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Factors Contributing to Successful Completion of a Holistic Job Skills Training Program

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ABSTRACT

Job skills training programs are one way to address barriers to employment. As is important with any program that is implemented, it is important to evaluate its effectiveness. Existing literature contains several examples of job skills training programs that measure success by looking at outcomes such as employment rates post-program completion. Another way to measure success, which very few studies report, is to look at program completion rates. This study sought to fill that gap by reporting completion rates and factors that contribute to completion for a holistic job skills training program in West Texas. This study tested five variables in relation to program completion that were identified in the literature: criminal history, mental health history, substance use history, comorbidities, and social support. Findings indicated students with criminal history were less likely to complete the program. Findings further indicated there were not significant correlations between program completion and mental health, substance use, comorbidities, and social support. This topic would benefit from further research by using more reliable and valid measures of mental health, substance use, comorbidities, and social support. Although most of the findings were not significant, this study is replicable and extremely valuable as a means for evaluating the success of job skills training programs.
Factors Contributing to Successful Completion of a Holistic Job Skills Training Program

A Thesis
Presented to
The Faculty of the School of Social Work
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In Partial Fulfillment
Of the Requirements for the Degree
Master of Science in Social Work

By
Renee Paul
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Master of Science in Social Work

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CHAPTER I

INTRODUCTION

Equal access to and opportunity for employment is an area of focus for social work (Livermore, 2013). For the past few decades, unemployment has been a large concern—both for society and the field of social work (Allan, Duffy, & Blustein, 2016; Livermore, 2013). However, in the last few years, underemployment has become an increasing problem for social work to address (Livermore, 2013). Although it is not widely understood or studied, it needs to be, which is partially why this study seeks to address it.

Research suggests there are several factors that place an individual at risk for unemployment and underemployment. Some of these factors include criminal history, homelessness, mental disorders, substance use disorders, and comorbidities (Apel & Sweeten, 2010; Poremski, Whitley, & Latimer, 2014; Sigurdsson, Ring, O’Reilly, & Silverman, 2012). Although other factors exist, these are the most prevalent factors for the student population at FaithWorks of Abilene, a holistic job skills training program that is the focus of this study.

Job skills training programs are one way to address barriers to employment (Department of Labor, n.d.). In doing so, programs can specialize in providing services to specific populations such as veterans or individuals with disabilities. Others provide a broader scope in practice by serving the general population.
How does one determine if a job skills training program is successful? One way many job skills training programs measure success is through outcome measurement. This includes looking at employment rates after graduation. Another way to determine success is to look at completion rates. This includes how many students complete the program, what factors mitigate completion, and what strategies enhance completion. Very little literature addresses completion rates, which is a gap this study wants to fill.

Therefore, this study seeks to look at FaithWorks of Abilene, a job skills training program in Abilene, Texas. This study can provide research to enhance other job skills training programs across the country. Furthermore, this study can aid in the provision of better service to the unemployed and underemployed and help to increase the rate of program completion.

Statement of Problem

The overarching problem this study seeks to address is unemployment and underemployment. Additionally, this study looks at the completion rates of job skills training programs and the factors that contribute to completion. As previously mentioned, job skills training programs are one way to address barriers to employment; and completion rates are one way to measure the success of a program.

Definition of Terms

For the purposes of this research study, the following key terms are used. For reference, each key term is defined below.

*Employed*: An individual who possesses a job and receives wages or compensation for their work (Livermore, 2013).

*Unemployed*: An individual who does not possess a job but is actively looking for employment (Livermore, 2013).
Underemployed: An individual who has involuntary part-time, temporary, or intermittent work or is overqualified for a job due to education or experience (Allan, Duffy, & Blustein, 2016; Feldman, 1996; Monfort, Howe, Nettles, & Weihs, 2015).

Offender: A general term for a person who has committed a crime and is or was under the supervision of the criminal justice system (Kaebel & Cowhig, 2018; Severson, 2013; Texas Department of Criminal Justice, n.d.). This includes individuals who were incarcerated (i.e., prison or jail) or under community supervision (i.e., probation or parole) (Kaebel & Cowhig, 2018).

Homeless: “Individuals and families who lack a fixed, regular, and adequate nighttime residence” (Department of Housing and Urban Development, 2018, Category One, p. 1).

Mental disorder: The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) defines a mental disorder as:

   a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (p. 20)

Substance use disorder: A syndrome characterized by the “recurrent use of alcohol and/or drugs [that] causes clinically and functionally significant
impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home” (Substance Abuse and Mental Health Services Administration, 2015, para. 4).

*Comorbidity:* The “simultaneous presence of two or more illnesses, diseases, disorders, or disabilities” (DiNitto, 2013, p. 1).

*Job skills training programs:* Federal or privately funded programs designed to increase employability of youth, adults, or dislocated workers (Department of Labor, n.d.).

*Adult education programs:* Federal- and state-funded instruction on topics ranging from “basic literacy and numeracy and English for Speakers of Other Languages (ESOL) to high school diploma equivalency, and college and career readiness” (World Education, Inc., 2018, para. 1).
CHAPTER II

LITERATURE REVIEW

Search Methods

A search of existing literature was conducted using the following nine databases: Academic Search Complete, Encyclopedia of Social Work, ERIC, Psychology and Behavioral Sciences Collection, PsycARTICLES, PsycINFO, ScienceDirect, SocINDEX with Full Text, and Vocational and Career Collection. The search terms used include the following: “employ*,” “unemploy*,” “underemploy*,” “job skills OR work skills OR employment skills,” “workforce development,” “job training OR job training program,” “adult education OR adult learning,” “barriers to employment,” “criminal history OR incarceration OR prison OR jail,” “mental illness OR mental health,” “homeless*,” “substance abuse,” “comorbidit* OR coexisting disorder OR cooccurring disorder OR dual diagnos*,” “outcomes,” and “completion OR completion rates.” Search strategies included eliminating articles older than 2008 that were not peer-reviewed, articles that had formats other than academic journals, or those that were written in languages other than English.

Employment

The employed possess a job and receive wages or compensation for their work (Livermore, 2013). Being employed is also called being in the labor market. As of October 2018, there were approximately 74,500 people employed in the city of Abilene,
Texas, which is the location of the focus program for this study (Bureau of Labor Statistics [BLS], 2018a).

Multiple theories exist about employment. One such theory is on human motivation, which was developed by the psychologist Abraham Maslow (Maslow’s hierarchy of needs, 2015). Maslow’s theory is visually depicted as a pyramid with the most basic human needs at the bottom. According to Maslow, one cannot move from one level to the next until the needs of that level are met. Maslow suggests employment is among the safety (or security) needs, which are second from the bottom of the pyramid, above physiological needs like breathing and water (Maslow's hierarchy of needs, 2015). Whether or not one agrees with Maslow’s theory, most can agree that employment provides access to other needs, like food and shelter.

