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Location: *8/19/08*

Call #:

(#)

Journal Title: Prevention in human services

Delivery preference:

Volume: 3

Hatcher Graduate Circulation

Issue: 4

Month/Year: 1985

Pages: 101-116

Article Author: Price, R H, Richard H.,

Article Title: Exploring work as an arena for prevention research: The Michigan Prevention Research Center.

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Exploring Work as an Arena for Prevention Research: The Michigan Prevention Research Center

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ABSTRACT. This article offers a rationale and reviews the research evidence for a focus on work transitions in prevention research. The organization and current research of the Michigan Prevention Research Center are then described. Current research and dissemination activities are presented in the context of a prevention research cycle that moves through four domains: problem analysis, intervention design, evaluation, and knowledge dissemination.

Evidence is accumulating indicating that a variety of work transitions are associated with increases in stress, maladaptive patterns of coping and enduring negative health and mental health outcomes in vulnerable populations (e.g., Catalano & Dooley, 1980; Gordus & McAlinden, 1984; House, 1981; Kahn, 1981; Price, 1984). Furthermore, a recent review has shown that a variety of forms of naturally occurring social support from family members, co-workers, supervisors and others can directly reduce work related stress and buffer its impact on these vulnerable populations (e.g., LaRocco, House, & French, 1980).

The impact of work transitions and strains may have particularly deleterious effects on vulnerable populations such as those with already diminished sources of support, the elderly, and minority

This paper was supported by Grant MH38330 from the Office of Prevention Research, National Institute of Mental Health to the Michigan Prevention Research Center. Reprints may be obtained from Richard H. Price, Director, MPRC, Institute for Social Research, Box 1248, University of Michigan, Ann Arbor, MI 48106.

groups, and may reach beyond the worker to family members and children (e.g., Liem & Rayman, 1982) as well. Correspondingly, these groups may benefit from effective preventive interventions designed to enhance coping capacity.

What is now needed are preventively oriented field experiments to test the effects of various forms of support on work related stress and enduring mental health and health outcomes. Experimental field trials provide the opportunity to develop preventively oriented programs based on successful field experiments that can be disseminated widely both in the workplace and in mental health and social service agencies (Price, Ketterer, Bader, & Monahan, 1980; Price 1982a,b). At the same time, work, a major life sphere, and the workplace itself represent a substantially neglected arena for the conduct of preventive research in mental health, and a major opportunity for prevention research (Price, 1984, in press).

Most social service agencies and community mental health centers have not played a major role in the development of preventively oriented programs to deal with work transitions in the past. The opportunity exists, we believe, to conduct survey research and field experiments that could form the basis for preventive programs in the future. In what follows we describe rationale and activities of the Michigan Prevention Research Center. The objectives of the Center are to (1) establish a multidisciplinary group of researchers who will conduct epidemiological oriented surveys and analyze existing survey data to explore the mental health and health impacts of job transitions, (2) conduct field experiments to test the effect of programs designed to prevent enduring negative health and mental health impacts on high risk populations, (3) disseminate program findings both in Michigan and nationally to mental health and other service providers and as well to researchers, and (4) to develop empirical and theoretical knowledge on the prevention of negative mental health and health consequences of work stress and work transitions.

CHANGES IN THE LABOR MARKET IN THE '80s AND BEYOND

A focus on work transitions such as unemployment and job changes within the worksite is not a short term response to current economic changes, but to long term changes anticipated in the labor

market in Michigan and nationally. Both job shifts, loss of employment and career plateaus, all potentially highly stressful experiences, will become widespread. Future projections (Flaim & Fullerton, 1978) indicate that between 1982 and 1990-4, there will be severe and continuing job loss, downward employment mobility, and job shifts.

Employment grew in America throughout the 1970s at an annual average rate of 2.1 percent, an unprecedented high, compared with the 1960s average of 1.5 percent (Pursell, 1980). This growth served to accommodate in part, a substantial increase in the numbers of Americans seeking work. The baby boom generation began to enter the work force in 1963 and more rapidly in greater numbers thereafter until the late 1970s. Women began to participate in the labor force at a rapidly increasing rate. Finally a large number of returning Vietnam veterans attempted to enter the labor force, putting yet more pressure on employment opportunities. Despite employment growth, a shortage of jobs was felt among lower socioeconomic groups, particularly minorities, youth and women, and those lacking specialized job skills.

