I Feel Frozen: Client Perceptions of How Posttraumatic Stress Disorder Impacts Employment

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Objective: There is evidence that posttraumatic stress disorder (PTSD) is a hidden barrier to employment among individuals with serious mental illnesses (SMI) among whom PTSD is highly prevalent. This study aimed to explore how PTSD interferes with achieving employment outcomes among persons with SMI. *Methods:* Participants included 119 individuals with SMI and co-occurring PTSD receiving Supported Employment services. Responses to the question, "In what ways are PTSD symptoms interfering with your work during the past month?" were analyzed. *Results:* Six themes emerged: (a) I don't like being around people, (b) I feel frozen and unable to get started, (c) troubling negative affect, (d) mind is scattered and all over the place, (e) feeling fatigued all the time, and (f) flashbacks and triggers can happen whenever. *Conclusions and Implications for Practice:* Findings provide insight into how PTSD symptoms impact work outcomes and suggest that there is a need for Supported Employment providers to screen clients for trauma exposure to identify those in need of additional support in order to improve work outcomes.

Impact and Implications
Individuals with serious mental illnesses (SMI) and co-occurring posttraumatic stress disorder (PTSD) have high rates of unemployment. This study investigates the ways PTSD interferes with employment among persons with SMI. Findings illustrate several ways on how trauma can affect career development for persons with SMI. Addressing trauma symptoms as a key barrier to career development and employment for clients with SMI receiving employment services is crucial to ensure successful outcomes.

Keywords: PTSD, trauma, employment, qualitative analysis

People living with serious mental illnesses (SMI) are at high risk for exposure to trauma and the development of posttraumatic stress disorder (PTSD) (Lu et al., 2013; Mazor et al., 2018; Nishith et al., 2019). Reported rates of PTSD among individuals living with SMI range between 25% and 48% (Grubaugh et al., 2011; Lu et al., 2013). Research indicates that the highest rates of co-occurring PTSD are among individuals diagnosed with major depression, anxiety disorders, and substance use disorders, although rates of PTSD are still elevated among persons with bipolar disorder and schizophrenia relative to the general population (DeTore et al., 2019; Gilmoor et al., 2020). In addition, prominent symptoms and associated impairments of SMI such as psychosis, mania, depression, suicidality, and cognitive deficits may obscure PTSD symptoms, resulting in the under-detection of PTSD reported in numerous studies (Cusack et al., 2007; Mueser et al., 1998; Salyers et al., 2004; Zammit et al., 2018).

The co-occurrence of PTSD and SMI is linked to greater difficulties in functioning and associated with more pronounced symptoms for both disorders (Lu et al., 2017). Exposure to trauma negatively impacts individuals psychologically, and can cause difficulties in self-esteem, anxiety, the ability to trust, and executive functioning (Lu et al., 2013; Strauser et al., 2006). Additionally, people living with PTSD struggle with gaining and maintaining employment (Lu et al., 2017; Russinova et al., 2018). Unemployment rates for individuals with SMI are significantly higher than the unemployment rates for individuals with other disabilities (Henry et al., 2016; Mueser et al., 2004), or for people without disabilities (Bazelon Center, 2014; Bureau of Labor Statistics [BLS], 2018; World Health Organization, 2018). Despite 70% of those with SMI expressing a desire to work (Ramsay et al., 2011), the 2018 US average employment rate for individuals with SMI was 22.2% (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