Multiple studies indicate employment improves mental health and well-being (Gray, Nelson, Shaffer, Stebbins, & Farina, 2017; Talbot, Völlm, & Khalifa, 2017). This includes self-esteem and optimism (Talbot et al., 2017). It also includes life satisfaction (Gray et al., 2017).

Some individuals, however, face barriers to employment. These barriers, or challenges, can place them at risk of unemployment or underemployment, which are the primary problems that this review and organizations like FaithWorks of Abilene want to address.

**Unemployment**

The government considers an individual unemployed when they do not possess a job but are actively looking for one (Livermore, 2013). When the Bureau of Labor
Statistics (BLS) publishes official unemployment rates, individuals not actively looking for work are excluded from their calculations (Livermore, 2013).

Unemployment rates have decreased over time. As of October 2018, the United States sits at an unemployment rate of 3.7% (BLS, 2018c). Texas mirrors the national average with a 3.7% unemployment rate (BLS, 2018b), but the local average for Abilene, Texas, is lower than the national and state average at 3.1%, which is about 2.4 thousand people (BLS, 2018a).

Unemployment affects the individual and society (Blustein, Medvide, & Wan, 2012; Talbot et al., 2017). These effects include increased poverty rates, higher risks of mental illness and low self-esteem, and increased health problems and substance abuse (Blustein et al., 2012; Noordzij, Van Hooft, Van Mierlo, Van Dam, & Born, 2013; Talbot et al., 2017). Unemployment can also contribute to lower economic growth, the breakdown of family structure, and increased crime and violence (Blustein et al., 2012; Talbot et al., 2017).

**Underemployment**

For the purposes of this study, *underemployment* is defined as involuntary part-time, temporary, or intermittent work (Allan, Duffy, & Blustein, 2016; Feldman, 1996; Monfort, Howe, Nettles, & Weihs, 2015). This includes working fewer hours than preferred (Allan et al., 2016). Furthermore, in some instances, underemployment can also refer to an individual who is overqualified for a job due to education or experience (Feldman, 1996).

Underemployment rates are double the rates for unemployment. As of September 2018, the underemployment rate is 7.4% in the United States and 7.8% in the state of
Texas (BLS, 2018d). The Bureau of Labor Statistics includes the numbers for the unemployed and what they call “discouraged workers” and “involuntary part-time workers” in their measurements for underemployment (BLS, 2018d).

Underemployment is an area understudied in the literature (Allan et al., 2016; Maynard & Feldman, 2011). This is despite the case that underemployment is a widespread and increasing problem among multiple disciplines and demographics (Virick & McKee-Ryan, 2017). Individuals who are underemployed are more likely to experience decreased mental and physical health, lower job satisfaction, and a higher propensity to quit their job (Monfort et al., 2015; Virick & McKee-Ryan, 2017).

**Risk Factors**

There are several factors that put an individual at risk of unemployment and underemployment. Unemployment and underemployment are most pronounced among marginalized populations, including “people of color, immigrants, the working poor, and people with disabling conditions” (Allan et al., 2016, p. 816). This study will focus on the following risk factors, which are frequently seen at FaithWorks: criminal history, homelessness, mental health history, substance use history, and comorbidities.

**Criminal History**

Around 1 in 38 people are incarcerated or under community supervision in the United States (Kaeble & Cowhig, 2018). Transitioning back into society is difficult, and offenders face multiple barriers to successful community reentry (Batastini, Bolanos, & Morgan, 2014; Bennett & Admundson, 2016; Pager, 2003; Westrope, 2018). These barriers include seclusion, discrimination, and lack of education, employment history, and job skills (Bennett & Amundson, 2016; Newton et al., 2018; Pager, 2003). In fact,
these barriers often increase reoffending, or recidivism (Bennett & Admundson, 2016; Nally, Lockwood, Ho, & Knutson, 2014).

Employment decreases recidivism (Bennett & Amundson, 2016; Nally et al., 2014; Newton et al., 2018; Talbot et al., 2017). It helps offenders successfully reenter society by providing them with essential elements like routine, structure, financial security, positive social networks, and self-esteem (Graffam, Shrinfield, & Hardcastle, 2008). However, finding a job can be extremely difficult (Batastini et al., 2014; Bennett & Amundson, 2016). After being released from prison, more than a third of offenders remain unemployed (Nally et al., 2014).

Stigma affects unemployment in offenders (Apel & Sweeten, 2010; Batastini et al., 2014; Talbot et al., 2017). Multiple studies have found employers are biased against, concerned about, and uncomfortable with employing ex-offenders (Pager, 2003; Shepard, 2011; Westrope, 2018). One reason for this is that many employers fear liability for their hiring decision if the individual commits another offense while on the job (Shepard, 2011).

**Homelessness**

For the purposes of this study, *homelessness* will be defined according to the regulations of the Department of Housing and Urban Development (HUD). HUD (2018) suggests that there are four categories of homelessness: 1) literally homeless, 2) imminent risk of homelessness, 3) homeless under other federal statutes, and 4) fleeing/attempting to flee domestic violence. The focus for this study will be on category one, which defines homelessness as “individuals and families who lack a fixed, regular, and adequate nighttime residence” (HUD, 2018, Category One, p. 1).
Demographically, when compared to the general U.S. adult population, the homeless are less educated, less likely to be married, and more likely to be veterans (Wong, 2013). The homeless are also predominantly single males, single-parent families (with the parent being female), and non-Hispanic whites and non-Hispanic blacks (Wong, 2013). The homeless are also likely to have been incarcerated and experience mental health and/or substance abuse issues (Wong, 2013).

The factors that contribute to homelessness are both systemic and individual. Some of the most common systemic factors include: shortage of affordable rental housing, increased number of single-parent and single-person households, increased unemployment, decline in marriage, decline in income, inadequate care of individuals with mental disorders, and the erosion of public assistance benefits (Wong, 2013). Some of the most common individual factors associated with homelessness include mental disorders, drug and alcohol addiction, physical and sexual abuse, domestic violence, and childhood trauma (Wong, 2013).

Homelessness also makes it extremely difficult to maintain steady employment. Finding shelter is very time consuming and can prevent homeless individuals from seeking employment (Poremski, Whitley, & Latimer, 2014). Furthermore, due to shelter schedules and conditions, it can be extremely difficult to get adequate rest (Poremski et al., 2014).

**Mental Health History**

In the United States, around one in five adults have a mental disorder (National Institute of Mental Health, 2017). A mental disorder is defined as “a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion
regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (DSM-5; American Psychiatric Association, 2013, p. 20). Mental disorders are usually associated with “significant distress or disability in social, occupational, or other important activities” (DSM-5; American Psychiatric Association, 2013, p. 20).