The best estimates indicate that substantial job loss and job change will continue to occur (Flaim & Fullerton, 1978; Pursell, 1980). The 1978 automotive labor force of 977,000 is expected to stabilize at 550,000 in 1985. Thus, a population which had a relatively high level of risk for unemployment, but which has had employment in the past, will have its employment opportunities constrict continually during the next decade or so. Few alternatives except highly stressful life changes—retraining, relocation and/or drastically reduced living standards and concomitantly changed family functioning—will be available to them (Ferman & Gordus, 1979).

IMPACT OF WORK TRANSITIONS

There is now a broad array of evidence available to suggest that employment transitions and unemployment, in particular, are associated with a variety of negative health and mental health outcomes (Gordus & McAlinden, 1984). The evidence included case studies of the unemployed and profiles of families of the unemployed collected during the depression (Zawadzki & Lazarfeld, 1935) and more recently (Slotc, 1969) indicating increases in depression and marital conflict. Still another set of studies relating aggregate

economic conditions such as unemployment rates to aggregate indicators of social and psychological disorder (Brenner, 1976) has suggested that there are relationships between economic conditions and rates of mental hospital admissions, suicide rates, and rates of stress related illnesses. These aggregate level studies remain somewhat ambiguous with respect to the causal relations between individual circumstances of unemployment and individual psychological outcomes (Kasl, 1979).

However, recently Catalano and Dooley (1980) have reviewed the evidence for the relationship between economic life change and subsequent outcomes. Their analysis of individual level longitudinal studies (Cobb & Kasl, 1977; Cohn, 1978; Parnes & King, 1977; Schlozman & Verba, 1979) suggests that there is considerable evidence that changes in employment status and unemployment, in particular, are associated with a variety of negative social and mental health outcomes. While the evidence that there is an association between employment status change and psychological distress continues to develop, the etiological mechanisms associated with changes in employment status remain to be specified. For example, Catalano and Dooley (1979) suggest that economic change may uncover some already existing behavioral disorders rather than play a role only as provoker of those disorders. It may be that both uncovering and provoking mechanisms operate and contribute to overall rates of psychological disorder.

Nevertheless, the evidence suggests that a very broad range of negative health and mental health outcomes are observed as a consequence of changes in employment status. These negative impacts are not uniformly observed in the population experiencing employment transitions or unemployment. For the purposes of developing effective preventive interventions, the question of what groups are specifically at highest risk for negative health and mental health outcomes is of considerable importance.

Social support as a protective factor. One important line of evidence concerning the question of who is at risk for psychological distress and disorder as a consequence of unemployment is offered by Kasl and Cobb (1979). These investigators studied male industrial workers in two plants over a two year period during which the plants were closed and the men lost their jobs of long-standing and had to seek new employment. The men were interviewed concerning occupational, financial, familial, and health status in anticipation of scheduled closing, at termination itself, and six months,

twelve months, and twenty-four months after the plant closing. For our purposes, the salient finding obtained by Kasl and Cobb has to do with the relationship between psychological symptoms of depression and perceived social support. Those workers who perceived themselves as having relatively low levels of social support and who were unemployed for longer periods had systematically higher levels of symptoms of depression and work role deprivation than other groups who perceived themselves as having higher levels of social support. House (1981) interprets the Kasl and Cobb findings to suggest that the negative effects of unemployment on depression are largely eliminated by adequate social support and that these data suggest that social support has the potential to buffer the negative effects of stress on individuals experiencing unemployment.

The meaning of low perceived social support in the Kasl and Cobb (1979) study and numerous others is complex. Reports of lower levels of social support may reflect both differences in objective social conditions and a complex of attitudes and attributions towards both the self and social environment (Brickman, Rabinowitz, Karuza, Coates, Cohn, & Kidder, 1982; Bowman, 1982; Cohn, 1978). Nevertheless, it seems clear that persons holding different perceptions of the availability of support and their capacity to control the environment are at differential risk for negative psychological outcomes associated with employment transitions.