Individuals with SMI must contend with numerous barriers when deciding to pursue employment, including: fear of losing public

disability entitlements, employer discrimination, lack of human capital, an illness identity, co-occurring physical health problems, and PTSD (Cook et al., 2006; Russinova et al., 2018). The career development process is complex and includes the interaction of attitudes, behaviors, cognitive processes, and requires individuals to participate in a variety of activities and tasks (Sharf, 2013; Strauser et al., 2006). Additionally, the career development process is both personal and lifelong, and is influenced by contextual factors, and challenges an individual to utilize internal resources (Strauser et al., 2006). Strauser et al. (2006) argue that trauma symptoms and PTSD interrupt an individual's four critical tasks in the career development process: work personality, vocational identity, career decision-making, and effective job-seeking behaviors. Work personality is a construct that consists of attitudes and behaviors that individuals require to maintain employment. For example, behaviors such as time management, interacting with co-workers and supervisors, and the ability to stay on task all comprise work personality (Strauser et al., 2006). Career decision-making, a cognitive task, is needed to choose an appropriate work setting that matches one's interests, values, and goals. Finally, learning to successfully market oneself is a requirement in today's labor market (Strauser et al., 2006).

Supported Employment (SE) is an evidence-based practice aimed at helping persons with SMI gain and maintain meaningful jobs in their community offered through mental health facilities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). SE provides continuous support throughout the employment process, and matching individuals with jobs based on their interests and goals (Sherman et al., 2017). In a 2014 survey of mental health facilities serving persons with SMI, 20% of facilities in the US offered supported employment (Sherman et al., 2017).

Studies indicate that a significant percentage (25%–50%) of individuals who register for SE services are not successful in obtaining work (Roberts & Pratt, 2007), and that a substantial proportion of SE participants do not achieve an employment goal (Waynor et al., 2016). Clinical evidence suggests that a large proportion of those enrolled in SE services who do not achieve their employment goal may have experienced trauma and symptoms of PTSD (Kimerling et al., 2009; Lu et al., 2017; Meisel et al., 2003; Mueser et al., 2004; Resnick & Rosenheck, 2008; Russinova et al., 2018).

It is essential for SE providers to be able to identify how symptoms of PTSD interfere with achieving employment goals. Symptoms of anger, lack of sleep, and sense of a foreshortened future are some indicators that the client may be struggling to integrate into the workplace because of a past trauma (Hughes et al., 2016). Executive functioning tasks such as planning and making decisions are also impaired. Impairment caused by these symptoms can disrupt the ability to develop a work personality. Thus, the nature of one's career thoughts and attitudes have a profound impact on the career development process (Strauser et al., 2006).

The purpose of the present article is to increase our understanding of how PTSD impacts employment, from the perspective of SE participants with co-occurring PTSD and SMI. In this qualitative study, participants described their perceptions of how PTSD interferes with sustained and meaningful employment. It therefore, seeks to address a gap in the literature by examining ways in which PTSD is perceived to interfere with job seeking or employment.

Method

The data for the current study were collected as part of a larger randomized controlled trial studying an intervention for PTSD. The study was conducted at twelve SE sites funded to provide services to people living with SMI in three Northeastern US states. Research participants were recruited in a two-step process. First, participants who expressed interest in the study were screened using the PTSD Checklist for the DSM-5 (PCL-5). If participants met the cut-off criteria for probable PTSD, they were then invited to participate in the larger randomized control trial. Participants who entered the second part of the study were interviewed and qualitative and quantitative data were collected. One hundred and thirty-two participants met criteria for PTSD based on Clinician Administered PTSD Scale (CAPS-5; Weathers et al., 2018) and were recruited into the larger study. Study staff coordinated with SE providers and participants to schedule baseline, post-treatment, and 12-month follow-up interviews. In addition to the PTSD measures, participants also provided demographic data and answered the qualitative research question.

Participants

One hundred nineteen participants entered into the current study. Participants were typically in their late 40s ($M = 45.48$, $SD = 12.07$), more likely to be female 63% ($n = 75$), and were nearly evenly split between African-American (44.5%, $n = 53$) and white (46.2%, $n = 55$) racial groups.