Mental disorders are more prevalent among women, young adults, and individuals of two or more races (NIMH, 2017). Individuals with mental disorders are more likely to live in poverty (Batastini et al., 2014; Greeno, 2013) and be underemployed and incarcerated (Batastini et al., 2014). Mental disorders can create barriers in a variety of everyday aspects, including work (Batastini et al., 2014; Greeno, 2013). These barriers include stigma, discrimination, and poor social skills (Batastini et al., 2014).

**Substance Use History**

In 2017, the Substance Abuse and Mental Health Services Administration (SAMHSA) released findings of the National Survey on Drug Use and Health (NSDUH). This annual report suggests there are approximately 19.7 million people with a substance use disorder (SAMHSA, 2018). Individuals surveyed were 12 years of age or older, noninstitutionalized, and resided in the United States (SAMHSA, 2018). A substance use disorder is characterized by the “recurrent use of alcohol and/or drugs [that] causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home” (SAMHSA, 2015, para. 4).

When defining substance use, it is important to identify the substance and its amount of use. Generally, the discussion includes alcohol, tobacco, or other drugs
(Straussner & Isralowitz, 2013). The use of these substances becomes an issue when they are abused, misused, or an individual becomes dependent on and/or addicted to them (Straussner & Isralowitz, 2013). Additionally, the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013) defines a substance use disorder based on the severity of symptoms and the number of diagnostic criteria.

Employment rates tend to be low for individuals with substance use disorders, ranging from 15% to 35% (Sigurdsson, Ring, O’Reilly, & Silverman, 2012). They face several barriers, including low levels of education, deficits in hard and soft skills, and little access to resources like childcare (Sigurdsson et al., 2012). Employment has been found to improve the lives of individuals with substance use disorders. Some of those improvements include increased treatment retention, drug abstinence, and social skills (Sigurdsson et al., 2012).

**Comorbidities**

Many individuals at risk for unemployment and underemployment present comorbidities. Comorbidities are defined as “the simultaneous presence of two or more illnesses, diseases, disorders, or disabilities” (DiNitto, 2013, p. 1). Comorbidity is commonly referred to as dual diagnosis/diagnoses, co-existing disorders, and co-occurring disorders (DiNitto, 2013).

Many individuals with mental disorders experience substance use disorders and vice versa. Furthermore, individuals who are homeless or incarcerated are likely to have mental disorders and/or substance use disorders. According to the National Alliance on Mental Illness (2018), 50.5% of individuals who have a substance use disorder also have
a mental disorder, 26% of homeless adults have mental disorders, 46% of homeless adults have mental disorders and/or substance use disorders, and 20% of prisoners have mental disorders (NAMI, 2018).

Individuals with comorbidities face obstacles in finding and maintaining employment (Sun, 2012). One barrier to obtaining employment is the fear of losing governmental benefits upon employment (Sun, 2012). Additionally, individuals face barriers such as societal bias related to mental health and substance use and a lack of self-efficacy, or belief in one’s abilities to achieve a particular outcome (Sun, 2012).

**Job Skills Training and Adult Education Programs**

Job skills training programs, which are federally or privately funded, are designed to increase employability of youth, adults, or dislocated workers (Department of Labor, n.d.). Job skills training programs can be focused on a specific population or the general population, can vary in length, and can focus solely on job related skills or life skills. Common components include assessment tools to assist in career exploration, job search strategies, resumé writing, interviewing skills, job placement services, and strategies or skills for job retention.

Abilene, Texas, has six job skills training programs. Each has employment as their primary purpose and outcome. The government programs include Workforce Solutions of West Central Texas, Veteran Employment Services Office (VESO), and Texas Workforce Commission Vocational Rehabilitation Services. The nonprofit organizations include Goodwill West Texas, Christian Women’s Job Corps of Abilene, and FaithWorks of Abilene.
The focus program for this literature review is FaithWorks of Abilene. FaithWorks is a nonprofit whose mission is to “help the underemployed, through personal, career, academic and spiritual development, acquire the confidence and skills for gainful employment” (FaithWorks of Abilene, n.d., “Mission”). FaithWorks offers a free 13-week program that includes the following components: career development that follows the Adkins Life Skills program, individual and group counseling, a 60-hour internship, and classes on the *Seven Habits of Highly Effective People*, a Bible study on the Book of Matthew, character education, and conflict resolution (FaithWorks of Abilene, n.d., “Internship programs”; “Typical FaithWorks day”). Some of the recent class additions include nutrition, finance, and recovery education. Furthermore, students receive a free breakfast and lunch and have access to a professional clothing closet, lending library, and case management services during and after they graduate from the program (FaithWorks of Abilene, n.d., “Our class schedule”; “Typical FaithWorks day”).

Adult education programs, on the other hand, are federal- and state-funded instruction on topics ranging from “basic literacy and numeracy and English for Speakers of Other Languages (ESOL) to high school diploma equivalency, and college and career readiness” (World Education, Inc., 2018, para. 1). In Abilene, Texas, the local school district provides adult education programs (Abilene Independent School District, n.d.). Subramaniam, Everly, and Silverman (2017) have found that adult education benefits those with “limited basic and academic job skills” (p. 125).

**Rates, Factors, and Strategies of Completion**

This section will look at three areas related to program completion. The first section will report completion rates of job skills training programs. The second section
will discuss factors that mitigate the successful completion of a job skills training program. The third section will discuss strategies to enhance completion of job skills training programs.

Completion Rates

Completion rates refer to the percentage of participants that complete a program from start to finish. In a review of the literature of existing job skills training programs, only one study reports completion rates (Gray et al., 2017). The rest of the findings emphasize program outcomes such as the number of individuals employed upon graduation or within a specific time frame.

The Moving Ahead Program (MAP), which was started by the St. Francis House in Boston, is a “job- and life-skills training program for individuals who have experienced homelessness, addiction, mental illness, and/or histories of incarceration” (St. Francis House, n.d., para. 1). In a recent study, Gray et al. (2017) found that 63.9% of MAP students graduated from the program. The program started with 441 students, 282 of which graduated (Gray et al., 2017).

The focus program of this study is FaithWorks of Abilene. In a previous study on FaithWorks, it was concluded that graduation rates ranged from 50% to 78% (Piersall, 2015). These graduation rates were for Classes 32 through 36, which occurred between 2013 and 2015.

Factors That Mitigate Successful Completion

To determine what affects completion rates, one needs to consider the various factors that mitigate completion. The literature does not provide extensive reasons for incompletion of job skills training programs. Therefore, this study will also consider
factors that mitigated successful completion of adult education programs, as those may offer additional insights.

In the MAP program, incompletion is typically due to noncompliance, particularly in relation to program rules (Gray et al., 2017). This generally occurs after “written warnings and performance improvement plans” (Gray et al., 2017, p. 890). A small number of participants receive job offers that prevent them from completing the program (Gray et al., 2017).

