned only minimal skills. The lack of training opportunities was compounded by the lack of job choices. Because VCT often lacked many project options, participants often had to take what job was available to them, rather than selecting a job that would allow them to develop desired competencies.

### ***Policy Recommendations***

1. Encourage development of peer-based social support by coaching field supervisors in group-building techniques and organizing social events for VCT participants.
2. Solicit VCT participants' input into project operations and useful changes in the organization of work at job sites.
3. Develop training opportunities. Much, even perhaps all training can occur at the job sites. On-the-job training can facilitate attempts by those working as construction laborers to learn aspects of work in one of the skilled trades.
4. The limited job choices available to VCT participants reduce training opportunities and also reduce appropriate matches between participants and jobs requiring the skills that they have. Every attempt should be made to expand the pool of VCT projects and work sites, including advertising in VA publications and others that are directed to agency and departmental managers.
5. Develop referral mechanisms to facilitate movement from VCT into permanent jobs. Referrals for construction jobs should be accompanied by pre-placement evaluation and post-placement monitoring of the extent of substance abuse on the job. Over time, this information can be used to identify contractors who provide relatively work sites that are relatively free of substance abuse.

6. Offer an “Introduction to VCT” session for regular VA employees to develop a supportive social climate and encourage program referrals.
7. Measure veteran satisfaction after completion of each project and invite suggestions for improving work processes.
8. Provide transportation planning assistance for veterans without cars who could facilitate some VCT projects. Histories of substance abuse and legal problems can make it difficult for some veterans to renew or obtain a driver’s license.
9. Offer part-time vocational classes for participants to learn new skills.
10. Provide career counseling services.

### ***Research Recommendations***

1. Rate the objective features of job sites using an instrument like those developed by the Center for Psychiatric Rehabilitation at Boston University. This rating should be used for ongoing analysis of project operations and outcomes.
2. Social networks among VCT participants, particularly within jobs, should be the focus of systematic research. Veterans in a sample of VCT projects should be surveyed regularly about their social networks; analyses of these data should identify the effects of project type and supervisor style on social network patterns, as well as the consequences of the patterns for project and participant outcomes.
3. Survey veteran satisfaction at the end of each project, focusing on the full range of work experiences so that comparisons can be made to research on job satisfaction in other settings.
4. Investigate the determinants of individual employment outcomes, distinguishing the effects of VCT experiences from social background and prior work experience.
5. Trace the evolution of social support patterns and perceptions of social support and examine their relation to initial interest in obtaining social support.

## Supervision

Field supervisors provide the only point of daily contact between program management and VCT participants. It is supervisors who ensure that daily project activities are efficient and that contract goals are achieved. It is also supervisors who initiate VRS action when unanticipated service needs arise. The success or failure of a VCT effort will therefore be determined to an important extent by how field supervisors are selected and managed.

If a supervisor is highly focused on what the final product should be, he will get it [a quality product].

Supervisors came to the program through a variety of routes. Some had a friend at the VA who knew of the program, one had been a patient in CWT who was recruited by the VCT manager; several were referred by VA service units throughout Boston when they sought help or advice. All had in common a background in construction and a commitment to helping other veterans.

I thought it was a good idea to help out those who fought for their country. Give a chance to those down on their luck.

The supervisors had varying levels of formal training in a construction trade, but all had had substantial experience in construction and many had worked previously as a construction supervisor. Training in the trades ranged from learning as a carpenter in the military and learning painting from a cousin to being apprenticed in heating/plumbing and being a journeyman electrician for 35 years. Supervisory experience included managing work on multi-story buildings and supervising dozens of employees. However, most of the supervisors who previously had been contractors had had difficulty stabilizing their businesses. A few had first hand knowledge of the work problems caused by substance abuse or psychiatric difficulties; one had previously been a VCT client due to these problems. These prior difficulties made working within the structure of the VCT program more attractive to these veterans, in spite of their substantial construction skills and experience. It also increased concern for the veterans in the program and led to a sense of a common mission with them.

I always thought it would be beneficial to work with vets, help with guys on the street, kind of identifying with that. I'm a vet myself; it was common ground. I always enjoyed participating in training, even in the service, in a leadership role.

I had my own problems in life and was at my wit's end when I came here. I was self-employed, but drinking heavily. I lost a lot of things. They gave me the opportunity to regroup. I'm grateful for that. Now I don't just delegate work and walk away; I'm hands on, down and dirty. Deprivation is a great teacher. Some of the guys (a lot) have been

deprived of some of the fundamentals of life. A lot of these guys have been through the school of hard knocks.

I really identify with the guys--I've been there.

The critical role of the field supervisors is reflected in their responsibility for regular evaluation of participants. New VCT participants have a 30-day probation period, during which their performance is evaluated by the site supervisor, the VRS, and the VCT Managing Director. Participants must also establish direct deposit accounts for receipt of their pay during the probationary period. After these first 30 days, and then every ninety days thereafter, site supervisors may recommend a wage adjustment. All wage changes are reviewed by the VRS and are subject to the approval of the Managing Director. The VRS and the site supervisor are expected to resolve questions about pay rates.

Interaction with VCT management staff the VRS about work and service issues continue throughout a project. Regular supervisory meetings with the Managing Director and the Director of Operations provided an opportunity to review project progress and service problems. During much of VCT's history, these meetings were held once or twice each month, but funding shortages had reduced their frequency sharply in the past year. VCT had also organized meetings with a psychiatrist in order to help supervisors understand clinical issues and improve their supervisory skills for VCT, but these meetings had been largely eliminated due to funding shortages. Some supervisors and program administrators indicated an interest in more support of this type.

If there's a weakness, it's following through on site supervisors. We could do this more.

I didn't give it (what I thought about VCT) a lot of thought until I got involved. Then I got apprehensive about the participants. Due to privacy concerns, there was a lack of specifics about the type of participants in the program. But I learned the participants were not like those in construction—had a lower skill level—but otherwise had similar types of issues.

Some supervisors remained unclear about their role in rehabilitation. Most thought they should use standard disciplinary techniques on the job when behavior violated standard expectations, but they also wished to be sensitive to problems resulting from emotional impairments. Should they seek to learn whether clients were returning to substance abuse, or what their emotional problems were? What action should they take based on any such knowledge? Explicit guidelines and a clearly communicated policy about mental health referrals seemed to be needed, as well as ongoing discussion of how to interpret these rules and how sensitive to be when supervising clients. Due to confidentiality concerns, supervisors were not given diagnostic information about the veterans and there was no structure for giving any type of feedback to the supervisors about concerns raised in occasional group therapy sessions among the VCT participants.

As a result, disciplinary styles varied, as did willingness to share plans and expectations with the participants.

### ***Supervisor Style***

Pride in helping veterans was readily apparent in the comments of several VCT supervisors. These supervisors recognized that many of the veterans in VCT were eager to learn or at least ready for a change in direction.

Just give me a warm body--someone with shoulders stooped, eyes down. I tell them to look up. I take the guy who's really not skilled, and show him. Some guys come on as laborers, because they don't want to think. I then build them up, so they get skills. Some guys don't want to learn.

