**Abstract**

Paid employment occupies a central place in the lives of adults and is perceived as vital and meaningful. People with disabilities encounter a range of obstacles to participating in various activities, including employment. In recent decades there have been numerous attempts to develop and incorporate models and methods of intervention aimed at achieving the optimal integration of people with disabilities into the labor market and improving their working conditions. Yet most of the existing measures focus on the search for employment and do not provide tools to facilitate the individual’s participation in other significant activities and spheres of life. The proposed study is aimed at examining the efficacy of an intervention program that was developed to address these lacunae. The Interfaces Program, which integrates a model of the individual, the occupation, the workspace, and performance with theories from the field of career development, is intended to promote the individual’s engagement in various activities in addition to employment. The study comprised three phases: the development of an intervention program and dedicated research tools, and assessments of the program’s efficacy that examine its potential to increase objective and subjective indicators among employed people with disabilities who receive supported employment services, both immediately after intervention and in a three-month follow-up assessment.

**The aims of Phase I:** (1) Formulation of an intervention plan for the Interfaces Program; (2) Validation of the Detecting Occupational and Workspace Obstacles Questionnaire; (3) Translation and adaptation of the Self-Efficacy for Managing Chronic Disease questionnaire to the study. **The research during Phase I:** (1) The Interfaces Program was a joint collaboration created for this study by the researcher and her advisors. Its construction included defining the elements of the encounters: the goals of the encounter, the guiding principles, the tools to be used, and a user’s guide; formulating a training plan for the therapists who implemented the program; and creating a training program to guide the professionals. (2) This part was carried out collaboratively with a Master’s student in the Department of Occupational Therapy at Tel Aviv University. To formulate the questionnaire, a literature survey was conducted and a preliminary questionnaire on occupational obstacles was conducted and sent to experts to assess its validity. All the phases of the validation process are detailed in Tal Starik’s master’s thesis (Starik, 2018). (3) The questionnaire was translated, according to practice, and the experts’ assessment of validity was examined, after which four statements were added to the questionnaire, and the reliability of the translation tool was examined. **Findings of Phase I:** (2) The questionnaire as a whole was found to have a reliability coefficient of α=0.95, and high reliability scores were found as well for each of the sub-scales: α=0.91 for workspace obstacles, α=89 for cognitive obstacles, and α=0.94 for physical obstacles. However, the reliability coefficient for communication obstacles was found to be low. In addition, the test-retest reliability was found to be high (ICC=.91, p <.001) for most of the questionnaire’s categories, with the exception of the category that assessed communication obstacles. The convergent validity for the questionnaire was moderate, indicated by a significantly moderate correlation between its two versions for some of the categories (r = .57-.86, p<.01), and the questionnaire was found to have construct validity, as indicated by a significant difference in the number of obstacles between subjects with disabilities who were employed (t=-3.96, p <.001) and those who were not employed (t = 3.22, p<.01) (Starik, 2017). (3) The translated Self-Efficacy for Managing Chronic Disease questionnaire was found to have an internal reliability of α=0.88.