Stages of the unemployment experience. A second critical variable in determination of risk has to do with the phases of adaptation and adjustment to the experience of unemployment. Jahoda (1979), Kaufman (1982), and King (1982) all suggest that several distinctive stages in the pattern of adaptation to unemployment can be discerned. They include a stage of anticipation which begins when the possibility of job loss is perceived. The anticipatory phase often is characterized by denial and disbelief, anxiety reactions, and accompanying defensive responses. The second stage, actual job loss, is a stage in which the uncertainty of anticipation is resolved. This stage is characterized by a period of relaxation and relief and optimistic attitudes about the possibility of reemployment (Powell & Driscoll, 1973). Frequently, this second phase is also characterized by job search activity or increased receptivity to labor market search. If, however, the job search is ineffective, a third stage of adaptation to prolonged unemployment ensues with a proliferation of negative stress reactions and emergence of a variety of psychological symptomatology. This stage may be characterized by intense moodiness,

anxiety, depression, feelings of panic, rage, self-doubt, social withdrawal, increased alcohol and drug abuse, marital disorganization, and other adverse psychological reactions.

In addition to these adverse psychological reactions, some researchers (Buss, Redburn, & Waldron 1983) suggest that increased social isolation may develop in this third stage. Thus, one's network of social support may be eroded in times of prolonged unemployment. This stage oriented formulation should be regarded as hypothesis rather than fact and subject to a variety of influences. If however, such a sequence of events marks the course of unemployment, then efforts to reduce the duration of unemployment should have preventive impacts.

While we have focused on the experience of unemployment in our discussion thus far, a variety of work transitions such as retirement, promotion, and job change as well as chronic work stresses, including jobs with high demand and low control or support, may also place workers at risk for negative health and mental health outcomes (House, 1981; Kahn, 1981; Price, 1984; Price & Bronfman, 1984). The Michigan Prevention Research Center, which is described in the remainder of this paper, has as its major goal the identification of risks and protective factors associated with work transitions, and the development and testing of preventive programs aimed at reducing those risks.

THE MICHIGAN PREVENTION RESEARCH CENTER

The Michigan Prevention Research Center (MPPRC) has several key features: (1) MPPRC focuses on one aspect of adult life—paid employment or the lack thereof—which in varying ways may play a major role in the development of health and mental health problems and provides organized channels for effective intervention to prevent the development of those disorders, even those whose etiology is wholly or partially non-work-related. (2) MPPRC brings together, in programs of intervention and research, professionals with experience and skill in epidemiologically oriented survey research and persons with experience and skill in processes of intervention design, implementation and evaluation (cf., Price, 1982b). The Center has been funded by the Center for Prevention Research, National Institute of Mental Health, since September, 1983.

We see work and the work place in our proper focus for several

reasons. First, as we suggested earlier, substantial evidence indicates that chronic psychosocial stress at work and/or major occupational transitions significantly increase the risk of psychological disorder among persons exposed to these stresses or transitions and their families (e.g., Brenner, 1973; Caplan, 1975; Ferman & Gordus, 1979; House, 1980; 1981; Kahn, 1981; Kornhauser, 1965).

Second, work organizations (including employers and unions or occupational associations) provide the effective channels for implementing intervention programs aimed at preventing mental/emotional disorder among adults. That is, work organizations are for adults what schools are for children—a social organization where they spend a major portion of their waking hours. They are not only a potent source of both stress and positive rewards, but also contain ready made channels for disseminating and implementing preventive mental and physical health programs. Thus, both because the work experience is significant for well being and because the work site lends itself to prevention programming, MPPRC is concerned with the preventive possibilities in the work arena.

The Michigan Prevention Research Center combines several streams of research activity and program development into a new program of prevention research on work related stress and coping. The program brings together several cooperating organizations into a programmatic effort that combines the research expertise of researchers at the Institute for Social Research and the Institute for Science and Technology at the University of Michigan with the mental health system in Michigan, particularly the Prevention and Demonstration Projects Unit at the Michigan Department of Mental Health and the Washtenaw County Community Mental Health Center.