'Skim milk often masquerades as cream.' I tell them on the job, 'leave your troubles behind for the day; when you walk through the door, focus on doing the work.' I believe that's very important. Work is the essence of life. Feel your worth, self-esteem, through your work.

Many supervisors were also cautious about the veterans' sensitivities. They tried to provide emotional as well as technical support, to avoid causing offense, to accommodate service needs and mood fluctuations, and to show respect to their employees. Angry comments could be elicited by a supervisor's request that a participant not shop after lunch or by a critical comment about some wiring. The "behind the scenes" issues were not usually understood, but supervisors made allowances for them.

You have to be careful not to offend; it is easy to cause offense. Don't swear at them; you can't get mad at them.

A friendly smile in the morning, that is sincere, is important. They realize sincerity. You have to realize they're human.

Authority is a big issue with some vets (some have been bosses or officers): you need to be polite with them (say "I'm sorry" etc.); take into consideration they are in treatment, on meds.

Regular morning meetings to review work tasks helped some supervisors to maintain rapport with the veterans.

Safety meetings occur in the morning around the "gang box" where equipment is kept. They are required once per week in the private sector. I call the meetings as guys are preparing for work. Review safety issues; ask whether anyone has any concerns. But if I see someone 'having a bad day,' I try to isolate it, not talk to them in front of others. It's pretty cut and dried, what they have to do on the job.

More serious problems that the supervisors could not resolve were referred to the program's Vocational Rehabilitation Counselor.

Program managers encourage a supervisory style in VCT that emphasizes the importance of workplace behavior:

- Require that participants follow all work rules;
- Maintain consequences for behavior (for example, give only 1 warning concerning a violation of OSHA rules);
- Develop rapport and understanding, but be confrontational when needed;
- Require that participants look and behave like real workers;
- Treat people as individuals;
- Never take for granted that someone knows what you're talking about;
- Do not address issues about individuals publicly.

In spite of their support for these guidelines, program managers recognized that different supervisory styles could be effective and that some job sites facilitated effective supervision more than others. One supervisor was extremely conscientious, even stern, about work performance, while another maintained strong personal rapport with the veterans; both were seen as effective. Work sites in which there fewer employees per supervisor were seen as facilitating more effective supervision than those with a higher employee-to-supervisor ratio (this ratio was as high as 20-to-1 at some sites).

Supervisors were also the source of on-the-job training. Those who supervised painting and laboring work could prepare some VCT participants for competitive employment. Many carpentry skills also could be taught within the context of routine construction jobs. Training in the skilled trades required a more gradual approach, with a focus on just one or two veterans. Although VCT participants could not become journeymen through this process, a supervisor could teach enough skills to make some types of competitive employment in the trades possible.

In painting and laboring, you can take a guy who's green and teach them. For other skilled work, you can't train in electrical work, plumbing, etc. and still complete the job on time. If it's a large job, some rookies can be used, but some must be skilled. You can't have 10 rookies with 1 supervisor—it can't happen. For the most part, you can't start off on a job with totally green guys, but with 1 or 2 and gradually teach them new skills. You have to have some experienced guys. I start off inexperienced guys with sanding. May start slow, then pick up speed. Some leave VCT and move into private companies as skilled employees, based only on their experience in VCT.

In the opinion of program managers, not all supervisory styles were effective. While some supervisors were seen as “doing exactly what you want them to do—monitoring the veterans, seeing what their problems are, presenting a positive role model,” some were viewed as having been “manipulating the process,” “in it for the money” and to “further their own ambitions.” Because “we [program managers] have to rely on supervisor's good will” and “supervisory style is the key to the success of jobs,” this lack of commitment among some supervisors appeared to have been a major barrier to more effective service delivery in the program.

## ***Discipline***

Discipline is a necessary aspect of managing work in any organization, but it creates a special challenge in a vocational rehabilitation program. Often the source of actions that merit discipline are the very psychosocial problems that the program is designed to rehabilitate. Thus, possible disciplinary actions must be evaluated in light of service as well as work goals. On the other hand, the program does not seek to encourage “bad habits” or to offer a less demanding work environment for veterans who are simply unwilling to make the effort to perform appropriately. The nature of the dilemma that this can pose and the alternative possible courses of action are apparent in supervisors’ responses to absence, tardiness, and interpersonal conflicts.

### **Absenteeism, Tardiness**

Absenteeism and tardiness interfere with timely job completion and efficient work flow, perhaps more in construction with its interdependent tasks and contracted completion dates than in many other types of work. But these behaviors also often indicate underlying service needs such as renewed substance abuse and psychiatric problems. How a vocational rehabilitation program responds to these problems is a clear marker of how it balances work and service needs.

VCT has publicized explicit guidelines for responding to these problems and requires new participants to sign a contract indicating their agreement to adhere to the guidelines.

- A 40 hour workweek is expected. Any premiums must be pre-approved on a case-by-case basis for each project.
- There is a morning break of 15 minutes and a 30-minute lunch break; afternoon break is at the supervisor’s discretion.
- The participant must call the VCT office by 7:30 a.m. when he or she will be late for work, on appointment, or absent (the normal workday begins at 7:00 a.m.).
- At least 48-hour notice is required for scheduled appointments.
- Attendance must remain above 90% on a daily basis.

Disciplinary actions are taken in response to any of three violations: lack of adherence to the attendance requirement, chronic absenteeism on Mondays and/or Fridays, or violation of the above notification regulations. The severity of the discipline applied increases with each violation:

1<sup>st</sup> incident: A verbal warning is given;

2<sup>nd</sup> incident: A 1-day suspension;

3<sup>rd</sup> incident: A 2-day suspension;

4<sup>th</sup> incident: Full suspension from VCT, referred back to treatment team.

Even within these guidelines, however, supervisors maintain a substantial amount of discretion and explore reasons for poor attendance before taking action.

Supervisors gave different explanations for absenteeism and tardiness among their employees. Some focused on employee motivation, which they reported to be often reduced after weekends when the participant may have relapsed, or upon accumulation of sufficient savings to support drug purchases.

They haven't changed [since they were younger]--still have the same problems; haven't grown up. Blame others for their problems. Won't explain why others won't work with him. It's a shame that some think they aren't creating their own problems. Hold themselves back that way. "Over opinionated" and can't just do the job, accepting that the boss is the boss.

Other supervisors pointed to difficulties due to illness or simply job location when explaining problems in attendance or punctuality.

Tardiness sometimes can't be helped, but they have to realize that it's a structured program. The guys mean well. Only paying some guys \$10/hr., but some of them must get up at 3 a.m. to meet [up] for a ride. They may drive 6 hours (round trip) to be able to work 8 hours per day.

Responses to tardiness were equally varied. Some supervisors "bend rules if necessary," when they believe participants have a valid reason for absenteeism or tardiness.

I will pick guys up. Tells guys to be sure and be on time. Bend rules if necessary.

How to rectify tardiness? Try to understand what the guys are going through; for example, by driving 100 miles, and [they] can't be out of work.