**The aims of Phase II of the study:** Demonstrating the efficacy of the Interfaces Program in advancing career development processes through objective and subjective tools among employees with disabilities who receive supported employment services. **Research hypotheses of Phase II:** There will be significant differences in the change in diagnostic scores for the indicators assessed in terms of the individual (occupational self-efficacy, perception of well-being and health, ability to self-manage an illness, degree of enjoyment and satisfaction from participating in various activities), occupation (the number of proactive activities, employer’s assessment, and frequency of and participation in different activities), and workspace (perception of obstacles) upon completion of the Interfaces Program among the sample group that underwent intervention in accordance with the Interfaces Program, such that this group will demonstrate greater changes in the assessment scores than the control group that underwent intervention in accordance with the IPS approach. **Sample group for Phase II:** 85 individuals with disabilities (40 in the Interfaces Program intervention program, and 45 in the control group), employed for at least three months and receiving supported employment services in the community. **The research process during Phase II:** All the professional directors of companies and organizations that provide supported employment services for people with physical disabilities (National Insurance Institute, Ministry of Welfare) and psychiatric disabilities (Ministry of Health) throughout Israel were approached and invited to receive training in the new intervention program “Interfaces Program” as well as details about the study. Six companies agreed to participate in the study, and 14 professionals at these companies who met the threshold requirements were sampled. Of the 140 service recipients who were approached, 85 agreed to participate in the study and met the threshold requirements, and these were randomly divided into the Interfaces Program sample group and the control group. Prior to the study, an assessment was conducted using questionnaires. Subsequently a standard intervention program based on IPS was implemented for the control group, after which the professionals underwent training in accordance with the Interfaces Program and began implementing it immediately upon conclusion of the training. After finishing the intervention (in both groups) participants were asked by the researcher to recomplete the questionnaires. **Research tools used in Phase II:** (1) An informational questionnaire on demographics, background, and employment; (2) MOCA –Montreal Cognitive Assessment; (3) The MOS 36 item short form survey (SF36); (4) A weekly journal for monitoring proactivity; (5) The Detecting Occupational and Workspace Obstacles Questionnaire; (6) An evaluation questionnaire on the participation and enjoyment of adolescents and adults in various occupations; (7) Work Related Self-Efficacy Scale (WSS-37); (8) Self-Efficacy for Managing Chronic Disease 6-Item Scale; (9) Employer’s assessment – Work Behavior Inventory (WBI). **Phase II statistical analysis:** In order to test the research hypotheses of Phase II for normally distributed variables, a repeated measures analysis was conducted. To examine the differences in dependent variables across the various disabilities of the study’s participants, a multivariate analysis of variance (MANOVA) was conducted for normally distributed variables and MANOVA with a bootstrap for non-normally distributed variables. The significance level was determined to be p<.05. **Findings of Phase II:** A decline in the emotional quality of life was observed for both sample groups. For both groups, significant changes were observed after intervention in terms of the employer’s perception of their job performance. Neither sample group showed a significant difference in terms of overall frequency of participation in activities. However, for the intervention group in the Interfaces Program, a significant increase in the frequency of leisure activities was observed. The proactivity indicators reported by the trainer and the trainee demonstrated a significant increase in proactivity indicators regarding the three aims of intervention. Neither group demonstrated a significant difference regarding any of the indicators of perceptions of obstacles. The Interfaces Program trainees felt more involved in the process and succeeded in making advances in activities other than employment. Finally, participants in the Interfaces Program with a psychiatric disability demonstrated more improvement for a number of indicators than people with a psychiatric disability in the control group.

**The aim of Phase III of the research:** Demonstrating the preservation or improvement of the achievements of the Interfaces Program in terms of advancing the individual, occupation, job performance, and workspace three months after completion of the intervention process.

**Research hypotheses of Phase III:** There will be significant differences in the change in diagnostic scores for the indicators assessed in terms of the individual, the workspace, and the occupation three months after completion of the Interfaces Program for the sample group that underwent intervention in accordance with the Interfaces Program, such that it demonstrates greater changes than the sample group that underwent intervention in accordance with IPS, in a manner that preserves the outcomes of intervention or improves them three months after conclusion of the intervention. **Sample group for Phase III:** 41 of the study’s participants (20 from the Phase II sample group who underwent intervention in accordance with the Interfaces Program, and 21 from the control group who underwent intervention in accordance with IPS). **The research process during Phase III:** Three months after completion of the intervention process, participants in the Interfaces Program intervention group were approached by telephone and invited to a meeting to complete an additional questionnaire. A total of 41 participants arrived at the scheduled meetings. **Research tools used in Phase III:** (1) The MOS 36 item short form (SF36) survey; (2) An evaluation questionnaire on the participation and enjoyment of adolescents and adults in various occupations; (3) WSS-37; (4) Self-Efficacy for Managing Chronic Disease 6-Item Scale; (5) The Detecting Occupational and Workspace Obstacles Questionnaire; (6) Work Behavior Inventory (WBI). **Phase III statistical analysis:** To test the hypotheses of this phase, a repeated measures analysis was conducted for normally distributed variables. For non-normally distributed variables, a Friedman test was conducted. To examine the differences in dependent variables across the various disabilities of the study’s participants, a MANOVA analysis was conducted for normally distributed variables and MANOVA with a bootstrap for non-normally distributed variables. The significance level was determined to be p<.05. **Findings of Phase III:** The Interfaces Program intervention group maintained its working hours even three months after the intervention, whereas the control group significantly reduced its working hours. In addition, for the Interfaces Program intervention group a significant difference was found in terms of occupational self-efficacy and degree of enjoyment from activities, which had improved significantly three months after the intervention. However, no significant difference was found across the three points in time (before, after, and in the follow-up) for the Interfaces Program intervention group for indicators relating to the perception of health. In both groups a significant increase was observed in the perception of emotional quality of life three months after intervention. The employer’s assessment of the social performance of the employee decreased after three months for the control group and remained steady for the Interfaces Program sample group. The frequency of participation in activities decreased after three months for the control group. In the Interfaces Program intervention group, the perception of cognitive obstacles had improved three months after the intervention.

**Conclusions:** Intervention through the Interfaces Program was found to be effective as an applied tool for occupational rehabilitation and advancing career development processes among people with disabilities, through its adoption of a broad perspective of the interface between work and other areas of activity. **Recommendations:** Further research should be conducted on the program, its efficacy, and its impact on various aspects of occupational rehabilitation and career development processes among diverse population groups. Further interdisciplinary research on occupational rehabilitation should be promoted.