Each of these organizations has its own history of work on prevention in mental health and/or job transitions and stress. Their collaboration in the context of MPPRC produces a prevention research capacity of considerable scope and depth. In addition, the MPPRC group is multidisciplinary in character, including psychologists, sociologists, public administrators, a labor market economist, and therefore brings a wide array of perspectives and skills to the organization. The current MPPRC faculty is listed below.

—Richard H. Price, MPPRC Director, Professor of Psychology, and Faculty Associate in Survey Research Center, Institute for Social Research, University of Michigan

- Saul Cooper, Director, Washtenaw County Community Mental Health Center and Adjunct Professor of Psychology, University of Michigan
- Jeanne P. Gordus, Associate Research Scientist and Lecturer, Institute for Science and Technology, University of Michigan
- James S. House, Program Director, Social Environment and Mental Health Program, Survey Research Center, Institute for Social Research and Professor of Sociology, University of Michigan
- Robert L. Kahn, Professor of Psychology and Research Scientist in Survey Research Center, Institute for Social Research, University of Michigan
- Ronald C. Kessler, Faculty Associate, Survey Research Center, Institute for Social Research and Associate Professor of Sociology, University of Michigan
- Ruth Fine Schelkun, Coordinator of Community Services, Washtenaw County Community Mental Health Center
- Betty Tableman, Director, Prevention and Demonstration Projects Unit, Michigan Department of Mental Health
- Paul Wortman, Professor in School of Public Health and Director, Methodology and Evaluation Research Program, Center for Research on Utilization of Scientific Knowledge, Institute for Social Research, University of Michigan

The Prevention Research Cycle

We conceptualize our research as moving through the prevention research cycle (Price, 1982a, 1984). A schematic description is shown in Figure 1 and guides our conceptualization of the prevention intervention research process. Briefly, it depicts a series of research cycles that we believe are necessary to move from an (1) initial problem analysis of the prevention research problem to (2) the design of a preventive intervention, (3) to the actual field testing and evaluation of the intervention, and finally to (4) the dissemination of the program to populations of individuals, groups or agencies that can provide wider preventive impact such as mental health centers, unions, and community agencies. While we recognize that these various cycles do not always occur in an entirely sequential fashion, the framework does provide a conceptual map to orient us in planning and implementing research activities and to measure progress toward prevention goals.