One supervisor treated absenteeism and tardiness as potential symptoms of underlying problems, and sought to respond to the behavior in a way that was appropriate to its cause.

Absenteeism, tardiness: this is the first real indicator of problems. A lot of guys get really good at being able to hide what's going on. More often than not, something is going on. Have to be really, really careful about making assumptions when someone is absent or tardy. Try working next to the guy, to get a sense of what's going on. Sometimes they're ok, or there are minor problems. Supervisors need to recognize things; that's what they're paid to deal with.

Docking pay and job termination were disciplinary responses when absenteeism and tardiness were excessive or did not seem to the supervisor to have a legitimate justification.

It's [absenteeism, tardiness] not too bad, but if they're absent too much, they're released. Had to dismiss one guy this fall who was chronically 45 minutes late. He claimed he couldn't get out of bed, he was dealing with issues. Their pay is docked if they're late. I took on extra guys for the holidays, then had to release some. There is probably at least one guy on every job who is let go.

It's pretty evident which guys who come out here don't want to work; just skate. It's not that common: about .5 guys in every 10 [ie, 1/20]. ... A lot of guys are not in construction, not used to the pace. When I keep finding vets not working, I send them back to [the Vocational Rehabilitation Specialist].

## Workplace Tensions

Workplace conflicts between veterans were very infrequent and seldom significant. VCT "Policies and Procedures" (2001) that were designed to maintain a well-ordered workplace helped to lessen the bases for many conflicts.

- Professional conduct and respect for co-workers is expected from all participants.
- Attendance at safety classes, crew meetings and scheduled appointments is mandatory.
- All participants must wear appropriate work clothing, i.e. boots, long pants, and shirt.
- Safety equipment, such as hard hats, safety glasses, hearing protection shall be worn as needed at the direction of the site supervisor.
- Smoking is allowed in designated areas only.
- Follow all rules pertaining to smoking around flammable materials.
- The VRS must be notified by participants of all prescribed medications.
- The presence and/or use of alcohol and/or illegal drugs may result in immediate suspension.
- Tools will be signed out from the job toolbox and are the responsibility of that individual.
- After 30 days, participants are required to have their own hand tools, as applicable for each trade.

But workplace conflicts still occurred occasionally and when they did an effective supervisory response was essential. Supervisors pointed to personality differences, occupational divisions, psychiatric problems, and work processes as sources of conflict.

Just personality conflicts. For example, one guy was ‘bitching me out’ about another guy who was not cleaning a grate well. He felt ‘he wasn’t doing the job right.’ I took him aside and pointed out that the other guy knew how to do the work.

Social divisions on the job: For example, the electricians don’t clean up, so the laborers get upset.

Most problems on jobs involve nuts and bolts of projects. Sometimes, I would like better-trained employees. Usually, it’s a lack of timely instructions [which falls back on the supervisor].

Have to guess about the psychiatric issues, med changes that might have changed behavior. You see less of that than I expected. It is very much like issues in the private sector. People don’t want to work with certain other people. There are also resentments about who gets new opportunities; nothing absolutely specific that is different from the private sector.

Disagreements occur, for example, when two men are given the same work to do, but there is only one tool (which they both need). They each want the tool so they can ‘do their job.’ Another example: one vet signs out a cordless drill and so is then responsible for it for the whole day. Another vet wants to use the drill for a short job, but the first vet may say ‘no, I’m responsible for it.’ They need to work out an agreement to loan the drill.

Supervisors used a variety of techniques to resolve these conflicts, but all were guided by recognition of the need to respect each veteran’s position. Most supervisors emphasized the importance of focusing on behavior, rather than psychological issues, and maintaining expectations for appropriate actions at work.

I talk to the electricians and laborers separately, encouraging recognition by laborers of their support role and pointing out the adverse consequences of not doing the job right. The idea is to diffuse the conflict. For example, give suggestions to resolve the problem: place excess materials in a box, not on the ground, so it’s easy to discard the materials (in the box) at the end of the day. Cleanliness is a good habit on a site.

I bring each veteran separately to the office to talk. It works out well. Let each state their opinions, then shake hands. Sometimes people still have an issue, but it’s important to try to work out problems on the site, rather than sending them to the office, which means they lose pay. They may not be able to afford it. Otherwise, they may go home and get depressed. “A happy job is a productive job.”

Never had anything really [bad] happen on a job. Sometimes guys yell at each other, but it's my responsibility to ensure job completion. If 2 guys are having a problem, sit down with them and explain that it can't happen here.

If conflict escalates, call their Vocational Rehabilitation Specialist. In one incident, a Master Plumber, working on an underground valve, endangered himself when he did some "extra" work when not observed, by trying to remove a nut that was under pressure. He refused to accept advice. He had to be removed from the job, and then returned after counseling.

In order to resolve the problem [of needing a tool at the same time], they need to prioritize jobs or change assignments, or work together on one job and then the other.

Some of these conflicts come from the special nature of VCT, in which equipment is shared. On regular construction jobs, workers own their own tools and so do not have to wait to use others'. Such problems seemed more common on larger jobs, in which the supervisor had less direct contact with participants. Problems due to substance abuse were relatively rare, as only about six participants have to be removed from job sites for this each year. The VCT VRS removes these individuals from the job site and then takes them to a clinician.

### ***Veteran Reactions***

Supervision was a very important factor in the reaction of many participants to their jobs. All respondents felt things were going excellent or good with their current supervisor, although there were reports of some problems in the past. All but one of the participants said they had received the information and materials they needed from their job supervisor. Respondents praised the quality of relations with supervisors, as well as their fairness and their willingness to accommodate to treatment needs.

There's no problem at all. I tend to be a little balky. He's very patient; that's a thing I have to work on.

Pretty good. He's fair, there's no favoritism, he's clear about setting expectations, limits (which is helpful)

He's flexible, understands when I'm having a bad day, allows me independence.

Eight in ten respondents said they had enough independence on the current job (two respondents felt they had too much independence). Most often, it was supervisors' willingness to let participants work independently that elicited praise.

The independence; the confidence they put in you; go ahead and do the job. It builds up my self-esteem, confidence in myself. All around good place to work. People treat you good.

I have my own workspace with little supervision so I can make decisions and be creative, yet support is available as needed.

I have enough [independence]. Was told clearly what the job was, left to do it and then checked periodically. The work supervisor helped when needed.

They're [supervisors] great guys. They're there to show you hands-on and let you go ahead on your own when ready.

They treat you like an adult; something I appreciate, so I do a good job.

Supervisors were also praised for being a source of help on the job, sometimes with respect to problems off the job.

I like my position; get along with supervisors; really bend over backwards for you if you have a personal problem. For example, [the employer] held my job for 6 months when [I was] in jail.

By contrast, supervision on some previous jobs elicited stark complaints. There also had been some difficult experiences in the past with VCT supervisors.

[I disliked a VCT supervisor] looking over my shoulder. I knew more than he did, but he thought he was IT.

For the most part it [supervision] was all right; sometimes there were problems with his [new] assistant. I just did what I knew to do and didn't pay him no attention.

