

Diane Playford

# Vocational Rehabilitation

# What is VR?

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Or

Supporting them to have a good exit from the work place,

# Good work is good for you

Work is central to individual identity, social roles and social status; and it provides an income.

# IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?

Gordon Waddell, A Kim Burton



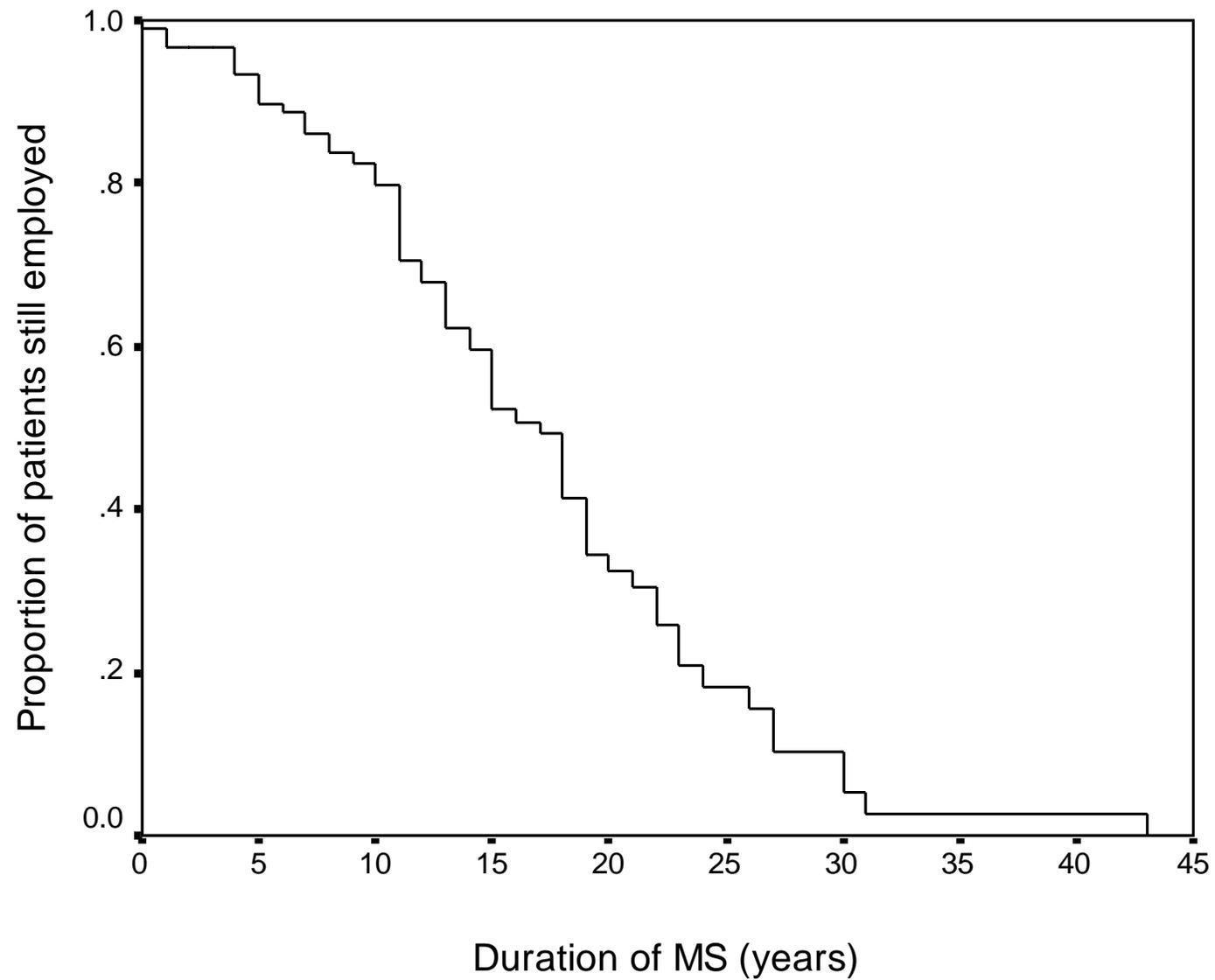
# Unemployment is bad for you

- higher mortality;
- poorer general health, long-standing illness, limiting longstanding illness;
- poorer mental health, psychological distress, minor psychological/psychiatric morbidity;
- higher medical consultation, medication consumption and hospital admission rates.