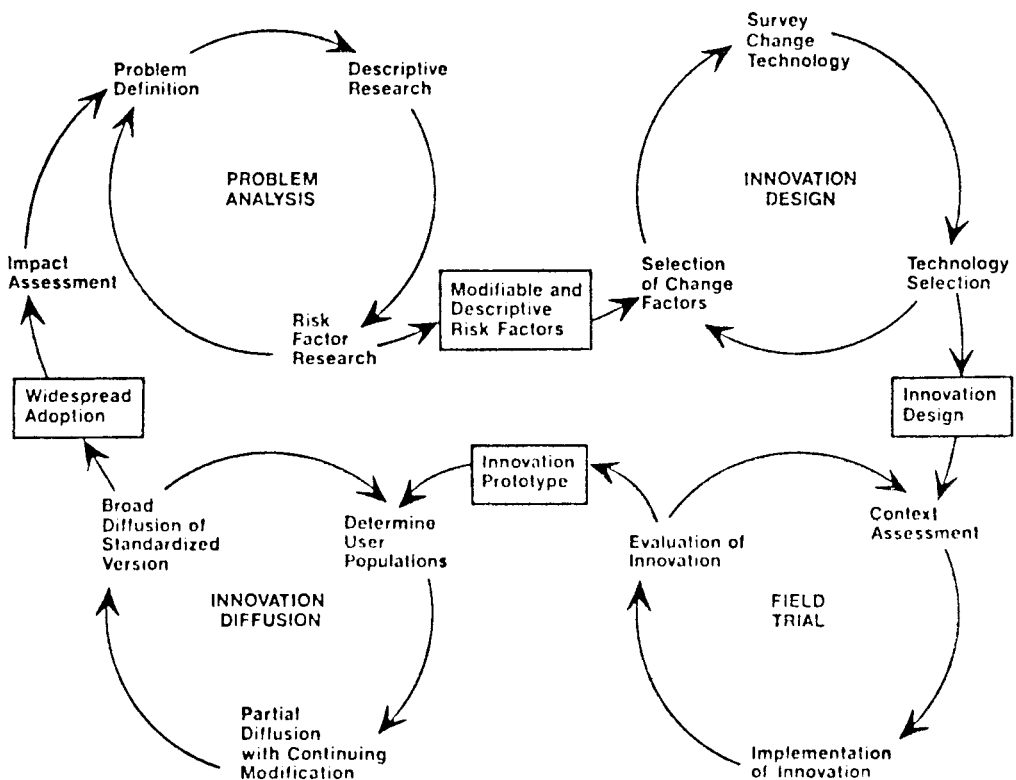


Figure 1. Four Domains of Prevention Research.

In addition, our research plan is designed to link broad based epidemiological survey research with our design of preventive intervention (Price, 1982b). Thus, results of our survey research activities can provide us with information concerning the nature and extent of problems and risk factors encountered by populations in the community experiencing various work transitions. Survey research in the workplace can also allow us to identify workers who do not yet anticipate a work transition, but who have a reasonably high likelihood of doing so in the near future. This orientation provides the opportunity to engage in "reactive" primary preventive intervention research aimed at helping displaced workers cope with the stresses of unemployment and their health and mental health sequelae and to engage in "proactive" prevention research designed to modify conditions in the workplace and worker capacity to cope with them before they occur (Catalano & Dooley, 1980). Thus, the range of research activities and research sites we plan to undertake will allow us to examine both stressful life events such as work transitions and worker dislocation on the one hand, and more chronic work stresses and role strains that characterize many work roles in organizational settings on the other.

CURRENT ACTIVITIES AND FUTURE PLANS OF THE MICHIGAN PREVENTION RESEARCH CENTER

In the remainder of this paper we will briefly describe some of the current research activities and future plans of MPRC. We will use the stages of the prevention research cycle as an organizing framework.

Problem Analysis: Identification of Risk Factors in Work Transitions

A primary objective of MPRC is to link epidemiologically oriented survey research findings to the design of preventive interventions. This is both a methodological and conceptual task that is critical to the accurate targeting and effective design of preventive interventions. Epidemiologically oriented survey data can inform the design of preventive interventions in several ways. First, epidemiological surveys can clarify questions about the extent and distribution of work related problems in the community and allow

estimates of relative risk. Second, such information can aid decisions about the potential value of mounting a preventively oriented program. In addition, survey results can help to clarify some of the linkages between short term responses to unemployment or stressful work conditions and more enduring mental health and health outcomes. These points of linkage are potential targets for intervention once they are identified. Third, survey research can aid in the identification of variables that identify those groups at highest risk for psychological disorder and, therefore, provide better definitions of the target population for intervention programs. Finally, survey research can identify help-seeking patterns in the community and estimate utilization rates for various help sources. Such information is useful in building organizational linkages and referral networks between existing services and newly developed preventive programs.

During our first year, our survey team, led by sociologists James House and Ronald Kessler, has developed and field tested a survey instrument focused on unemployment and psychological well being. They are currently conducting interviews with a sample of employed and unemployed workers in the Washtenaw county area to assess the mental health impacts of unemployment. The sampling design of this survey allows us to interview (1) a probability sample of currently unemployed workers, as well as (2) a sample of employed workers who have experienced a period of unemployment in the past five years, and finally (3) a sample of employed workers who have not experienced such an interruption in employment. The survey asks each respondent about: social support, life events, personality dispositions, marital life, parental behavior, characteristics of the employment and unemployment experience, financial support, symptoms of mental disorder, patterns of help-seeking, and demographic characteristics.

A second wave of this survey will be conducted in approximately one year. This second wave will allow us to obtain important longitudinal data on these samples which will strengthen our capacity to make causal inferences about the impact of work transitions on health and mental health. In addition, we expect to sample a small subgroup during the second wave for much more intensive interviews. These intensive interviews should provide more detailed mental health assessments that are not possible in most community surveys. We anticipate that this series of epidemiologically oriented surveys will substantially increase our knowledge about the role of

work transitions and associated life events in the development of health and mental health disorders.