I've seen people discharged because they tried to maintain themselves in treatment. I've had supervisors who did nothing, but expected us to work hard even when there was no work.

It all has to do with the supervisor. Some are knowledgeable, and try to work it like a regular job. I think that's good. But I've had supervisors tell me to slow down when I wanted to work at a regular pace or job situations where they had more supervisors than workers.

### ***Supervisor Satisfaction***

Supervisors reported very satisfying experiences in VCT. Many made extra efforts to ensure both successful project completion and clinical benefits for the veterans.

I like working with the guys. The money is not as good, but the work is steady. A lot of time I have to get in and do it [the work] with them [to show them how and to evaluate them]. Sometimes guys get so down, no matter what they're doing it doesn't help.

[With] steady work, their mind is into their work. I start them off on a simple task, then gradually increase their responsibilities. They are not in a shelter, with menial work. I see them get classes, go to school, get a license. I look at them in a month and see how they're doing. They began as down and out; we give them the self-esteem needed to do stuff.

When I see a guy who's down and out, and a year later he's buying a car, getting an apartment—that's what it's about; it's gratifying. You can't ask for more than that. From October to February we employed 22 guys who were able to buy Christmas presents for their kids. Some guys say they "don't know what I'd be doing if I wasn't here." It's safe and secure, and is earning a living.

## **Review**

VCT supervisors were committed to the success of the VCT program and had developed many insights into program operations. Current VCT participants were very satisfied with their supervisors. Although their styles differed, most had developed approaches to discipline and handling workplace tensions that ensured effective leadership of construction projects and measured responses to personal problems. This evident skill often grew out of experience in the program but apparently did not always develop, as program managers, and some VCT participants, pointed to experiences with VCT supervisors in the past who had not maintained adequate structure at work sites nor displayed reasonable compassion toward the veterans.

Supervisor selection was an important concern, since success in the construction trades does not require the human relationship skills and compassion needed in VCT. The selection process must include more than a review of a work resumé in order to identify appropriate candidates. Prior selection of field supervisors tends to have occurred on the basis of availability, rather than through a systematic recruitment and review process.

Supervisor retention is also a concern, since the program-specific knowledge required by supervisors is substantial and their relationships with participants are often close. Providing assistance with work site management and ensuring regular supervisor meetings may help to lessen the likelihood of supervisor turnover.

***Policy Recommendations***

1. Openings for field supervisors should be publicized in a variety of sources that are accessible to persons in the trades. The recruitment process should include interviews with multiple administrators and a discussion with VCT participants about their experiences. Since the VA's AM&M department is responsible for recruitment, these actions can be coordinated in meetings of the VA-wide project management team (see Recommendation #4 in "Management" section).
2. Provide supervisors with a detailed operational manual that includes procedures for discipline and handling workplace conflicts. The manual should also present reporting procedures, describe the different types of construction projects, and detail steps for carrying out major construction tasks.
3. A training program for new VCT supervisors should include meetings with VCT administrators, review of the operational manual, and visits to work sites to meet with other supervisors and VCT participants.
4. Maintain a regular schedule of meetings of field supervisors with the Director of Operations. Project overhead charges should be sufficient to pay for the cost of these meetings.
5. Require daily logs that report on work project progress and include notes on veteran performance. Supervisors should be expected to write behaviorally-oriented notes on veterans that focus on actual work-related behavior, without speculation on service needs.
6. All disciplinary actions and conflict resolutions should be discussed in the supervisor meetings. Notes should be kept and examples elaborated for possible inclusion in new editions of the operational manual. Supervisors should always discuss with the affected veterans all disciplinary actions and other decisions involving changes in work and rewards while participating in VCT.
7. Develop training expectations for supervisors on an individual and project-specific basis. These expectations should identify how the supervisor will help to train particular veterans deemed ready for more advanced training in some of the skills required by the trade in the supervisor's area of expertise. The training expectations should also reflect a discussion between the supervisor and each veteran who will be participating in a project about work plans and training interests.
8. Include a consulting clinician in supervisory meetings to guide discussion of mental health-related problems and appropriate responses to demonstrated clinical needs. Operational guidelines developed in these meetings should be available in an operations manual or through training sessions.

9. Encourage supervisors to contribute to the process of locating outside job opportunities for veterans who are ready to leave the program.

***Research Recommendations***

1. Use the data collected in the supervisor application process to study the backgrounds of potential field supervisors and then explain their performance after they are hired.
2. Periodically survey field supervisors about their experiences and the changes they recommend in VCT operations.

## **Services**

The VCT program is offered within the Mental Health Services Line at the Edith Nourse Rogers Memorial Veterans Administration Medical Center. VCT participants have been receiving mental health and/or substance abuse clinical services before starting the program and remain connected with VA clinical services throughout the period of their participation. VCT participants may be receiving services at the VA through the Veteran Chemical Abuse Treatment service (VCAT), the Mental Hygiene Clinic or through case managers in the Domiciliary program or in a VA Transitional Residence, if they are homeless. Most VCT participants continue to see a primary care physician, a psychiatrist for medication management, and a psychologist for cognitive behavioral or other therapies.

The CWT program requires flexibility at work sites so that veterans can attend scheduled service appointments and employs Vocational Rehabilitation Specialists to meet with the veterans on site, as needed. One VRS is assigned to the VCT program to assist with all non-clinical service needs. Work site supervisors may contact the VRS directly when problems arise with veterans at work. The VRS plays a critical role in maintaining participants' linkages to clinical services.

## **Process**

The VCT VRS is responsible for interviewing veterans who are new to CWT, evaluating their suitability for VCT, and introducing those accepted to VCT to this new work environment. He or she also visits veterans in VCT each week, keeps in touch with their supervisors, and contacts their clinicians when needed. The focus is on vocational issues, ranging from work ethics and relationships with other clients to job changes, securing transportation to the job, and clearing up legal problems. The VRS also works with veterans who need help maintaining their sobriety, reconnecting with their families, and meeting child support obligations. A treatment plan is developed to reflect the specific needs and situation of the individual veteran and then recorded in an Individual Written Rehabilitation Plan (IWRP) (Howarth, 2001).

After placement in VCT, the VRS visits work sites, offering basic case management and job coaching services and recording progress notes in a log. He or she also administers drug tests on a random basis, as well as when there is evidence (unacknowledged) of drug or alcohol abuse. If clients who are identified as users are willing to engage in treatment, they are suspended from CWT until a clinician says their substance abuse is under control; however, during this time they lose their VCT income. The VRS tries to prevent major additional problems for these veterans due to income loss.

After one month in VCT, the VRS reviews with clients their attendance record, treatment history, obstacles, issues, and services provided. Subsequently, a review is conducted every 90 days. At the 90-day followups, the VRS and the client review the IWRP and evaluate the client's progress toward the goals it identifies. At the 6-month

and later reviews, special attention is progress toward independent living and to such barriers as not having a savings account.

Supervisors also play a critical role in service delivery, both as the first point of response to service needs and the source of most service referrals.

