How to be involved in VR

Many people with acquired brain injury (ABI) have return to work (RTW) goals. Overall, RTW rates following ABI globally are poor (in Australia and New Zealand, employment rates are 40-45% 2 years post injury). 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.

As ABI often results in communication and interpersonal skill deficits, speech pathologists can be a helpful resource for RTW/VR. 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 teams in new QLD community-based 12 ABI interdisciplinary (IDT) rehabilitation program.

Method

Evidence was translated using Stetler Model of Research Utilization: (i) Preparation: defining/understanding need and current situation for VR; (ii) Realization: identifying/collating government vocational communication services; government vocational resources; (iii) Comparative evaluation and decision making: aligning to service interdisciplinary VR pathways, collaborating with OTs; (iv) Translation: 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

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

What impacts RTW success for ABI?

- 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: non-specific vocabulary
- Quality: giving information that is not correct
- Efficiency andclarity 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
- 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
- Model of cognitive-communication competence helps:
  - SPs conceptualise the full range of communication impairments after ABI
  - build a case for SP input to VR
  - give SP guidelines for clinical decision making regarding communication

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
- Literature: VR should be: personalised; involved employers; provided early; understand a person’s strengths and weaknesses
- Assessment requiring sustained communication effort and complexity (e.g. FAVRES®): subtle difficulties with efficiency and clarity that do not impact on everyday conversations but that are likely to impact on successful work integration

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 the End in Mind)
- Therapy: natural context to ensure social validity and generalisation of skills (using info from Work-CNAT - individually tailored therapy)
- Therapy: combine info from Work-CNAT and use evidence for greatest limits for RTW success
- 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

How to be involved in VR

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.

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: pre-morbid 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 rating), Relation, Manner, Quantity and Quality conversation variables
- Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES®)

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Conclusion

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References