Another study (Kim, 2009) looked at six public assistance job training programs for women. Kim infers that programs could be ineffective due to being small in scope or short in duration. A limitation of this study is that they did not record the duration of the job training programs. However, it did mention that under The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, vocational training could not exceed 12 months and job search/readiness was limited to six weeks (Kim, 2009, p. 205). Furthermore, a training program may not equip participants for available jobs, and participants may not be placed in jobs that use their acquired skills. The study also mentions that women who are least job ready are also less likely to be in a job training program. This is often due to multiple and complex challenges, such as lack of resources for clothing, childcare, and transportation (Kim, 2009).

A study on drop out in adult education relates a student’s decision to internal and external factors like low self-esteem, lack of confidence, and educational neglect (Wahlgreen & Mariager-Anderson, 2017). These reasons for dropout can be mitigated, however, if students receive support from family, schools, and communities (Wahlgreen
& Mariager-Anderson, 2017). Educational providers are one of the keys to keeping students in school (Wahlgreen & Mariager-Anderson, 2017).

Another study on unemployed drug users finds that employment training needs to be lengthy. Brief training does not compensate for the amount of time that participants have been unemployed (Sigurdsson et al., 2012). There are similar findings for offenders, as they have been removed from society for a period of time (Bennett & Amundson, 2016). Providing support after substance use and release from prison aids in the prevention of relapse and reoffending.

**Strategies Used to Enhance Completion**

After understanding what mitigates completion, one must look at strategies that enhance it. The literature mentions four main strategies. One strategy is social support (Bennett & Amundson, 2016; Gray et al., 2017; Gray, Shaffer, Nelson, & Shaffer, 2016; Powell, Jo, Martin, Philip, & Astone, 2017; Wahlgreen & Mariager-Anderson, 2017). According to Powell et al. (2017), social support can be experienced in multiple forms including emotional support (i.e., empathy, love), informational support (i.e., guidance and advice), and social companionship. Social support influences retention and assists in substance abuse recovery (Gray et al., 2017; Wahlgreen & Mariager-Anderson, 2017) and decreases the likelihood of re-offending (Bennett & Amundson, 2016; Davis, Bahr, & Ward, 2013).

A second strategy is “wrap around” services and the provision of public assistance benefits (Gray et al., 2017; Kim, 2009; Newton et al., 2018). As previously mentioned, these can assist in improving job readiness and preventing barriers to participation and/or completion of a program. Along with public assistance benefits, it is also helpful to
include “basic education, life skills training, and substance abuse treatment and/or other support services” in a job skills training program (Kim, 2009, p. 219). Research shows that providing benefits assistance can have a positive impact on those with mental illness and homelessness by ensuring long-term housing stability (Gray et al., 2017). Furthermore, Newton et al. (2018) suggest that a program will likely be ineffective if “offered in isolation from other services” (p. 202).

A third strategy is the provision of behavioral interventions (Koffarnus, DeFulio, Sigurdsson, & Silverman, 2013; Subramaniam et al., 2017). One such intervention is monetary incentives, which are most effective for performance and not attendance—even though they can positively impact attendance (Koffarnus et al., 2013; Subramaniam et al., 2017). Other interventions that positively impact work performance include reinforcements like “feedback combined with performance goals or abstinence and productivity pay contingencies” (Subramaniam et al., 2017, p. 125).

A fourth strategy relates to program design and implementation. In adult education programs, instructors are a large factor in student retention (Petty & Thomas, 2014; Wahlgreen &Mariager-Anderson, 2017). Instructors need to be qualified and supportive in order to meet their students’ learning needs, hold high and clear expectations for their students, and maintain a motivational learning environment (Petty & Thomas, 2014). Beyond instructors, the program must maintain contact and follow-up with students who work or drop out, so it can enhance and expand (Petty & Thomas, 2014).
Conclusion

Although unemployment rates have decreased significantly in the last decade, underemployment has replaced it as a widespread and increasing problem. Several factors place an individual at risk for unemployment and underemployment. This study looked at criminal history, homelessness, mental disorders, substance use disorders, and comorbidities.

Job skills training programs are designed to help increase employability, especially for those individuals at risk for unemployment and underemployment. Only one study (Gray et al., 2017) was found that discussed completion rates for job skills training programs, which is a gap in the literature. Furthermore, by not providing completion rates, there is not a complete picture of the success of job skills training programs. To determine what mitigates and enhances completion, this study considered multiple job skills training programs, along with adult education programs, to help develop areas for assessing the success of a job skills training program.

Through this research, this study will gain a clearer picture of the factors that contribute to completion of FaithWorks, a holistic job skills training program in Abilene, Texas. This program has existed since 2003 and has aided over 500 students in increasing their employability (FaithWorks of Abilene, n.d., “How we began”). Knowledge of factors contributing to completion will assist programs like FaithWorks in increasing completion rates, improving program design, and, most of all, assisting individuals with barriers to employment in becoming productive members of society.
Hypotheses

This study will address the following research question: What factors contribute to successful completion of a holistic job skills training program? Based on a review of the literature, the following hypotheses were determined:

Hypothesis (a): FaithWorks students with a criminal history are less likely to complete the FaithWorks program.

Hypothesis (b): FaithWorks students with mental health history are less likely to complete the FaithWorks program.

Hypothesis (c): FaithWorks students with substance use history are less likely to complete the FaithWorks program.

Hypothesis (d): FaithWorks students with comorbidities are less likely to complete the FaithWorks program.

Hypothesis (e): FaithWorks students with a higher level of social support are more likely to complete the FaithWorks program.
CHAPTER III

METHODOLOGY

Design

This study is exploratory, descriptive, and explanatory in design and will utilize mixed methods. All data are pre-existing and in the form of quantitative or qualitative information. Qualitative information has been analyzed and coded quantitatively. This study uses a correlational design to examine the relationship between different variables. This study seeks to identify the factors that contribute to successful completion of FaithWorks, a holistic job skills training program in Abilene, Texas.

Population and Sampling

The sample population included 273 students who attended FaithWorks between 2003 and 2018. The researcher excluded students who did not have a reported graduation status. Additionally, students from Fall 2018 and Spring 2019 were excluded from the sample due to time constraints and to prevent bias, as the researcher had direct contact with students during those semesters.

Instrumentation

Data were collected from case files and a pre-existing database from FaithWorks of Abilene. Variables were chosen based on information contained in case files, information recorded in the database, and literature recommendations. Some variables, including comorbidities and social support, were operationalized by the researcher as they were not included in the pre-existing data.
One document contained in the case files is the FaithWorks student application. The application is completed prior to enrollment in the FaithWorks program. This document was used to determine student demographics (age, marital status, religious community, education level, legal information [i.e., criminal history], and drug history).

Additionally, case files were analyzed for information recommended from the literature. In relation to risk factors for unemployment and underemployment, the researcher identified evidence related to the presence of homelessness, mental disorders, and substance use relapse. Furthermore, case files were analyzed for evidence of social support external to FaithWorks and utilization of extra resources provided by FaithWorks, as these factors were identified as strategies that enhance completion.