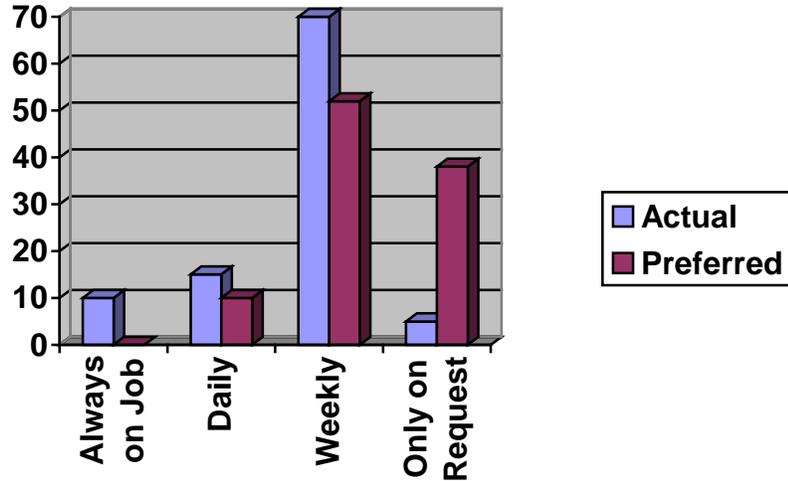
I know a few people who have ‘fallen off the wagon’ and so had to start all over again. If they come in, have been drinking, it requires disciplinary action; but you have to be able to ‘read’ them. If you detect it, they’re required to take time off. But you have to check on med changes, etc. For example, someone shows up at the job site and seems spacey after the weekend. You have to consider whether it is due to drugs or to a medication change. You want to avoid throwing a guy off the job without justification (for drugs, when it was really a med change). This prevents other vets on the team from talking about him and assuming he has been drugging. I call [the VRS] if this is suspected. Have to be careful how you approach people. This is what it’s all about. ...They [veterans at the work site] try to watch out for each other, in terms of drinking and drugging. Their supervisor needs to meet with them and say, ‘I don’t know, so you don’t know’ what is going on with him [even if it’s a white lie]--although the vets will find out, from others. You have to stress the importance of the individual’s privacy.

The complexity of substance abuse and mental health problems requires that supervisors receive regular clinical consultation.

### ***Veteran Reactions***

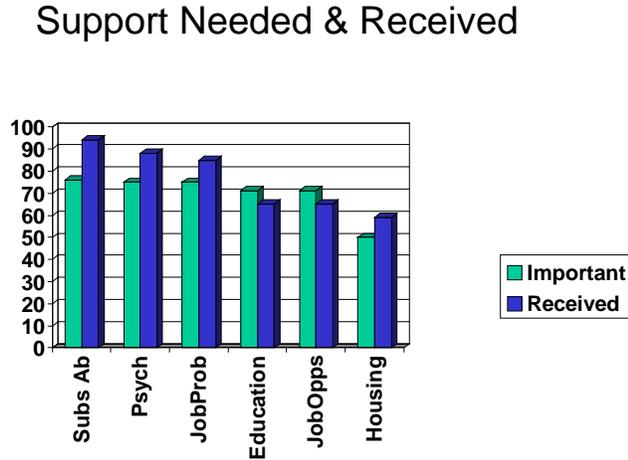
VCT participants were generally satisfied with the level of support services they received. Nine in ten of those who responded to the MIRECC Satisfaction Survey agreed or strongly agreed that staff “provided support & counseling when needed.” When asked specifically about how often they had direct contact with a VRS, and how often they would prefer such contact, most indicated that they had as much or more contact as they would prefer. No respondents preferred to have a VRS available all the time at the job, but 10% said that this was the level of support they currently received. Almost 4 in 10 respondents preferred to have a VRS available only when they sought one, but only 5% reported that they had no more than this amount of contact with a VRS. Overall, one-third of the respondents said they preferred less VRS contact than they had had (figure 9).

Figure 9  
 Frequency of Direct Contact With VRS



Those who responded to the MIRECC satisfaction survey identified a range of support needs as important within the previous three months, but also indicated that they generally received as much support as they wanted for these needs (figure 10). Dealing with substance abuse/recovery issues was the most highly rated need—rated as “somewhat important” by 24% and as “extremely important” to 53%--but it was also the need for which the highest percentage of respondents (94%) felt they had received as much support as they wanted from their VRS. Mental health/psychiatric issues and dealing with job problems were rated almost as highly, but these were also needs for which respondents felt they had received as much support as they wanted. Education/training needs and identifying other job opportunities were rated as only slightly less important, but they were needs for which the amount of support was rated as adequate by two-thirds of the respondents. Helping connect with housing resources was the type of support rated as least important in the past three months and only 59% said they had received “as much” support as they wanted.

Figure 10



Participants’ comments about support service needs also reflected a belief that they did not need more help. When asked whether they needed more support services, only one VCT participant replied that he or she would like more support from VA service staff and many expressed a commitment to managing without additional help.

No, if we’ve got a problem or need something, only need to speak up.

No. I came to VCT to get money, to improve credit rating, to get a place to live, get a car. Got most of this stuff, but have not saved money yet.

I don’t think it would help me. I don’t think I really need that. If I have a problem I call over there, they take care of that. Not necessary for me to see anyone.

No, I know they’re there if I need them. I don’t want to run to the VA. I am talking to my family.

Haven’t had many problems, but I know I can get it if I need it. Really don’t need any more. Not as needy as I was. It’s been a very good experience. This type of job, low, low stress compared to the [last one]. Stress day-on-day works on you.

I think I have enough support right now. I think my support is basically what I need, to basically support myself. Work with real beautiful person; it helps to sit next to him; one of the supervisors.

Without exception, the VCT participants who were interviewed rated their interaction with their VRS as good or excellent. They remarked on his conscientious approach to the job—he was available at all hours by phone and checked in with most VCT participants at least once per week. Participants also viewed him as caring deeply about the veterans he served.

[His visits are] usually unannounced, he checks with everyone individually, asks how things going, whether help is needed with housing, doctor, etc.

He's a good man, takes an interest in people he works with. He cares, goes out of his way to hit all his sites, like he really cares.

I see him at least once a week but he's available more if needed. It's going great; he's fair, flexible, insightful into you.

He's very good, helpful, "I wouldn't want it to be anyone else". He's fair, straight-up.

About three-quarters of the VCT participants had received services from other VA staff. Group counseling sessions at the work site were often praised by those who had been able to participate.

It's good--a meeting every 2 weeks. We talk about everything: for example, someone robbed the place after hours, and we talked about what we could do, how we felt.

Whatever is going on, we let it out.

Services from VA personnel outside of VCT were criticized by some.

I was going to a 1-on-1 therapist, but she couldn't help me. We just talked about daily stuff; couldn't get into problems I was having. I was in a CBT class for 2 weeks, but then said forget it—they had two years sobriety, I have five.

VCT participants also recognized that the value of the VCT experience extended beyond the work itself. Appreciation for this aspect of VCT was expressed in a focus group conducted among veterans had been working together at a military base.