A second research project focused on the mental health and health impacts of job transitions is directed by evaluation researcher Paul Wortman, one of our MPPRC faculty, in collaboration with organizational psychologist Robert Kahn and Richard Price. This project will examine existing research literature on occupational stress and conduct a number of systematic analyses of the impact of work stressors on alcohol, mental health and drug abuse outcomes. The method of analysis in this project will be data synthesis (Wortman, 1983; Yeaton & Wortman, in press). Data synthesis is a method for quantitative synthesis of data from diverse studies in order to obtain more reliable estimates of the effect of variables of interest.

We expect that this systematic examination of research findings in this field will lead to information about potential risk factors associated with occupational stress. We see these two risk factor research projects as complementary in their focus and expect they will increase our understanding and knowledge of risk factors associated with work transitions.

Intervention Design and Evaluation

Our Center is also designing and evaluating intervention programs intended to prevent enduring negative health and mental health impacts of work transitions. Our current work is focused on the evaluation of the Employment Transition Program developed by labor market researcher Jeanne Gordus. The ETP is a five day group oriented program oriented to education, cognitive restructuring, and behavioral skill acquisition (Catalano & Dooley, 1980) for persons experiencing unemployment and job transitions. Specifically, ETP is designed to (1) help workers identify and use personal, familial and interpersonal resources, (2) increase information about the labor market, (3) increase knowledge about employer behavior and job search strategies and, (4) to improve job search skills. The preventive rationale underlying ETP is that reducing the duration of the unemployment experience and enhancing skills to cope with the stresses of job search should reduce the likelihood of negative health and mental health outcomes.

During the past year, developmental work on recruitment, delivery, assessment, and evaluation of the Employment Transition Program was conducted. These pilot replications and the recruitment studies should allow an effective implementation and evaluation of

the Employment Transition Program in the second year of our MPPRC project. In addition, both formative and outcome evaluation instruments were designed to assess (1) delivery of the program, (2) knowledge acquisition of participants, (3) actual use of information from the program in coping, and (4) assessment of the health and mental health impact for experimental and control groups.

An additional affiliated research project directed by organizational psychologist Robert Caplan will begin in 1985 which will evaluate a different version of the Employment Transition Program to aid unemployed workers to re-enter the labor market. This study should substantially increase our capacity to understand the effect of systematically developed social support strategies (Janis, 1983) in coping with work transitions. These two field experiments will provide us with complementary information on distinctively different populations at risk for negative mental health outcomes associated with work transitions.

Finally, an affiliated research project, directed by public health researcher Barbara Israel in collaboration with organizational researcher Susan Schurman and sociologist James House, is being conducted to evaluate the effectiveness of an action research approach for the prevention of occupational stress-related alcohol, drug abuse and mental disorders. The project emphasizes a participative approach and will be conducted in a local automotive parts manufacturing plant.

Dissemination Activities

The Center has engaged in a variety of dissemination activities in the past year. First, under the direction of Jeanne Gordus, MPPRC was a co-sponsor of the national conference on Coping with Unemployment. The conference was designed for union representatives, mental health agency personnel, employment and training professionals, and other interested practitioners in the field. The objectives of the conference were to integrate the best of mental health, labor, and other human service agency approaches to unemployment and to provide information to aid practitioners in serving the unemployed. The conference featured workshops on one-day assistance programs, unemployment centers, overcoming barriers to community responses, recruiting, and pre-layoff interventions. We anticipate that this activity will be repeated in future years in other states as part of our dissemination strategy. MPPRC staff have also been identifying promising intervention

programs and developing descriptions of these programs. We hope to use these descriptions to create a clearinghouse which will provide information to practitioners throughout the field who wish to develop their own local programs. In a parallel effort, MPRC staff has developed an annotated bibliography of research literature on risk and protective factors in unemployment and occupational stress (Price & Bronfman, 1984). This and other research reports and program materials will be made available to interested researchers and practitioners in the field.