The database contains information on a student pre- and post-FaithWorks. It includes a student’s answers to the student application. Furthermore, as FaithWorks staff connect with students, the database is updated with the most recent information. Some of the data collected includes gender, ethnicity, dependents, and graduation status (i.e., completed or not).

Measurement

There were six variables in this study: criminal history, homelessness, mental health history, substance use history, comorbidities, and social support. In this section, each variable was described according to how it was measured in the study. Each variable was measured according to questions in the student application.

Criminal history. Criminal history was measured by the answer to the following question in the student application: “Have you ever been convicted of a crime?”
**Homelessness.** There is not a question on the student application about homelessness. However, there was a demographic sheet included in some of the case files that asked about homelessness and including what type and any contributing factors.

**Mental health history.** Mental health was measured by the answer to the following question in the student application: “Have you ever been an inpatient or outpatient at a mental health hospital?” Additionally, the researcher searched the case files for any information about a mental health diagnosis.

**Substance use history.** Substance use was measured by the answer to the following question in the student application: “Have you ever used drugs?”

**Comorbidities.** Comorbidity was indicated by an answer of “yes” to two questions: “Have you ever been an inpatient or outpatient at a mental health hospital” and “Have you ever used drugs?”

**Social support.** Social support was measured by the answer to three questions: “Marital status,” “Do you have a religious community?” and “Are you presently in a recovery support group?” Someone who answered they were married and “yes” to the last two questions would be considered to have three forms of social support, which is the highest form of social support for this measure. Someone who answered “yes” twice would have two forms of social support. Someone who had one “yes” answer has one form of social support. Someone who answered no to all three questions is rated as having no social support.

**Procedures**

This study was approved by the Institutional Review Board (IRB) of Abilene Christian University (see Appendix A) and the executive director of FaithWorks of
Abilene (see Appendix B). Case files are kept in a file cabinet, and information from a pre-existing database is kept on a password protected computer with limited access. The researcher collected a variety of quantitative and qualitative data from case files, including student applications and case notes. This data was recorded in an Excel spreadsheet. Information from the pre-existing database was obtained from the data specialist, who provided an Excel file to the researcher. All data were recorded in Excel, kept on a password protected computer, and imported into the Statistical Package for Social Sciences (SPSS) for analysis.

**Human Subjects Protections**

To ensure the protection of human subjects, this study was submitted to the Institutional Review Board (IRB) of Abilene Christian University (see Appendix A). As this study utilized case files and information from a pre-existing database, data were classified as secondary data. Federal regulations (45 CFR 46) stated this study is of minimal risk and falls under a Category Four exemption, which is defined as secondary data that does not require consent (Office of Human Research Protections, 2018).

To protect the identity and privacy of human subjects the researcher de-identified and coded the data. Furthermore, the researcher did not contact subjects or re-identify information.

**Data Analysis**

Data were analyzed by the Statistical Package for Social Sciences (SPSS), a statistical analysis software program. Multivariate statistics were utilized to analyze and test the data. This included descriptive statistics and chi-square analyses. Data will be
kept in a secure location for five years. After five years, electronic files will be deleted, and printed materials will be shredded.
CHAPTER IV

FINDINGS

Frequency analyses were completed to provide a description of the sample. This description includes demographic variables as well as risk factor variables. The risk factor variables were determined based off the literature review as risk factors of unemployment and underemployment. The five hypotheses were tested using cross-tabulation and chi-square tests.

Description of Sample

This study looked at data for FaithWorks classes ranging from 2003 to 2018. The total sample size was 273. The sample population at FaithWorks ranged from ages 17 to 78. The mean age was 35.6, the median age was 33.5, and the mode was 24. The largest number of students (87, 33.6%) were between 20 and 29 (Table 1). Additionally, 64 (24.7%) were between 30 and 39, 53 (20.5%) were between 40 and 49, 33 (12.7%) were between 50 and 59, 13 (5%) were 19 and under, 8 (3.1%) were between 60 and 69, and 1 (0.4%) was over 70 (Table 1).
Additional demographic variables included gender and ethnicity. Significantly more females than males started the FaithWorks program. Out of 266 students, 196 (73.7%) were female and 70 (26.3%) were male (Table 2). For ethnicity, the largest number of FaithWorks students were white. Out of 239 students, 139 (58.2%) were white, 54 (22.6%) were Hispanic, 35 (14.6%) were black or African American, and 11 (4.6%) identified as other (Table 3). These percentages are similar to the city of Abilene. According to the United States Census Bureau (2017), 58.8% were white, 26.8% were Hispanic or Latino, 10.1% were black or African American, and 6.5% were other.

Table 2

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>196</td>
<td>73.7%</td>
</tr>
<tr>
<td>Male</td>
<td>70</td>
<td>26.3%</td>
</tr>
<tr>
<td>Total</td>
<td>266</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 3

_FaithWorks Sample Demographics: Ethnicity_

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>35</td>
<td>14.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>54</td>
<td>22.6%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>4.6%</td>
</tr>
<tr>
<td>White</td>
<td>139</td>
<td>58.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>239</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Further demographic variables include marital status, dependents, and education level. The largest percentage were single. Out of 268 students, 125 (46.6%) were single, 55 (20.5%) were divorced, 55 (20.5%) were married, 28 (10.4%) were separated, and five (1.9%) were widowed (Table 4). Out of 244 students, 88 (36.1%) claimed to have dependents living in their household (Table 5). Regarding education level, the largest percentage of students obtained a high school diploma or GED. Out of 269 students, 143 (53.2%) had a high school diploma or GED, 53 (19.7%) completed some college, 43 (16%) completed some high school, 15 (5.6%) completed less than high school, 13 (4.8%) completed a college degree, and two (0.7%) completed graduate school (Table 6).

Table 4

_FaithWorks Sample Demographics: Marital Status_

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorced</td>
<td>55</td>
<td>20.5%</td>
</tr>
<tr>
<td>Married</td>
<td>55</td>
<td>20.5%</td>
</tr>
<tr>
<td>Separated</td>
<td>28</td>
<td>10.4%</td>
</tr>
<tr>
<td>Single</td>
<td>125</td>
<td>46.6%</td>
</tr>
<tr>
<td>Widowed</td>
<td>5</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>268</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Table 5

*FaithWorks Sample Demographics: Dependents*

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>156</td>
<td>63.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>88</td>
<td>36.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>244</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Table 6

*FaithWorks Sample Demographics: Education Level*

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than High School</td>
<td>15</td>
<td>5.6%</td>
</tr>
<tr>
<td>Some High School</td>
<td>43</td>
<td>16.0%</td>
</tr>
<tr>
<td>High School Diploma/GED</td>
<td>143</td>
<td>53.2%</td>
</tr>
<tr>
<td>Some College</td>
<td>53</td>
<td>19.7%</td>
</tr>
<tr>
<td>College Degree</td>
<td>13</td>
<td>4.8%</td>
</tr>
<tr>
<td>Graduate School</td>
<td>2</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>269</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**Completion Rate**

Out of 246 students, 170 (69.1%) graduated (or completed) the FaithWorks program (Table 7). Conversely, 76 (30.9%) did not graduate (or complete) the FaithWorks program (Table 7). In a previous study on FaithWorks, it was concluded that graduation rates ranged from 50% to 78% (Piersall, 2015). Therefore, the reported percentage of those who completed the FaithWorks program for this study falls within the range previously concluded.