I was seeking more money and I got it. I got to push to advance myself, go to school. I get to use my skills. I get to do things I didn't really know how to do, like dropped ceilings.

I was unemployable and I had just got out of jail.

I was living in a shelter, but I have my own place now.

### ***Supervisor Reactions***

Because supervisors are not VA employees, they are not told about participant illnesses and their role is expected to be one of referral. Most felt that some such information would be helpful.

It's difficult to avoid involvement in their personal problems, but you open a big can of worms when you get into this. You have to focus on rules, procedures. Call for help when it is needed, to minimize impact on the job.

A lot of guys have diseases; things they can't do. Physical and mental impairments. On Prozac, Ritalin.... I don't want to know [what they're on], but a little knowledge would help. Altercations can occur.

Supervisors were pleased with the availability of VCT support staff--"when there's a problem, 'bam,' they're out here"—but several complained about insufficient services.

I don't think we have enough support services. [The VRS] does a great job, but there's an overabundance of work. Aside from the work, where is the program, the aftercare? Where is the backup? ... Some guys have deep-seated psych problems—this program will not change them. What can you do? You can't send them home. 'They' really need heavy-duty psychological help. These guys never feel right about anything. Sometimes, I am accused of treating vets 'like a baby' because I hear them out.

Aftercare ... used to be required, now it's carte blanche. Some guys are not moving on. It's not right; there's a moral issue there.

Site visits from clinicians... almost always have a positive effect, but it has changed. Previously, there were a small number of large jobs, so the clinician could visit and see 25 or more guys. Now, projects are more technical, with fewer employees (2-3, or 1-2). Now, VCT clinicians come in response to complaints. The VRS helps when they need tax info, or someone is 'acting out', or showing signs of problems and needs to be evaluated.

On-site therapy sessions were viewed favorably by the work site supervisors.

Last year, an intern ran biweekly meetings that worked out great. 45 minutes; the guys liked that, and appreciate the reminder that it's more than a 9-5 gig; that they can voice issues. Some just want a break, but this is a very small percentage.

Enough services? If I had my choice, I'd love to see weekly, or biweekly sessions on site, but logistically, this is difficult. The fact that guys are in

the field, and their supervisors can rely on a quick response is key. You always have access to the right people, and they give information about who to contact when the staff is away.

Veterans themselves were recognized as an important part of the service equation.

There have been a few relapses recently. Usually the guys know what's going on before the supervisors. When the clinician is called, they are relieved.--especially if the project lasts long enough for relapsers to return to work.. In general, the guys care about the guys. They want to respond to substance abuse problems, etc.

One supervisor pointed out the value of support services available to participants living in a VA transitional residence.

Where they seem to have a strong suit: [the Transitional Residence] is great. There's a lot of support [for the residents], which is needed since there's a lot of temptation up there [drug dealers, porn, etc.] They seem to do well, with some of the housing.

Another supervisor noted the difficulty created for veterans by the time required to obtain services at Bedford.

VCT participants do not get paid when they come to Bedford for counseling. Some miss a whole day's pay due to one hour of counseling. Missing a whole day's earnings is important to the guys, and there's no way to make it up.

### ***Review***

Appreciation for the work of the VRS assigned to VCT was high among both veteran participants and their supervisors. Most veterans expressed little interest in more clinical services, although those who had participated in work-site group therapy sessions with a psychology intern had found the experience valuable. Some wanted more practical help with benefits, taxes, or legal problems. On the other hand, some supervisors expressed a desire for more services for participants, or for more information about service issues relevant to participants. They too recognized the value of the group therapy sessions and several pointed to this approach as a service model that should become standard in VCT.

### ***Policy Recommendations***

1. Supervisors need an opportunity to discuss service issues involving VCT participants, even though their job responsibilities should not include service delivery. Regular consultation with a clinician should be considered, perhaps as an adjunct to monthly supervisory meetings. Such meetings have occurred more frequently in the past and seem to be an important part of the program.

2. Guidelines should be publicized for supervisors that identify the types of support they are to provide on the job and the issues for which they should contact the VRS. Ongoing discussion of disciplinary and conflict management issues can be used to generate examples for and modifications in these guidelines. A policy about patient confidentiality should also be included.
3. The work plan developed for each project by the field supervisor, in consultation with the Director of Operations, should identify the opportunities for gradually increasing the level of expectations, and hence stress, as appropriate to the project and the individual veterans.
4. The VRS should be actively involved in identifying training opportunities, appropriate educational programs, and outside jobs for participants. These opportunities should be discussed regularly with veterans and included as part of the IWRP.
5. Supported employment should be available when needed as the next step after VCT. Use of this model, which provides ongoing case management support to individuals in competitive jobs, could reduce fears about complete loss of support and so encourage veterans to move into competitive employment.
6. Veterans are required to keep service appointments while in VCT. The VRS should review treatment needs with VCT participants at the start of each construction project and make the plan available in writing to the field supervisor. When required, changes should be recommended by a clinician or the VRS and recorded in the plan. Supervisors must be informed consistently that veteran participation in services is required and that this must take precedence over work project requirements.
7. Expectations for compliance with substance abuse prohibitions should continue to be strictly enforced. Procedures for reintegrating veterans into VCT after they have been treated for a relapse should be reviewed by the VRS, supervisors and program managers. These procedures should be adapted as needed for each veteran.
8. The VRS should review regularly with each VCT participant their individual treatment plan concerning substance abuse and/or major mental illness.
9. Due to the geographic dispersion of VCT sites, participants should be allowed to receive aftercare from other VA sites when it is more convenient and deemed appropriate by the VRS.

### ***Research Recommendations***

1. Use a standard rating form to record clinician evaluation of veteran support needs. Include these ratings in predictive research on client outcomes.

2. Track service usage during VCT and use these records to review the level of services available and to identify their association with early terminations and successful outcomes.
3. Maintain the results of the 90 Day Progress Reports in a computer file and review veteran progress with treating clinicians and in program management meetings. Decisions in these meetings about veteran progress and readiness for competitive employment should be recorded. These data can be used to evaluate the utility of the progress reports and to refine the decision-making process.

## **Program Expansion**

The Veterans Construction Team program offers unique advantages over other forms of vocational rehabilitation for the veterans who participate in it and the government agencies that secure contracts with it. Realization of these advantages has led to experiments with expanding VCT to other VA medical centers, both in Massachusetts and other states. The results of these experiments confirm the potential for program expansion but also have highlighted potential difficulties in exporting this new rehabilitative technology.

Successful implementation of the VCT technology in a new medical center requires changes in the operating procedures of other VA departments and in the activities of veterans receiving VA services. Acquisitions and Materials Management must help facilitate contracting and purchasing, while Engineering must help identify opportunities for VCT as well as review project plans. Clinical staff and the veterans they serve must be willing to believe that the veterans are capable of successful participation in construction projects. Local VCT management must be able to identify and balance construction requirements with veteran needs. None of these changes are easy to implement.