CONCLUSION

While our work in MPRC is still in its early stages, we have initiated a number of projects with complimentary goals at each stage of the prevention research cycle. As our exploration of various work transitions and stresses broadens, we anticipate an increasing focus on the workplace and the links between work and other life domains (Price, 1984, in press). A continuing theme of our research will be to strengthen the conceptual and methodological ties between survey oriented risk factor research on the one hand, and the development of interventions on the other. The testing of preventive interventions in field experiments allows us to design useful programs and to test scientific hypotheses about the causal status of risk factors at the same time. The experience of work, and the workplace itself, offers numerous challenges and opportunities for prevention. We are only now beginning to see the possibilities.

REFERENCES

- Bowman, P. (August, 1982). Social psychology of discouragement among jobless black Americans: Research agenda, preliminary analysis, and implications. In P. Bowman (chair), *Problems of joblessness in black America*. Symposium presented at the meeting of the American Psychological Association, Washington, D.C.
- Bremer, M.H. (1973). *Mental illness and the economy*. Cambridge, MA: Harvard University Press.
- Bremer, M.H. (1976). *Estimating the societal costs of national economic policy: Implications for mental and physical health, and criminal violence* (Report prepared for the Joint Economic Committee of Congress). Washington, D.C.: U.S. Government Printing Office.
- Brickman, P., Rabinowitz, V., Karuza, J., Coates, D., Cohn, E., & Kidder, L. (1982). Models of helping and coping. *American Psychologist*, 37, 368-384.
- Buss, T.F., Reburn, F.S., & Waldron, J. (1983). *Mass unemployment: Plant closings and community mental health*. Beverly Hills, CA: Sage Publications.
- Caplan, N. (1975). *The use of social science knowledge in policy decisions at the national level*. Ann Arbor, MI: Institute for Social Research, The University of Michigan.
- Catalano, R., & Dooley, D. (1979, December). Does economic change provoke or uncover behavior disorder? A preliminary test. In L. Ferman & J. Gordus (Eds.), *Mental health and the economy*. Kalamazoo, MI: W.E. Uppjohn Institute for Employment Research.
- Catalano, R., & Dooley, D. (1980). Economic change in primary prevention. In R.H. Price (Ed.), *Prevention in mental health*. Beverly Hills, CA: Sage Annual Review of Community Mental Health.
- Cobb, S., & Kasl, S.V. (1977, June). *Termination: The consequences of job loss* (Report No. 76-1261). Cincinnati, OH: National Institute for Occupational Safety and Health, Behavioral and Motivational Factors Research.
- Cohn, R.M. (1978). The effects of employment status change on self attitudes. *Social Psychology*, 41, 81-93.
- Ferman, L., & Gordus, J. (Eds.). (1979). *Mental health and the economy*. Kalamazoo, MI: Uppjohn Institute.
- Flaim, P.O., & Fullerton, H.N. (1978). Labor market force projections to 1990: Three possible paths. *Monthly Labor Review*, 101(12), 25-36.
- Gordus, J.P., & McAlinden, S. (1984, June 29). Economic change, mental illness, physical illness and social deviance. (Joint Committee of the U.S. Congress). Washington, D.C.: U.S. Government Printing Office.
- House, J.S. (1980). *Occupational stress and the mental and physical health of factory workers*. Ann Arbor, MI: Institute for Social Research Report Series.
- House, J.S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.
- Jahoda, M. (1979, August). The impact of unemployment in the 1930's and the 1970's. *Bulletin of the British Psychological Society*, 32, 309-314.
- Janis, I.L. (1983, February). The role of social support in adherence to stressful decisions. *American Psychologist*, 38, 143-160.
- Kahn, R.L. (1981). *Work and Health*. NY: Wiley.
- Kasl, S. (1979). Changes in mental health status associated with job loss and retirement. In J. Barrett (Ed.), *Stress and mental disorder*. New York: Raven Press.
- Kasl, S., & Cobb, S. (1979). Some mental health consequences of plant closing and job loss. In L. Ferman & J. Gordus (Eds.), *Mental health and the economy*. Kalamazoo, MI: W.E. Uppjohn Institute for Employment Research.
- Kaufman, H.G. (1982). *Professionals in search of work: Coping with the stress of job loss and underemployment*. NY: John Wiley & Sons.
- King, C. (1982, January). *Social impacts of mass layoffs* (CRSO Working Paper No. 254). Ann Arbor, MI: University of Michigan, Center for Research on Social Organization.
- Korhauzer, A.W. (1965). *Mental health of the industrial worker*. NY: Wiley.
- LaRocco, J.M., House, J., & French, J.R.P. (1980). Social support, occupational stress and health. *Journal of Health and Social Behavior*, 21, 202-218.
- Liem, R., & Rayman, P. (1982). Health and the social costs of unemployment. *American Psychologist*, 37, 1116-1124.
- Parnes, H.S., & King, R. (1977). Middle aged job losers. *Industrial Gerontology*, 4, 77-95.
- Powell, D.H., & Driscoll, P.J. (1973). Middle class professionals face unemployment. *Society*, 10, 18-26.
- Price, R.H. (1982a, February). *Four domains of prevention research*. Paper presented to the National Institute of Mental Health Conference on Prevention, Austin, Texas.
- Price, R.H. (1982b). *Priorities for prevention research: Linking risk factor and intervention research*. Washington, D.C.: National Institute of Mental Health, Center for Studies of Prevention.
- Price, R.H. (1984). *Research on mental health problems in the worksite: A state of the art review*. Paper presented at the First Business and Industry Roundtable on Alcohol, Drug Abuse and Mental Disorders at the Worksite, Washington, D.C.
- Price, R.H. (in press). Work and community. *American Journal of Community Psychology*.
- Price, R.H., & Bronfman, L. (1984, September). *Bibliography: Unemployment and occupa-*