Table 7

*FaithWorks Completion Status*

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropped Out</td>
<td>76</td>
<td>30.9%</td>
</tr>
<tr>
<td>Graduated</td>
<td>170</td>
<td>69.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>246</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Risk Factors

To further understand the population of FaithWorks, this study also looked at risk factors of unemployment and underemployment that existed prior to beginning the FaithWorks program. Some of these risk factors include criminal history, homelessness, and mental health history. Out of 272 students, 113 (41.5%) had criminal history (Table 8). When they started the FaithWorks program, 14 (12.4%) students were on parole and 42 (37.2%) were on probation. Out of 273 students, 38 (13.9%) had evidence in their case files of homelessness (Table 8). Furthermore, out of 244 students, 71 (29.1%) had been an inpatient or outpatient at a mental health hospital (Table 8). Of those 71 students, 34 (47.9%) had a mental health diagnosis recorded in their case files.

Additional risk factors were substance use history and comorbidities. Out of 271 students, 140 (51.7%) had a history of substance use (Table 8). Out of the 140 who had substance use history, 70 (29.8%) had received alcohol or substance use treatment and 45 (19.5%) were involved in a recovery support group prior to starting the FaithWorks program. Additionally, out of 122 students that reported substance use history, 90 (73.8%) had been clean and sober for over six months and 32 (26.2%) for under six months. Students also reported drugs used. The largest number of students used marijuana. Out of 84 students who reported drugs used, 35 (42%) stated they used marijuana (Table 8). Lastly, out of 243 students, 45 (18.5%) have comorbidities, or a history of substance use and mental illness (Table 8).
### Table 8

**Incidence of Risk Factors Among FaithWorks Students**

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal History</td>
<td>113</td>
<td>41.5%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>38</td>
<td>13.9%</td>
</tr>
<tr>
<td>Drug History</td>
<td>140</td>
<td>51.7%</td>
</tr>
<tr>
<td>Drugs Used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>8</td>
<td>9.5%</td>
</tr>
<tr>
<td>Cocaine, Marijuana</td>
<td>12</td>
<td>14.3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>2</td>
<td>2.0%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>35</td>
<td>42.0%</td>
</tr>
<tr>
<td>Marijuana, Meth</td>
<td>8</td>
<td>10.0%</td>
</tr>
<tr>
<td>Meth</td>
<td>3</td>
<td>4.0%</td>
</tr>
<tr>
<td>Pills</td>
<td>5</td>
<td>6.0%</td>
</tr>
<tr>
<td>Three or More Drugs</td>
<td>11</td>
<td>13.0%</td>
</tr>
<tr>
<td>Inpatient or Outpatient at a Mental Health Hospital</td>
<td>71</td>
<td>29.1%</td>
</tr>
<tr>
<td>Comorbidity</td>
<td>45</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

### Hypotheses

This study tested five hypotheses. Each hypothesis tested a variable (criminal history, mental health history, substance use history, comorbidities, or social support) in relation to program completion. This section reports the findings of each hypothesis including its statistical significance.

#### Hypothesis (a): Criminal History

The first hypothesis predicted that FaithWorks students with criminal history are less likely to complete the FaithWorks program. Findings suggested 38 (38.8%) students with criminal history dropped out of the program and did not complete compared to 38 (25.7%) students with no criminal history (Table 9). Additionally, 60 (61.2%) students with criminal history graduated and completed the program compared to 110 (74.3%) students with no criminal history (Table 9). This finding was statistically significant and
supports the hypothesis that people with criminal history are less likely to complete the FaithWorks program (chi-square = 4.739, df = 1, p = 0.029, Table 9).

Table 9

*Graduation Status and Criminal History*

<table>
<thead>
<tr>
<th>Criminal History</th>
<th>No Count</th>
<th>%</th>
<th>Dropped Out</th>
<th>Graduated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38</td>
<td>25.7%</td>
<td>110</td>
<td>74.3%</td>
<td>148</td>
</tr>
<tr>
<td>Yes Count</td>
<td>38</td>
<td>38.8%</td>
<td>60</td>
<td>61.2%</td>
<td>98</td>
</tr>
<tr>
<td>Total Count</td>
<td>76</td>
<td>30.9%</td>
<td>170</td>
<td>69.1%</td>
<td>246</td>
</tr>
</tbody>
</table>

chi-square = 4.739; df = 1; p = 0.029

**Hypothesis (b): Mental Health History**

The second hypothesis predicted that FaithWorks students with mental health history are less likely to complete the FaithWorks program. Findings suggested 21 (33.3%) students with mental health history did not graduate or complete the program compared to 48 (31%) students with no mental health history (Table 10). Additionally, 42 (66.7%) students with mental health history graduated compared to 107 (69%) students with no mental health history (Table 10). This finding was not statistically significant and does not support the hypothesis that people with mental health history are less likely to complete the FaithWorks (chi-square = 0.632, df = 2, p = 0.729, Table 10).
Table 10

Graduation Status and Mental Health History

<table>
<thead>
<tr>
<th>Mental Health History</th>
<th>Graduation Status</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dropped Out</td>
<td>Graduated</td>
<td>Total</td>
</tr>
<tr>
<td>No</td>
<td>Count</td>
<td>48</td>
<td>107</td>
<td>155</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>31%</td>
<td>69%</td>
<td>100%</td>
</tr>
<tr>
<td>Yes</td>
<td>Count</td>
<td>21</td>
<td>42</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>33.3%</td>
<td>66.7%</td>
<td>100%</td>
</tr>
<tr>
<td>Did Not Answer</td>
<td>Count</td>
<td>7</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>25%</td>
<td>75%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Total Count | 76 | 170 | 246 |

% | 30.9% | 69.1% | 100% |

chi-square = 0.632; df = 2; p = 0.729

**Hypothesis (e): Substance Use History**

The third hypothesis predicted that FaithWorks students with substance use history are less likely to complete the FaithWorks program. Findings suggested 44 (35.2%) students with substance use history did not graduate or complete the program compared to 32 (26.4%) students with no substance use history (Table 11). Additionally, 81 (64.8%) students with substance use history graduated compared to 89 (73.6%) students with no substance use history (Table 11). This finding was not statistically significant and does not support the hypothesis that people with substance use history are less likely to complete the FaithWorks program (chi-square = 2.207, df = 1, p = 0.137, Table 11).
Table 11