Measures

PCL-5

The PTSD Checklist for DSM-5 (PCL-5) was used to assess the severity of the participant's symptoms. The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD (Weathers et al., 2013). This assessment can be used to screen individuals for PTSD and to make a provisional PTSD diagnosis. The wording of the PCL-5 items reflects both changes to existing symptoms and the addition of new symptoms in DSM-5. The self-report rating scale is 0–4 for each symptom, reflecting descriptors of the following: "Not at all," "A little bit," Moderately," "Quite a bit," and "Extremely" on a 5-point scale. Preliminary validation work suggests that a PCL-5 cut-point of 33 is a reasonable value to use for a provisional diagnosis of PTSD until further psychometric work is available. Strong convergent validity has been found with other clinician administered measures of PTSD (Wortmann et al., 2016). The Cronbach's α in the present study was 0.89.

CAPS-5

The Clinician Administered PTSD Scale for DSM-5 (CAPS-5; Weathers et al., 2018) was administered to assess PTSD diagnosis and severity of PTSD symptoms. The CAPS-5 is a 30-item structured interview that corresponds to the DSM-5 criteria for PTSD. The interviewer asks the participant to identify the onset and duration of PTSD symptoms, severity of symptoms, as well as the impact symptoms have on social and occupational functioning (Weathers et al., 2018). The CAPS-5 can assist in making a current diagnosis of PTSD and is the gold standard in assessing for PTSD (Weathers et al., 2018). The CAPS-5 allows the interviewer to

assess the severity of symptoms. Based on the client's report of intensity and frequency of symptoms, a single severity rating (absent, mild, moderate, severe, and extreme) is selected by the interviewer. A score of 0 indicates "Not at All," in which the participant believes the specific PTSD symptom criteria for DSM-5 is absent, while a score of 4 indicates "Extreme" or "Incapacitating," in which the participant describes the symptom to be unmanageable and pervasive. This assessment can take 45–60 min to complete. The Cronbach's α of CAPS-5 in the present study was 0.77.

Employment History

Past employment history was collected by self-report as part of the demographic portion of the interview. Past employment history was defined by how many months the individuals worked in a competitive employment setting for the past 5 years.

Qualitative Data

Participants provided a response to the open-ended question, "*In what ways are PTSD symptoms interfering with your work during the past month?*" This question was asked at the baseline (first interview), 4th months later (second interview), and approximately 1 year after the second interview. Researchers recorded responses by hand onto a participant data sheet which was then imported into NVivo12 (NVivo Pro 12, 2018) and coded by the second author. These codes were reviewed by two additional study staff (also authors). Once codes were agreed upon these three authors worked independently to develop relevant categories and subcategories. After several iterations, collaboratively the categories and subcategories were agreed upon and any discrepancies were resolved. Themes arose as relationships between categories and subcategories presented themselves (Charmaz, 2010; Morse, 2008). These themes, categories, and subcategories are identified and discussed below.

Results

Demographic characteristics of participants are presented in Table 1. The diagnostic profile included individuals with Schizophrenia/Schizoaffective disorder, Depressive Disorders, and Bipolar Disorders, indicating all participants had a co-occurring diagnosis of SMI and PTSD. Work histories were sporadic. Participants had worked an average of 21 months in the past 5 years. For those working, the mean wage was $13/hour, and working participants also worked an average of 23 hr/week. Average CAPS-5 and the PCL-5 scores, indicate that the participants were still coping with symptoms of PTSD. The data analysis for the qualitative question led to the identification of six themes, (a) I don't like being around people, (b) I feel frozen and unable to get started, (c) troubling negative affect, (d) mind is scattered and all over the place, (e) feeling fatigued all the time, and (f) flashbacks and triggers can happen whenever. Table 2 lists themes and categories and the number of participants reporting them.