- tional stress: Risk factors and intervention programs.* (Available from The Institute for Social Research, P.O. Box 1248, Ann Arbor, MI 48106-1248).
- Price, R.H., Ketterer, R.F., Bider, B.C., & Monahan, J. (Eds.). (1980). *Prevention in community mental health: Research, policy and practice.* Beverly Hills, CA: Sage Publications.
- Pursell, D.E. (1980). The beginning of a new era: The transition from a labor surplus to a labor short economy. *Thrust*, 2(2), 243-257.
- Schlozman, K.L., & Verba, S. (1979). *Injury to itself: Unemployment, class and political response.* Cambridge, MA: Harvard University Press.
- Slate, A. (1969). *Termination: The closing at Baker plant.* Indianapolis, IN: Bobbs-Merrill.
- Wortman, P.M. (1983). Evaluation research: A methodological perspective. *Annual Review of Psychology*, 34, 223-260.
- Yeaton, W.H., & Wortman, P.M. (Eds.). (in press). Evaluation issues in medical data synthesis. In W.H. Yeaton & P.M. Wortman (Eds.), *Data synthesis: Methodological and conceptual issues.* San Francisco, CA: Jossey-Bass.
- Zawadzki, B., & Lazarfeld, P. (1935, May). The psychological consequences of under-employment. *The Journal of Social Psychology*, 6, 224-251.

Publications

THE MICHIGAN PROGRAM

- Michigan Department of Mental Health (1982). Guidelines for continuation and transfer of demonstration projects. *Public mental health administrative manual* (Report No. IV-H-007-0001). Lansing, MI: Author.
- Michigan Department of Mental Health (1983). Guidelines for community/caregiver services. *Public mental health administrative manual* (Report No. IV-H-006-0001). Lansing, MI: Author.
- Michigan Department of Mental Health (1984). Prevention services. *Public mental health administrative manual* (Report No. IV-H-005-0003). Lansing, MI: Author.
- Tableman, B. (1975). *Recommendations for the development of a prevention system.* Lansing: Michigan Department of Mental Health.
- The initial plan for the Michigan program, covering administrative and programmatic aspects.
- Tableman, B. (1980). Prevention activities at the state level. In R.H. Price (Ed.), *Prevention in mental health* (pp. 237-252). Beverly Hills: Sage Publications.
- Describes the development and rationale of the Michigan program.
- Tableman, B. (1981) (1982) (1983). *Annual report for the prevention program.* Lansing: Michigan Department of Mental Health.
- Tableman, B. (in press). The politics of the possible. In M. Kessler & S. Goldston (Eds.), *Proceedings of the Tenth Annual Vermont Conference on Prevention of Psychopathology.* Hanover: University Press of New England.
- Describes the ways in which states have implemented prevention programming and strategic considerations.