Vocational Rehabilitation: It Is Our Business

Embedding speech pathology into vocational rehabilitation in an interdisciplinary service

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Background and Aims

Many people with acquired brain injury (ABI) have return to work (RTW) goals. Overall, RTW rates following ABI globally are poor[1-3] (in Australia and New Zealand, employment rates are 40-45% 2 years post injury[3]). Although occupational therapists (OTs) are traditional facilitators of vocational rehabilitation (VR), there is emerging strong evidence that interpersonal and communication skills are a key contributor to a successful RTW after ABI[1,3,4]. As ABI often results in communication and interpersonal skill deficits, speech pathologists (SPs) can be a helpful resource for RTW/VR[2,4,5]. We identified a gap in this literature translation, with few resources and practice guidelines for SPs providing VR. We aimed to establish evidence-based clinical processes and resources to address clients' RTW goals and communication needs in collaboration with team VR processes in a new QLD community-based 12 week ABI interdisciplinary (IDT) rehabilitation program.

Method

Evidence was translated using Stetler Model of Research Utilization[6]: (i) Preparation: defining/understanding need and current situation for QLD VR, stakeholder consultation, literature review; ii) Validation: identifying/collating communication-based vocational activities, government vocational resources; (iii) Comparative evaluation and decision making: aligning to service interdisciplinary VR pathways, collaborating with OTs, promotion/advocation for SP involvement in VR; (iv)Translation/ application: creating process and clinical tools ensuring consistency across assessment, therapy and documentation; (v) Evaluation: clinical feedback from clinicians and clients.

Results

Why is VR our business?

Communication in workplaces[4]

- Build and maintain relationships
- Recruit, train and manage employees
- Problem solve in meetings and small teams
- Verbal reasoning and explaining technical concepts
- Understand verbal and written information
- Writing skills (emails, notes, lengthy documents)

What impacts RTW success for TBI [1,3,4,5]

Deficits in:
- Interpersonal skills (with increasing technology integration) and impaired self awareness
- Relation: topic management and situational appropriateness
- Manner: delay before responding, turn taking difficulties, slow rate, and difficulty modifying speech style
- Quantity: nonspecific vocabulary
- Quality: giving information that is not correct
- Efficiency and clarity of communication

SPs are communication experts

- Speech Pathology Australia Scope of Practice: SPs role is to reduce risk of vocational under achievement and improve access or participation in various communication environments, including work[7]

- QLD guidelines: while OTs are the main rehabilitation providers, SPs can help inform a range of reports and assessments as well as contribute to job seeking and preparation[8]

- Model of cognitive-communication competence[9] helps:
  • SPs conceptualise the full range of communication impairments after ABI
  • build a case for SP input to VR
  • give SPs guidelines for clinical decision making regarding communication

How to be involved in VR

What do we have to help with VR

Until recently SP role in VR has been poorly understood. Tools and resources that have recently emerged include:

- INCOG Guidelines: focus on situations that communication may break down, use natural contexts to provide social validity to skills[10]

- Literature: VR should be: personalised; involve employers; provided early; understand a person's strengths and weaknesses[1,4,10]

- Assessment requiring sustained communication effort and complexity (e.g. FAVRES[11]): subtle difficulties with efficiency and clarity that do not impact on everyday conversations but that are likely to impact on successful work integration[5]

Integration in the IDT:

- We needed a way to better understand the communication requirements of individual workplaces our clients were returning to
- Communication task analysis created at ABI TRS (Work-CNAT: see SPA Poster: Why Start with the End in Mind)
- Therapy: natural context to ensure social validity and generalisation of skills[5] (using info from Work-CNAT) - Individually tailored therapy[3]
- Therapy: combine info from Work-CNAT and use evidence for greatest limiters for RTW success[1,2,4,5]
- Education to other disciplines of SP skills / assessments and interventions to support VR
- At ABI TRS, there is a clear Vocational Rehabilitation Framework which aims to provide overarching direction to the MDT

SP is now embedded in VR at ABI TRS. The role of the SP involves: workplace liaison; communication task-analysis; evidence-based assessment; individualised therapy targeting vocational communication skills; employer liaison ensuring strategy application in workplace and informing follow-up SP services for ongoing vocational rehabilitation.

Speech Pathology VR Assessment

Work Communication Needs Assessment (Work-CNAT) – Client Version
- Semi-structured interview: identifies associated communication, any pre-morbid strategies that may be used in therapy
- Builds client insight into how they would perform tasks and communication needs in their role
- Completed with all clients with RTW goals

Work Communication Needs Assessment (Work-CNAT) – Employer Version
- Conducted via phone or email with employer, in liaison with OT (includes identifying discrepancies between client and employer reports and information re: premorbid communication at work)
- Gathering work related templates, as appropriate, for use in therapy
- Completed with clients predicted to RTW within next 12 months

Other Assessments utilised (client dependent)
- Discourse Analysis
- La Trobe Communication Questionnaire– look at self awareness (self vs. SO ratings), Relation, Manner, Quantity and Quality conversation principles[12]
- Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES)[11]

Treatment / intervention

- Therapy activities related to work role (informed via CNAT and SP assessment) e.g.:
  • role playing interactions or simulation of workplace activity
  • joint therapy / practise of strategies in workplace with OT (workplace dependent)
  • communication partner training
  • involvement in ABI TRS interdisciplinary group program

- Assist OT with communication with client re: RTW process and consent to contact workplace (when appropriate)

- OT coordinates workplace liaison - SP liaises with OT re: workplace contact if not already done. This may include:
  • joining OT on workplace visit
  • phone call to workplace independently or joint with OT

- Feed into IDT client centred goal setting and treatment plan

Additional documentation

- Add to Vocational documentation detailing work role (coordinated by OT)
- Contribution to IDT discharge summary including specific plans for ongoing rehabilitation with communication vocational activities highlighted
- Contributing to RTW plan as appropriate (coordinated by OT and Medical), including assisting with decisions around appropriate tasks for grading RTW and strategies for use in workplace

Conclusion

SP involvement in VR is valuable for clients wishing to RTW. Next steps will involve ongoing evaluation of the tools and processes and how they impact on the IDT.

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