VCT's experience confirms that problems can arise due to the unfamiliarity of the critical VA departments with the VCT model and the preference for staff to maintain current procedures. Concerns with the ability of disabled veterans to participate in construction projects and perceptions of legal barriers are common. It can be difficult for a medical center to identify a staff member with sufficient time and expertise to oversee a VCT project. Although the number and severity of such problems is highly variable, reflecting different medical center subcultures, operating procedures, and managerial styles, carrying out a VCT project requires too many changes to expect that such problems can be avoided entirely.

Clear administrative support, careful planning, and ongoing flexibility seem to be essential for successful adoption of the VCT technology. (1) Medical center management must express a clear commitment to identifying opportunities for VCT projects and to making the procedural changes that are required by key VA departments. (2) A plan for VCT implementation must be developed well before a project begins and include

meetings with key personnel throughout the medical center. Multiple meetings may be required with departmental staff to refine plans for procedural changes; informational sessions should also be held with service staff and then with potential veteran participants. Potential field supervisors with substantial construction experience must be identified in the local community and interviewed. Sufficient time should be allowed for evaluation of project plans by the Bedford VA VCT management time. (3) A VCT management team must be in place at the medical center and prepared to respond to all problems as they arise. The team should include at least one experienced local VA employee and should also meet regularly with the relevant department leaders.

Coordination at the national level could aid VCT expansion and overcome local problems. Utilization of experienced management staff at the Bedford VA VCT for project planning will help to forestall technical and legal problems. Centralization of materials acquisition through Bedford would make it easier to meet the requirements of a construction project while minimizing difficulties for the local AM&M department. Frequent consultation between VCT's Managing Director and the local VA leadership should help to develop insight into the sources of difficulty at the local level. A common commitment to effective service for veterans and a willingness to change procedures as new conditions are encountered should ensure that the VCT model can achieve its fullest potential in serving veterans.

## Conclusions

The Veterans Construction Team program adds an intensive experience in psychosocial rehabilitation to the clinical services offered by the Edith Nourse Rogers VA Medical Center. It is an experience that receives high praise from participants:

I have no complaints with the program. I would recommend it to any vet out there.

They've helped me so much already.

The value of VCT is in part due to the unique features of construction work. Many construction jobs are highly paid, require advanced skills, allow substantial autonomy, and involve the creation of unique and valued products. Unlike most blue collar work in factories and other settings, construction offers an experience whose intrinsic rewards exceed those of many white collar occupations and whose extrinsic rewards support a comfortable middle class life style. These features have long made the skilled trades a desirable occupation for individuals without advanced degrees, the community of tradesmen among the most cohesive in the labor force, and its requirements for occupational entry among the most stringent.

Many of these same features help to maximize the psychosocial value of construction work experience. When their jobs allow autonomy in decision-making, do not create continual pressure, and offer high levels of social support, individuals suffer fewer heart attacks, less depression and anxiety, feel less job-related stress and are generally in better health. Although no particular construction project necessarily exemplifies all these qualities, the nature of construction increases substantially the likelihood of their appearance. Skilled tradespersons must make frequent, independent decisions about their work, they often can determine work pace, and they typically work in a group context. Although laborers may have less autonomy on construction projects than do those in the skilled trades, they are still relatively advantaged on all three work dimensions compared to most other unskilled work opportunities.

What's right with the program: It gets guys working, gives a real sense of accomplishment: "I did that." They get recognition, and they like the money. Makes them feel they are part of the group.

VCT has developed an innovative approach to vocational rehabilitation that takes advantage of the unique features of construction work and the distinctive backgrounds of veterans. Challenging work tasks and ongoing social support aid the rehabilitative process. Flexible contracting processes allow VCT to support a mix of construction projects and individual jobs that maintains employment opportunities for veterans in spite of fluctuating opportunities in the construction industry. The VCT management structure facilitates coordination between the disparate organizational forms of the VA Medical Center and the construction business, while the VCT service system blends attention to both work and service needs. Selection processes have brought veterans into the program who are most likely to benefit from it, while recruitment of field supervisors has ensured a group of talented, committed private-sector partners in the rehabilitation process. The range of job opportunities in VCT has often allowed the program to match participants with jobs that utilize effectively their talents. As a result of these and other features, veterans in VCT are very satisfied with their work experiences and many challenging projects have been completed.

The analysis in this report identifies several areas where VCT operations could be refined. Difficulties with ongoing VA management operations at other medical centers has often hindered program expansion; opening the VCT management structure to ongoing interaction with other key VA departments should help to resolve these difficulties and may also improve operations at the Edith Nourse Rogers VA Medical Center. Public commitment by the national Veterans Administration to the program should also increase opportunities for development of VCT at other medical centers. The expense of meeting with field supervisors has made it difficult to maintain sufficient oversight and to provide adequate feedback to supervisors during periods of low demand for VCT services. Regularizing these meetings would help to strengthen this critical program linkage. More generally, more systematic review of VCT projects and selection of project participants is likely to improve over time the timely completion of projects and their value for participating veterans. Because participants' needs for support services at times has exceeded the program's limited service capacity, it would also be desirable to increase the number of VCT service personnel. Improving participants'

readiness for and success in transitioning into the competitive work force is a concern in any vocational rehabilitation program; maintaining sufficient pre-placement counseling and post-placement followup has been a continuing challenge for VCT.

VCT provides a new model for vocational rehabilitation that has the potential for returning many veterans in treatment for substance abuse and mental health problems to productive jobs in the community. The work environment that VCT can offer maximizes support for psychosocial rehabilitation, while the flexibility that VCT provides facilitates receipt of clinical services. Because VCT is an innovative program, because “change is one of the most challenging and critical responsibilities any manager can face,” because people may “feel threatened and anxious” by change, the implementation of VCT requires explicit commitment to change and to monitoring results (Demakis, 2000). The experience of the Veterans Construction Team at the Edith Nourse Rogers VA Medical Center indicates the value of embarking on this change process.

## References

- Chirico-Post, Jeannette, Ethan S. Rofman, William A. Conte, George Poulin, Gregory Binus, Walter Penk, Christopher Boyd, and Bernie Cournoyer. 2001. Veterans Construction Team: An Introduction. Bedford, MA: ENRM VAMC.
- Cook, Judith A. 1999. "Research Based Principles of Vocational Rehabilitation for Psychiatric Disability." IAPSRs Connection, (4).
- Cournoyer, Bernard. 2001. Veterans Construction Team: Introduction. Mimeographed. Bedford, MA: ENRM VAMC.
- Demakis, John G. 2000. Organizational Change: Primer. Boston and Washington D.C.: Management Decision and Research Center and Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs.
- Howarth, John. 2001. The Role of the VRS. Bedford, MA: Edith Nourse Rogers VA Medical Center. Unpublished handout for presentation, May 7.
- Losardo, Marylee O. 1999. Veterans in Need of Services: The History and Development of the Edith Nourse Rogers Memorial Veterans Administration Hospital Compensated Work Therapy Program. Bedford, MA: ENRM VAMC.
- Scott, Richard W. 1998. Organizations: Rational, Natural, and Open Systems. Englewood Cliffs, N.J.: Prentice-Hall.
- Veterans Administration. n.d. Veterans Industries Training Manual. Washington, D.C.: Veterans Administration.
- Veterans Administration. 1996. VHA Handbook 1003. March 27. Washington, D.C.: Veterans Administration.
- Veterans Construction Team. 2001. VCT Policies and Procedures. March 1. Mimeographed.