I Don't Like Being Around People

A striking finding concerned the multiple ways that study participants were negatively impacted by their interactions with others. The theme "I don't like being around people" incorporates four

Table 1

Demographics and Clinical Characteristics of Participants With PTSD Receiving SE Services

	(N = 119)	
	N	*%*
Gender		
Male	44	37
Female	75	63
Race/ethnicity		
African American	53	44.5
European American	55	46.2
Hispanic	6	5
Other	5	4.2
Primary psychiatric diagnosis		
Schizophrenia/Schizoaffective	20	16.8
Depressive disorders	29	24.4
Bipolar disorders	37	31.1
Others	31	26.1
Missing	2	1.7
Education		
Less than high school	13	10.9
Completed high school	38	31.9
Greater than high school	68	57.1
	M	*SD*
Employment history		
Total months competitive job in past 5 years	20.77	22.83
Total time at longest job (in months)	64.88	61.4
Total time at last job (in months)	24.17	33.56
How many hours per week at last job?	23.14	16.78
Hourly wage at last job? (in USD)	12.87	9.05
Total months noncompetitive job in past 5 years	1.5	4.72
How many months working any paid job in last year	6.47	11.69
CAPS-5	36.93	10.24
PCL-5	48.83	14.31
Age	45.48	12.07

Note. CAPS-5 = Clinician Administered PTSD Scale for DSM-5; PCL-5 = The PTSD Checklist for DSM-5.

categories, (a) avoiding people (*n* = 16, 13%), (b) reacting to others (*n* = 23, 19%), (c) struggling with social skills (*n* = 10, 8%), and (d) what are others thinking of me? (*n* = 16, 13%). Some of these categories additionally include subcategories (see Table 2). The category, avoiding people, includes three subcategories, isolating (*n* = 4 5, 4%), keeping a distance (*n* = 6, 5%), and discomfort with crowds (*n* = 5, 4%). Avoiding people was mostly inclusive of isolating oneself from others. It also was identified, less frequently, as feeling isolated or cut off from others such as family or coworkers. Some specific examples of this category were, "I don't like being around people," "always isolating self," and "it is uncomfortable to be in public." When in public, study participants spoke of "keeping a distance," "[I] don't like people close to me." Crowds were specifically recognized as increasing one's discomfort. "Don't want to be around crowds," "Sometimes gets too crowded and [it] worries me, mostly just crowding, [being] around places with a lot of people, a lot of things going on, I get jumpy."

A second category, reacting to others (*n* = 23, 19%), additionally included subcategories of overreacting to others (*n* = 11, 9%), not trusting others (*n* = 8, 7%), and discomfort around men (*n* = 4, 3%). Some reactions include irritability, frustration, anxiety, and taking it out on others. "[I] have taken it out on all and anyone who will listen or let me. My employer being one," "[I get] frustrated and

Table 2

Theme, Categories, Subcategories on How PTSD Interfered With Job or Job Search (N = 119)

Theme	Categories: subcategories (n, %)
I don't like being around people	Avoiding people (16, 13%):
	Isolating (5, 4%)
	Keeping a distance (6, 5%)
	Discomfort with crowds (5, 4%)
	Reacting to others (23, 19%):
	Not trusting (8, 7%)
	Discomfort around men (4, 3%)
	Overreaction to others (11, 9%)
	Struggling with social skills (10, 8%)
	What are others thinking of me? (16, 13%)
I feel frozen and unable to start	Lack of confidence (12, 10%)
	Low self-esteem (21, 18%)
	Lack of motivation (24, 20%)
Troubling affects	Fear (24, 20%):
	Fear of job search (10, 8%)
	Concern for safety (14, 12%)
	Anxiety (49, 41%)
	Depression (35, 29%)
	Anger (10, 8%)
	Stressed out/overwhelmed (16, 13%)
Mind is scattered and all over the place	Concentration (29, 24%)
	Performance (5, 4%)
	Reliability (8, 7%)
	Speed (6, 5%)
	Memory (5, 4%)
Feeling fatigued all the time	Feeling fatigued (13, 11%)
	Sleep difficulty (8, 7%)
Flashbacks and triggers can happen whenever	Flashbacks (11, 9%)
	Triggers (20, 17%)

Note. Categories may include a participant in more than one subcategory.

stressed out easily by others around [me]," "I get angry at people, not wanting to go to work [I] get frustrated with people," "Feels anxious when I have to deal with other people," "[I'm] nervous and anxious around coworkers." Others reported that lack of trust really interfered with their job: "I really don't trust people on the job. I feel that if someone tries to hurt me, I will hurt them first." Some study participants specifically expressed their discomfort around men, "[I] stay away from men, want to stay in office whenever there are a lot of men around, when they flirt with me, it makes me feel uncomfortable."