# Multiple sclerosis - the problem

- At onset (nearly) all are in employment
- Within 20 years of onset only 20% remain in work

# Duration of MS vs Work Retention



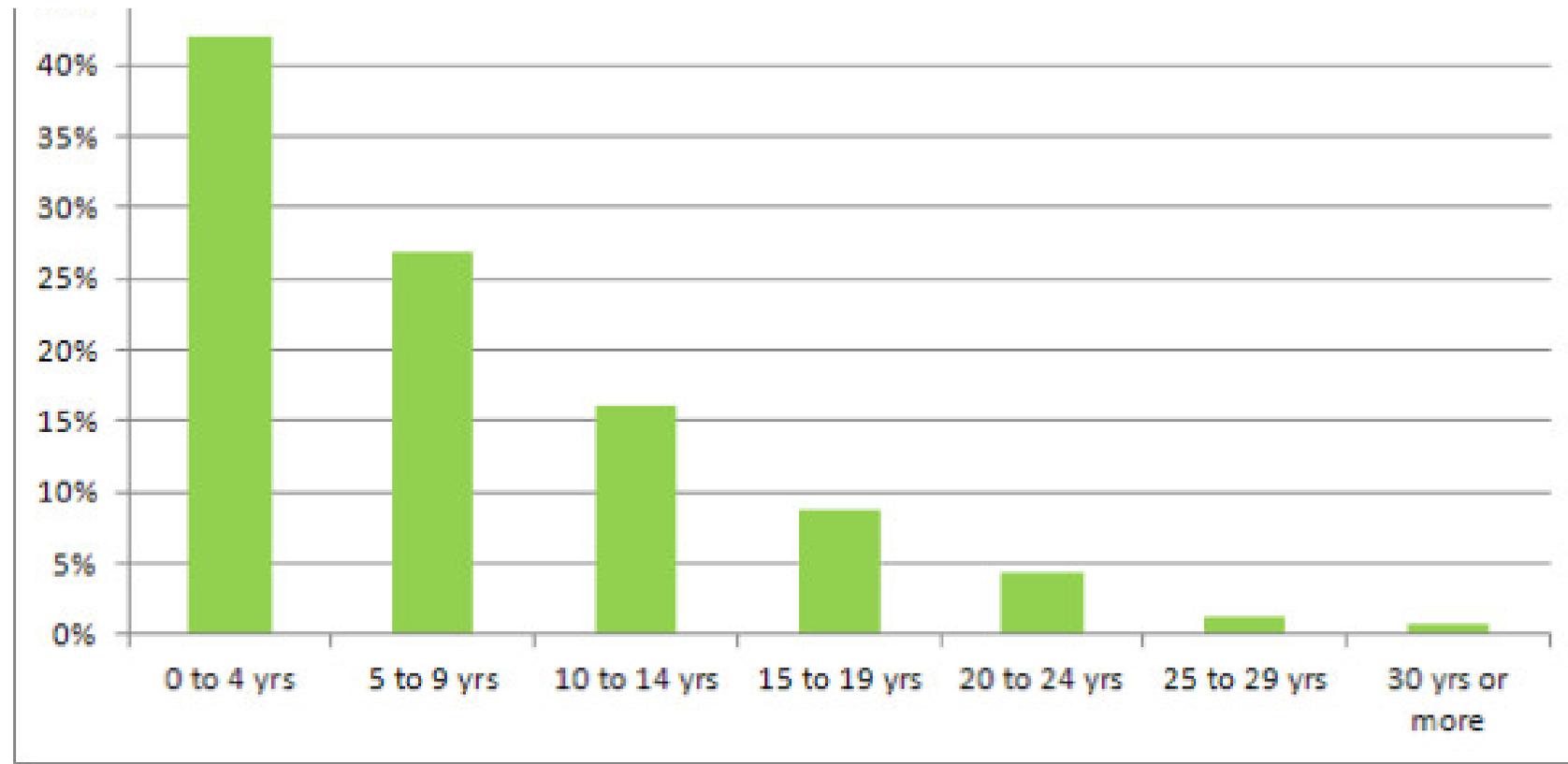
# Unemployment rates in MS

Location (Reference)	Number	Mean age	Duration of MS	EDSS	Employment rate
Saxony, Germany (Poser 1981)	92	N/A	18.4	N/A	30%
New York, US (Larocca 1982)	312	43	13	4.6	23%
Tromso, Norway (Gronning 1990)	79	30	N/A	N/A	49%