## **Appendices: Data Collection Instruments**

### The VCT Experience: Current & Former Participants

*First I'd like to learn about your connection with VCT.*

How did you first hear about the VCT? When was that?

What were you doing at that time? What did you think about VCT? What interested you about it?

Where were you living at that time?

Had you had any construction experience at that time?

Can you tell me about that?

*The next questions are about your training.*

What kind of education and training have you had?

Formal schooling

Vocational training

On-the-Job experiences

*Now I'd like to focus on your VCT experiences.*

Can we create a list of the jobs you've worked on with VCT, starting with the most recent? After listing the jobs, please take a minute to think about each of them. Rate your *own* reaction to each job with the following scale:

Excellent job=5

Good job=4

OK job=3

Poor job=4

Very poor job=5

<b>Job</b>	<b>Location</b>	<b>Dates</b>	<b>Job(s)</b>	<b>Supervisor(s)</b>	<b>Rating</b>
					1..2..3..4..5
					1..2..3..4..5
					1..2..3..4..5
					1..2..3..4..5
					1..2..3..4..5
					1..2..3..4..5

Is your current (most recent) job a construction project or a labor contract?

Construction project.....1

Labor contract.....2

*[Ask if not a VCT labor contract worker.]*

Some VCT workers get hired under labor contracts, where they work for the same employer for a long period of time, usually at the same site. They do construction work, but not on projects like the rest of VCT. Have you heard about these labor contracts? Would you like to be hired under a labor contract like this?

Now I'd like to ask you some questions about your current [most recent] VCT job.

What is your job title? Has it changed while you've been at this site?  
Is it a job you wanted? How did you get this job? How much choice did you have?

How many other VCT vets work at the site?  
How has it been going? What are your activities? Have you received the information and materials you need from your supervisor?  
Have you learned any new skills?  
How often are you able to talk with other VCT vets at the site? How do the vets get along? Have there been any problems? Can you tell me about that?  
Do you get together with other VCT vets on nights or weekends? Would you say you have any close friends among the VCT participants?  
Who is your VRS at this time? How often have you seen him/her? How has that gone?  
Have you seen other VA service staff during this job? How has that gone?  
Would you have liked more support from staff during this job? What else would have helped?  
Were you satisfied with this job experience? Any things that you particularly liked about it? Do you have any complaints about it? Any other things that could be improved?

Let's look back over your list of jobs. Please tell me about your ratings for each one:

On which job did you acquire or improve your construction skills the most? What skills did you acquire or improve? What helped you to learn those skills?

Which job did you like the least? What did you dislike about the job? Can you tell me more about that?

At this time, what would you like to get out of your participation in the VCT?

- Better chance at competitive employment \_\_\_\_\_
- Control over substance abuse \_\_\_\_\_
- Better pay \_\_\_\_\_
- Skills \_\_\_\_\_
- Licenses \_\_\_\_\_
- Supportive group of vets \_\_\_\_\_
- Meaningful work \_\_\_\_\_
- Other \_\_\_\_\_

How confident do you feel about achieving these goals at this point?  
What makes you feel that way?

**Supervising VCT Projects: Experiences and Issues**

*First I'd like to learn about how you came to work with the Vets Construction Team.*

When did you first speak with someone about supervising VCT projects?  
 How did you first hear about the VCT? What did you think about VCT?  
 What were you doing at that time? What interested you about it?

Can you tell me about your background at that time?

What kind of education and training had you had?

- Formal schooling
- Vocational training
- On-the-Job experiences
- Vocational rehabilitation concepts or skills

What had been your work experience at that time?

When did you first work in construction?  
 What area(s) were you licensed in?  
 What type(s) of construction work had you done?  
 What were the major projects you had worked on?

What about other jobs?

Had you worked as a supervisor before working with VCT? What type of employer was that for?

How many employees did you supervise? What type of work did they do?

*Next, I'd like to focus on your experience as a VCT supervisor.*

How many different projects (contracts) have you supervised for VCT? \_\_\_\_\_

Please tell me the name of each of these contracts, the dates you worked on them, and the activities they involved. When you finish, I'd like you to rate completion of the work and benefit for the veterans for each job. Use the following scales:

Very successful...1  
 Somewhat successful...2  
 Mostly unsuccessful.....3

<b>VCT Jobs Supervised</b>	<b>Dates</b>	<b>Activities</b>	<b>Completion</b>	<b>Benefit</b>
_____	_____	_____	1..2..3	1..2..3
_____	_____	_____	1..2..3	1..2..3
_____	_____	_____	1..2..3	1..2..3
_____	_____	_____	1..2..3	1..2..3

Thank you. Now I'd like to ask about your overall impressions of work on VCT projects.  
 I'll also ask for your impressions about some of the specific jobs you've worked on.

How do you find that the vets get along at the work sites? Are there any problems? Can you describe those for me? On which of the jobs you've worked on were the relations among vets particularly good? Particularly poor?

What support services are you aware of vets receiving while working on these VCT jobs? How often has that occurred? How has it worked out? Do you feel there has been enough service support on the jobs?

Have you had any problems with absenteeism or tardiness on the job? Any problems with employee behavior on the jobs? Which jobs have those occurred on? What seemed to you to be responsible for these problems? What was their impact on the other veterans? On the progress of the work? What did you do about them? How were they resolved?

How have you felt about completion of the jobs? Have there been any delays, cost overruns, or quality problems on any jobs? On which jobs did these occur? How did they arise? How were they handled?

*Now I'd like to learn about your view of VCT as a whole.*

In general, how well do you think the VCT program has been going? Do you receive the assistance you feel you need from the VA? What improvements would you suggest?

What about in terms of successful completion of construction projects?

Offering enough work?

Organizing and planning projects?

Maintaining good relations with customers/employers?

Training veterans in construction trades?

Helping veterans with personal health problems like substance abuse or mental illness?





In general...

5. Have you learned any new skills while you've been in VCT? What are those? How did you learn those skills?

6. How often do you need extra information or materials to help you complete your work? Do you always get the information or materials when you need them? Can you tell me more about that?

7. On VCT jobs before this one, did you find it to be easy or difficult to make friends on the job? Can you tell me more about that?

8. What about supervision at the job sites. What has been your experience with that?

9. What type of support have you received for health and mental health-related needs, including substance abuse, while you've been in the VCT program?

How has that worked out?

10. Would you like to have more or less support from VA service staff? Why is that?

11. In general, how do you feel about VCT at this point?

a. What do you like about VCT? What do you dislike about it?

b. What do you feel you get out of the VCT program at this point? Is this what you were seeking when you entered the program?

12. When do you plan on leaving the VCT program and what do you plan on doing at that point? What's helping and what's hindering that plan?

13. What do you feel could be improved in VCT?

Thank you for your time and participation. Your comments will be very helpful in improving VCT.777777