A third category, struggling with social skills (*n* = 10, 8%), was a concern for many. For example, participants reported: "I can do the work but have trouble socializing," "[I] didn't know how to be around others," "[I have a] really hard time communicating with supervisors." The fourth category of "what are others thinking of me?" (*n* = 16, 13%) concerned negative internal dialogue around others' evaluations of them, characteristic of social anxiety. Some participant statements that highlight this subcategory includes, "feels like others at work are criticizing [me]," "feeling like they are talking about me," "worried about what others think about [me]," "feel like I am always being judged," "Feel anxiety around others at work- feel that they bully [me], criticize [me], talk behind [my] back," "[I'm] afraid of rejection."

I Feel Frozen and Unable to Get Started

Another major theme concerned a lack of personal agency. This theme included three categories: lack of confidence (*n* = 12, 10%),

low self-esteem (*n* = 21, 18%), and lack of motivation (*n* = 24, 20%) to pursue employment. One participant stated that "the more I apply, the less confident I become due to so many rejections." Further, many participants shared that they engaged in negative self-talk regarding their lack of confidence. Comments directed toward oneself included: "I feel old and tired" and "I feel like an idiot." Additionally, individuals commented directly on "I have low self-esteem" and "my low self-esteem paralyzes me from moving forward."

Lack of motivation was another barrier participants faced, exemplified by a participant as "feeling like I'm sitting around and frozen." This feeling of being unable to progress toward one's employment goal was also related to "a lack of energy" and just "not feeling motivated to go outside." Participant's lack of motivation was often cited as a reason for no progress toward one's goal, "I feel like I want to do stuff, but frozen and unable to start."

Troubling Negative Affect

One significant theme identified among participants' responses was troubling negative affect. Anxiety (*n* = 49, 41%), depression (*n* = 35, 29%), anger (*n* = 10, 8%), feeling overwhelmed (*n* = 16, 13%), fear (*n* = 24, 20%) [i.e., fear of job search (*n* = 10, 8%), concerns over personal safety (*n* = 14, 12%)] were all identified by study participants. Disabling anxiety was a common barrier to employment: "PTSD causes anxiety and anxiety interferes with everything," "Nervous and anxious around coworkers." Depression was another key factor that interrupted the ability to gain and maintain employment. One participant stated that they were "too depressed to do anything." Another participant stated that they "sometimes think it is a waste to even go outside because of anxiety and depression." Anger and irritability were other common experiences for participants. One participant stated, "[I'm] completely and totally angry at the world, life, my mom, God." Fear of the job search process was a common response as well. Participants were reluctant to move forward in the job search process as they feared rejection, interviewing, making mistakes, and disappointing future employers. One participant stated, "I have anxiety over interviewing, and it interferes with job search. I avoid my job coach, avoid appointments, and avoid her phone calls." Fear coupled with anxiety hindered the ability for many participants to look for a job. Responses reflecting concerns with safety included "fear of larger males" and "fear of strangers in general." Worry over the ability to feel safe in the work environment after experiencing trauma was a common fear.

Mind is Scattered and All Over the Place

Study participants identified several abilities they felt were limited by PTSD: concentration (*n* = 29, 24%), performance (*n* = 5, 4%), reliability (*n* = 8, 7%), and speed (*n* = 6, 5%) and memory (*n* = 5, 4%). The following quotes support the development of this theme. "Very hard time concentrating on anything, concentration [is] diminished." "It's hard to concentrate on work or pay attention." "Mind is scattered and all over the place." "No longer as astute, brain not functioning at a high level like before." "[I lack] focus, concentration, unable to remember tasks at hand." "[I] feel unable to keep up with work."