Graduation Status and Substance Use History

<table>
<thead>
<tr>
<th>Substance Use History</th>
<th>Graduation Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dropped Out</td>
<td>Graduated</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>26.4%</td>
<td>73.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>44</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>35.2%</td>
<td>64.8%</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>170</td>
</tr>
<tr>
<td></td>
<td>30.9%</td>
<td>69.1%</td>
</tr>
</tbody>
</table>

Chi-square = 2.207; df = 1; p = 0.137

Hypothesis (d): Comorbidities

The fourth hypothesis predicted that FaithWorks students with comorbidities are less likely to complete the FaithWorks program. Findings suggested 13 (33.3%) students with comorbidities did not graduate or complete the program compared to 56 (31.3%) students without comorbidities (Table 12). Additionally, 26 (66.7%) students with comorbidities graduated compared to 123 (68.7%) without comorbidities (Table 12). This finding was not statistically significant and does not support the hypothesis that people with comorbidities are less likely to complete the FaithWorks program (chi-square = 0.577, df = 2, p = 0.749, Table 12).
Table 12

*Graduation Status and Comorbidities*

<table>
<thead>
<tr>
<th>Comorbidities</th>
<th>Graduation Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dropped Out</td>
<td>Graduated</td>
</tr>
<tr>
<td>No</td>
<td>56</td>
<td>123</td>
</tr>
<tr>
<td>%</td>
<td>31.3%</td>
<td>68.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>%</td>
<td>33.3%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Did Not Answer</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td>%</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>170</td>
</tr>
<tr>
<td>%</td>
<td>30.9%</td>
<td>69.1%</td>
</tr>
</tbody>
</table>

chi-square = 0.577; \( df = 2; p = 0.749 \)

**Hypothesis (e): Social Support**

The fifth hypothesis predicted that FaithWorks students with a higher level of social support are more likely to complete the FaithWorks program. Findings suggested 26 (34.7%) students with no evidence of social support did not graduate from the program, 34 (30.4%) students with one form of social support did not graduate, 16 (29.6%) students with two forms of social support did not graduate, and zero (0%) students with three forms of social support did not graduate (Table 13). Additionally, 49 (65.3%) students with no evidence of social support graduated from the program, 78 (69.6%) students with one form of social support graduated, 38 (70.4%) students with two forms of social support graduated, and four (100%) students with three forms of social support graduated (Table 13). Findings were not statistically significant, and the hypothesis was not supported that people with higher levels of social support are more likely to complete the FaithWorks program (chi-square = 2.337, \( df = 3; p = 0.506 \), Table 13). Although the hypothesis was not supported, there was a trend toward lower dropout
rates based on the number of social supports identified (Somers’ $d = 0.057, p = 0.334$, Table 13).

**Table 13**

*Graduation Status and Social Support*

<table>
<thead>
<tr>
<th>Social Support</th>
<th>No Social Support</th>
<th>1 Social Support</th>
<th>2 Social Supports</th>
<th>3 Social Supports</th>
<th>Total</th>
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<td>Count</td>
<td>Count</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Dropped Out</td>
<td>26</td>
<td>34</td>
<td>16</td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>34.7%</td>
<td>30.4%</td>
<td>29.6%</td>
<td>0%</td>
<td>31%</td>
</tr>
<tr>
<td>Graduated</td>
<td>49</td>
<td>78</td>
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chi-square = 2.337; $df = 3; p = 0.506$

*Note:* Although no significant relationship was found, there was a trend toward the hypothesized relationship (Somers’ $d = 0.057; p = 0.334$).
CHAPTER V
DISCUSSION

When determining the effectiveness of a program, many organizations look to outcomes as determinants for success. A second way of determining success is by looking at program completion rates. However, there have been few studies to report program completion rates for job skills training programs (Gray et al., 2017).

This study looked at the factors that contribute to completion of the FaithWorks program. Five hypotheses were tested related to program completion: criminal history, mental health history, substance use history, comorbidities, and social support. The evidence suggests there is a direct correlation between the criminal history of FaithWorks students and program completion rates. The remaining four hypotheses, however, did not suggest a correlation.

Review of Findings

This section will discuss the findings of this study in relation to the five hypotheses that were tested. First this section will look at criminal history followed by mental health history, substance use history, comorbidities, and social support. This section will also discuss potential explanations for the results of this study.

Criminal History

The hypothesis that students with criminal history are less likely to complete the FaithWorks program was strongly supported. Findings suggested 38.8% of students with criminal history dropped out of the program and did not complete compared to 25.7% of
students with no criminal history, which was statistically significant. Additionally, 41.5% of FaithWorks students reported having criminal history. Of those who reported criminal history, 49.6% were on parole or probation, which suggests they recently committed crimes or were given early release from prison. The time between when criminal activity occurred and the start of a job skills training program could have an influence on someone’s readiness to enter a program.

These findings are supported by the literature that states the transition back into society can be difficult (Batastini, Bolanos, & Morgan, 2014; Bennett & Admundson, 2016; Pager, 2003; Westrope, 2018). The literature is clear that employment helps reduce recidivism (Bennett & Amundson, 2016; Nally, Lockwood, Ho, & Knutson, 2014; Newton et al., 2018; Talbot, Völlm, & Khalifa, 2017). However, offenders face difficult barriers to receiving employment, which could partly explain their likelihood of completing a job skills training program like FaithWorks.

**Mental Health History**

The hypothesis that students with mental health history are less likely to complete the FaithWorks program was not supported. Around 29.1% of the sample stated they have been an inpatient or outpatient at a mental health hospital. This percentage is likely to be much lower than reality, likely due to the stigma associated with self-reporting mental illness. Furthermore, history as an inpatient or outpatient at a mental health hospital is not the best predictor of mental illness as many individuals are treated by a primary care physician and never attend a mental health hospital. Additionally, this question does not determine whether someone has a mental health diagnosis or the severity of a mental illness.
Another factor that could influence the results is the provision of individual and group counseling during the FaithWorks program. Prior to entering the FaithWorks programs, students sign consent to attend counseling for a certain number of sessions. Counseling is an evidence-based intervention in treating mental illness.

Substance Use History

The hypothesis that students with substance use history are less likely to complete the FaithWorks program was not supported. Around 51.7% of the sample had a history of substance use. One factor that could have impacted the results is related to the measure for substance use history. The question asked in the student application is “have you ever used drugs?” This question does not determine the frequency of drug use, the type of drug use, or differentiate between alcohol and drugs.

Additional factors that could influence results include involvement in alcohol or substance use treatment and a recovery support group. Of those who reported a history of substance use, 29.8% had received alcohol or substance use treatment, and 19.5% were presently involved in a recovery support group. Involvement in treatment and recovery support could increase the likelihood that someone completes the program.