Vancouver, Canada (Jackson 1991)	210	45	N/A	N/A	24%
Ontario, Canada (Aronson 1997)	697	48	12	N/A	32%
Northern Ireland (McDonnell 1998)	111	53	13.6	6.0	14%
Bordeaux, France (Ruet 2012)	47	39	7	2	54%

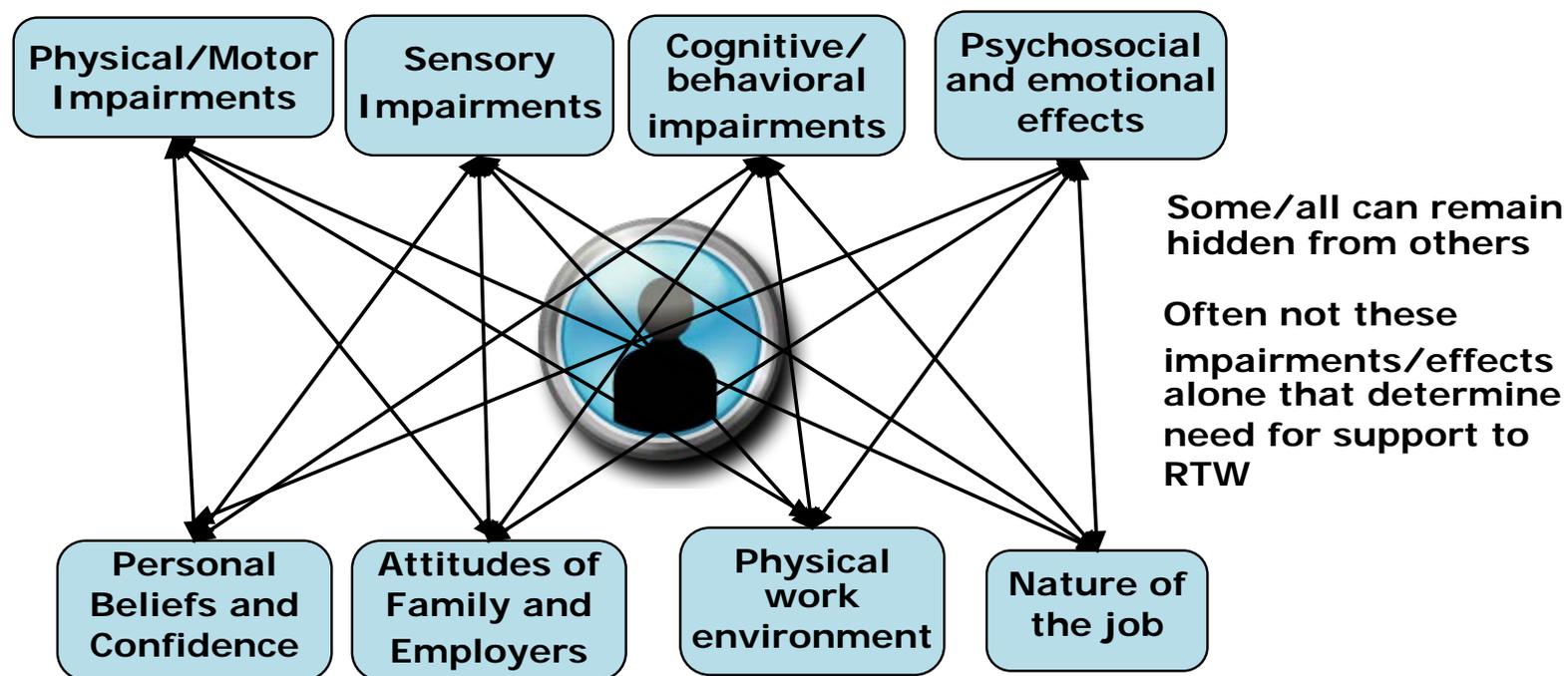
# The feasibility of collecting information from people with Multiple Sclerosis for the UK MS Register via a web portal: characterising a cohort of people with MS