Feeling Fatigued All the Time

Sleep and fatigue were also significant barriers identified by the study participants. Trouble with sleeping such as trouble falling asleep, difficulty staying asleep due to experiencing nightmares, feeling tired, and lack of energy were among the many factors that affected employment ($n = 8$, 7%). One participant stated that they "did not sleep the night before the interview." The inability to sleep for long periods of time was common for participants. Other study participants reported experiencing fatigue ($n = 13$, 11%). One participant stated that they felt "tired even with enough sleep." Another participant stated "[I am] easily fatigued on the job." An overall feeling of exhaustion was apparent among several study participants.

Flashbacks and Triggers Can Happen Whenever

Many participants described experiencing flashbacks ($n = 11$, 9%), "flashbacks are hard to manage" and "flashbacks can happen whenever, hasn't happened yet at work but worried about the possibility." In addition to flashbacks, participants described being "triggered by co-workers, customers, managers and sometimes random people at work" ($n = 27$, 17%). One participant stated, "Loud noises make me jump," and another individual mentioned a constant struggle with feeling "startled, constant watchfulness, and reliving traumatic memories."

Discussion

The themes from the qualitative analysis depict the significant impact PTSD symptoms have on thriving or feeling at ease in the work environment. Participants identified several symptoms of PTSD, as categorized in the DSM-5, that they felt interfered with their ability to gain or keep employment. The majority of symptoms identified by study participants can be found in four of the DSM-5 Criteria: B: intrusion symptoms, which include flashbacks, C: symptoms of avoidance such as avoiding specific people, places, and/or activities, D: negative alterations in cognitions and mood (negative cognition and mood), and E: alterations in arousal and reactivity (hyperarousal). Additionally, PTSD Criterion G: functional social or occupational impairment was evident and speaks to the overarching premise of the data. These results illustrate the potential difficulties employment staff may observe in job-seekers who experience symptoms of PTSD. The four criteria identified above will be discussed below in relation to the study participants' identified effect on employment.

Isolation, a common reaction to traumatic experiences, related to Criterion C, creates a clear and conspicuous barrier to employment. Individuals with PTSD may feel uncomfortable around crowds and prefer to keep a distance from others, which is often related to the avoidance symptom. This can potentially affect the relationship the individual has with both their provider and employer. In addition, these symptoms can severely impair the individual's ability to seek and maintain employment. It is evident that individuals may limit their opportunities to work because of their need to avoid interactions with others. For example, scheduling job interviews, interacting with co-workers and supervisors, and working in public settings may be avoided by individuals experiencing PTSD.

Criterion D, includes many of the struggles identified by participants, negative cognitions and mood, poor self-concept, exaggerated negative beliefs about self, others or the world, lack of interest or participation in life events, detachment or estranged feelings from others, and persistent negative emotional state. The theme "I don't like being around people," emphasizes the participants' difficulty with interpersonal relations. Not being able to trust others, worrying about what others may be thinking of them, and poor social skills compound the ability to feel confident enough to meet the challenges of a job search, and to work collaboratively with supervisors, and coworkers. Several troubling negative effects were identified by study participants, some directly related to a person's job search. Identified fears included fear for one's safety and fear related to the job search. Unfortunately, for SE providers observing these behaviors, the client may appear unmotivated and uninterested in working.