Comorbidities

The hypothesis that students with comorbidities are less likely to complete the FaithWorks program was not supported. Around 18.5% of the sample was found to have comorbidities. In this case, comorbidity meant a history of substance use and mental illness. This result was not consistent with the literature that stated 50.5% of individuals who have a substance use disorder also have a mental disorder (National Alliance on Mental Illness, 2018).
Additional factors that could influence the results are like those for mental health history and substance use history. These include lack of a mental health diagnosis, insufficient information on the severity of a mental illness, and the frequency of substance use. Without reliable measures of mental illness and substance use, it is difficult to determine whether comorbidity exists. Although reliable measures did not exist, the FaithWorks program does require students to attend counseling. Therefore, involvement in counseling, substance use treatment, or a recovery support group could help increase the likelihood that someone with comorbidities would complete the program.

Social Support

To determine a student’s level of social support, this study looked at social support external to FaithWorks. Variables used to measure social support were marital status (married), religious community, and involvement in a recovery support group. Measures could be improved due to the inability to determine whether a marriage was healthy, the amount of involvement in a religious community, and the applicability of involvement in a recovery support group as not all individuals are in recovery. Furthermore, this measure does not consider other external supports such as friends and family.

The hypothesis that students with higher levels of social support were more likely to complete the FaithWorks program was not supported. Although the results were not statistically significant, there was a trend in that direction, which is consistent with the literature. Students who receive support from family, schools, and communities are less likely to drop out (Wahlgreen & Mariager-Anderson, 2017).
Additionally, social support is provided by FaithWorks. This support occurs in the form of other FaithWorks students as well as instructors and staff. This form of support is supported by the literature that states instructors assist in retention (Petty & Thomas, 2014; Wahlgreen & Mariager-Anderson, 2017).
CHAPTER VI

CONCLUSIONS

Limitations

There were two limitations to consider for this study. One limitation was the use of secondary data. Although this allowed for a larger pool of data, the researcher was limited to data that exist. This meant the measurement of variables was limited to information in the student application, case files, and electronic database. This made it difficult to measure the variables of mental illness, substance use, comorbidities, and social support. Furthermore, the student application had slight changes over the years and some questions were unclear, which could cause confusion for the individual answering.

A second limitation, which is related to the first, is inconsistent record keeping in the case files. Some of that is normal due to staff transitions and differing documentation styles. However, many case files were missing information. This could include information like graduation status, class semester and year, and demographic information. Furthermore, there was little information on areas like homelessness and mental health.

Implications

This section will discuss the implications of this study. The first implication discussed is related to practice. The second implication is related to policy. The third implication is for future research.
Practice

There are two practice implications for the FaithWorks program. The first is related to the intake process. This entails revisions to the student application and the addition of more valid and reliable measures of substance use and mental health. As discovered during the study, some of the questions on the student application are either irrelevant or unclear. Recommendations would be to remove the following questions: “What are the names and ages of the children living with you?”, “Have you ever used drugs?”, and “Have you ever been an inpatient or outpatient in a mental health hospital?” These questions could be replaced with the following: “Do you have dependents?” and “Do you have a mental health diagnosis?” To further assess for substance use, it would be beneficial to implement something like Screening, Brief, Intervention, and Referral to Treatment (SBIRT). Furthermore, the addition of assessments for mental illness like the PHQ-9 would assist determining the severity of a mental illness. Additionally, adding a question about the individual’s housing situation is recommended to assess for homelessness.

A second implication for practice is related to individuals who enter the program with criminal history. As the findings suggest, those with criminal history are less likely to complete the FaithWorks program. Therefore, individuals should be screened for barriers and provided with additional means of social support. I would also recommend that FaithWorks connect with agencies in the community that are experienced in working with offenders, especially in relation to re-entry into society.
Policy

One policy implication is related to the admissions process. A requirement for admittance into the FaithWorks program is to have at least six months of sobriety. This study suggested there was not a significant relationship between program completion and substance use. Additionally, findings suggested there are instances where exceptions are made to this policy. For example, of those who reported substance use history, 26.2% had been clean and sober for under six months. These findings imply the policy of six months of sobriety could be revisited to determine its relevance and necessity and either revised or discontinued.

Future Research

There are three areas that could be improved for future research. One area is related to the limitation of the use of secondary data. This limitation could be overcome by developing surveys or utilizing pre-existing measures for variables like mental health, substance use, or social support. Additionally, pre- and post-tests could be implemented to measure outcomes of the FaithWorks program. This could be applied to specific areas of curriculum, internal factors like self-esteem or mental health, or external factors like social support.

A second area is related to the limitation of inconsistent record keeping. This limitation could be overcome by researching best practices for record keeping and documentation. As mentioned previously, different staff will have different documentation styles. This is due to personal preference along with professional training. However, having some guidelines in place on the legal requirements for keeping records, a mutual understanding of confidentiality, and a general understanding of expectations
for documentation could prove beneficial not only for future research, but also in cases of an audit or needing outcome measures.

A third area would be to look at resource utilization by FaithWorks students and its relation to completion. Resource utilization includes areas like case management services which assist a student in locating financial resources, transportation, and childcare. This would involve using Tapestry, which is a city-wide database for keeping track of resources provided to clients. Resource utilization is an area that the literature suggests could enhance completion rates (Gray, Nelson, Shaffer, Stebbins, & Farina, 2017; Kim, 2009; Newton et al., 2018).
REFERENCES


*Bureau of Justice Statistics report no. NCJ 251211*. Washington DC: Department of Justice.


doi:10.1093/acrefore/9780199975839.013.182


APPENDIX A

IRB Approval Letter

January 10, 2019

Renee Paul
Department of Social Work

Dear Renee,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled “Factors Contributing to Successful Completion of a Holistic Job Skills Training Program”,

(IRB# 10-129) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs
FaithWorks of Abilene, Inc.
1229 North Mockingbird Abilene, TX 79603
Ph: (325) 437-2272 Fax: (325) 437-2273
www.faithworksofabilene.org

December 6, 2018

Dear Dr. Roth:

Please note that Ms. Renee Paul, ACU MSSW Candidate, has the permission of FaithWorks of Abilene to conduct research at our agency for her study, “Factors that Contribute to Successful Completion of a Holistic Job Skills Training Program.”

Ms. Paul will collect data from collect case files and an agency database. Our data specialist, Dr. Gloria Bradshaw, will provide information from our database related to graduation status and other applicable data for use in her research. Ms. Paul will be responsible for de-identifying information and her on-site research activities will be finished by August 31, 2019.

Ms. Paul has also agreed to provide to my office a copy of any aggregate results.

If there are any questions, please contact my office.

Sincerely,

Joyce Daizell
Executive Director
FaithWorks of Abilene, Inc.
1229 N. Mockingbird
Abilene, TX 79603