"I feel frozen and unable to start," was a prevalent theme. One factor to consider is the physiological reaction persons with PTSD may experience during stressful situations known as the fight-flight-freeze response. PTSD is associated with amygdala hyperactivity to threatening faces, triggering fight-flight-freeze responses (Badura-Brack et al., 2018). Freezing characterized by reduced body motion, reduced heart rate, and increased muscle tonus occurs in response to both physical threats and social threats (e.g., angry faces; Doolaard et al., 2020; Roelofs et al., 2010). Tonic immobility has been found in PTSD cases (Volchan et al., 2017). When confronting environmental stressors such as the job search process, it is possible participants with PTSD may experience ambiguous situations that leave them feeling prompted to fight and overcome the situation (fight response), overwhelmed and looking to escape (flight response), or instantaneously becoming paralyzed by fear (freeze response). As the body prepares to face, flee or freeze from perceived danger, an individual with PTSD may exhibit different symptoms such as anger, shaking, and feeling "frozen." PTSD can cause individuals to perceive threats in ambiguous situations that may be nonthreatening to others (Boffa et al., 2018; Kimble et al., 2012). Stressful situations can result in freezing responses (i.e., "I feel frozen"), and it is important to consider these reactions when assisting clients in seeking and/or maintaining employment. The theme of "I feel frozen" relates to the lack of confidence, motivation, and self-esteem that participants felt prevented them from seeking employment and other recovery goals. This lack of confidence, self-esteem, and motivation contributed to a paralyzing effect, which prevented them from carrying out the necessary activities to achieve employment. An issue that many participants struggle with is the lack of personal agency. Personal agency is the capacity to take action, pursue goals, and make choices. Thus, many participants felt stuck and unable to move forward toward their goals. For instance, participants stated they knew that they had an interview scheduled, yet felt powerless to get up and meet with the employer. Lacking confidence and self-esteem impact an individual's ability to carry out what may be considered to be basic tasks. Further, self-esteem issues led many participants to engage in damaging negative self-talk, such as calling themselves "an idiot" or incompetent. These self-defeating thoughts had a devastating impact on the confidence and motivation required to engage in a job search.

"Troubling negative affect," such as severe anxiety, can also contribute to the feeling of being stuck, as participants often felt crippled by anxious feelings related to having to meet with an

employer and explain gaps in their work history, or to go to the workplace where the supervisor reminds them of a perpetrator from their past. In addition, participants described how severe depression saps their energy, which is required to successfully pursue a career goal. Oftentimes, participants expressed the awareness that not getting up and out of bed in the morning to attend a job interview was self-defeating, however they felt powerless to do anything. Troubling Negative Affect can also be seen in the study participants' reactions to others as identified in Criterion E, in the DSM-5 definition of PTSD.

Two of the identified themes, "mind is scattered and all over the place," and "feeling fatigued all the time," address some of the symptoms identified in Criterion E, alterations in arousal and reactivity, hypervigilance, poor concentration, and sleep disturbance. Study participants identified problems with concentration, memory, performance, reliability, and speed. These symptoms are clearly linked to difficulty with career decision-making, ability to perform a job reliably and increasing frustration over loss of these competencies. These symptoms represent serious cognitive impairment, which can negatively impact all aspects of the career development and employment process. Additionally, dealing with sleep disturbances and constant fatigue can make going to work and performing work effectively more challenging.

Several symptoms from Criterion B, intrusion symptoms, were identified by study participants. The fear of having flashbacks or being triggered at any time prevents some participants from wanting to seek employment. Losing awareness of their surroundings may also be noticed by customers, co-workers and supervisors, and increases one's fear, anxiety, and embarrassment when thinking about employment especially if they have not developed skills to pull themselves out of a flashback.

Themes explicitly demonstrate, in participants' own words, how the symptoms of PTSD interfere with the career development process such as the formation of work personality and vocational identity, career decision-making, and effective job-seeking behaviors. Work personality consists of attitudes and behaviors required to maintain employment, such as interpersonal skills. Vocational identity is a person's awareness of one's interests, goals, skills, and talents. Career decision-making is the individual's ability to make an effective career decision by identifying appropriate work settings that match vocational identity. Finally, job-seeking behaviors, or learning to successfully market oneself, is crucial to obtaining opportunities to become employed (Strauser et al., 2006).

PTSD's impact on a person's work personality is clearly seen in these two themes; "not wanting to be around people" and "my mind is scattered and all over the place." Work personality relates to the ability to successfully interact with coworkers, supervisors, and potential customers. In most occupations, the fear of not wanting to be around people diminishes a person's ability to effectively maintain and succeed in employment (Cook & Burke-Miller, 2015). Similarly, the practical impact of having one's mind scattered and all over the place can include difficulties with executive functioning skills, like planning, and problem-solving, are impaired when concentration, reliability, and memory are diminished. The impact of PTSD on one's vocational identity is reflected by the theme "I feel frozen and unable to start," which includes the subthemes of lack of confidence, low self-esteem, and lack of motivation. Lack of self-esteem and confidence dissuades an individual from identifying and recognizing unique abilities, talents, and

interests. Vocational identity cannot be built without the recognition of personal strengths. Additionally, the lack of vocational identity may lead to a paralysis in career decision-making. Thus, individuals in our study who felt frozen and unable to start would inevitably struggle with the cognitive task of making a career decision. The impact of PTSD on job-seeking behaviors and the ability to market oneself is reflected by the themes such as "Troubling negative affect" and fear of job search, which was specifically identified by some participants.

The participants described scenario after scenario where their career development process was stifled due to symptoms related to PTSD and past trauma. Yet, an important point to emphasize is that the participants in the study were receiving supported employment services and many were working. Thus, the study participants showed tremendous resiliency to work on their career development process, while living with PTSD and other mental health conditions.

This study has several limitations that must be noted. First, the study was not intended to be a qualitative study but rather is a part of a larger quantitative study. However, the open-ended interview questions allowed us to gain insight on their current struggles with the job-seeking process. A second limitation is that not all interviews with participants were audio recorded, which potentially affected the validity of responses that were documented by the research assistants. Another limitation of this study includes the process of data collection. Participants were interviewed at several different time points in which research assistants asked the same questions. Because participants were asked the same open-ended interview questions several times, this could have created a testing effect.

Implications for Providers

Findings indicate there is a profound disconnect between providers who observe behaviors by clients such as not showing up for appointments, interpersonal difficulties with co-workers, supervisors and customers, and attribute these behaviors to non-compliance or a lack of motivation to succeed. The findings of this study clearly connect the experience of PTSD symptoms and these behaviors, which demonstrate impaired work personality, vocational identity, and cognitions related to the career development process (Strauser et al., 2006).

SE providers need to be aware of the nearly universal experience of trauma among people living with SMI. It would be an important step to provide all providers of employment services with training on PTSD, and on the impact of trauma symptoms on the career development process. SE providers may consider using techniques to empower clients living with SMI seeking employment to help them work through dilemmas of lack of personal agency and encourage them to move forward. More successes can be celebrated which may lead to a ripple effect to counter learned helplessness behavior. Thus, screening clients for trauma exposure can be a positive step for providers of employment services. Further, providers could benefit from awareness of how PTSD and trauma symptoms impact work personality and career decision-making. This awareness can provide an important reframe to providers who often experience frustration after investing considerable time and energy when clients "can't get out of bed in the morning" to attend an interview, or inexplicably walk off a new job.

Thus, increasing comfort with discussing issues related to trauma and PTSD would be beneficial. SE providers can consider how

PTSD symptoms may negatively impact the ability to decide on what career direction to pursue, basic job-seeking skills, and the behaviors required to succeed and maintain employment. Further, referring clients to PTSD treatment and working closely with clinicians and prescribers on the career development process would be an important intervention that would likely improve outcomes.

Finally, recognition of the potential interactions between PTSD symptoms and the career decision-making process, one's vocational identity and work personality is needed. PTSD symptoms can cause acute problems with critical issues such as personal agency, physical energy, and basic memory. Addressing PTSD and trauma symptoms as a key barrier to career development and employment for clients living with SMI who are receiving employment services is crucial to ensure successful outcomes.

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