David V Ford<sup>1</sup>, Kerina H Jones<sup>1\*</sup>, Rod M Middleton<sup>1</sup>, Hazel Lockhart-Jones<sup>1</sup>, Inocencio DC Maramba<sup>1</sup>, Gareth J Noble<sup>2</sup>, Lisa A Osborne<sup>2</sup> and Ronan A Lyons<sup>1</sup>



LTNCs affect people in different ways. Can often result in impairments that affect work.....



Rather, the interplay between these and other contextual factors.....

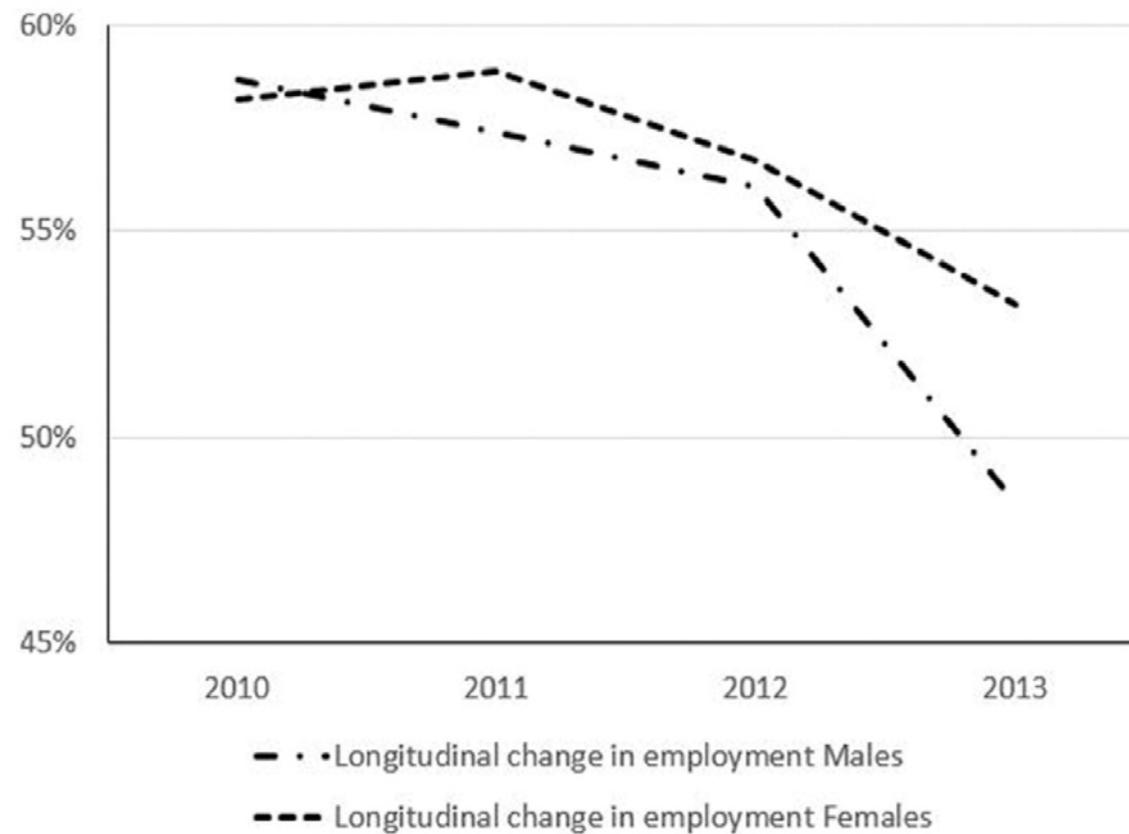
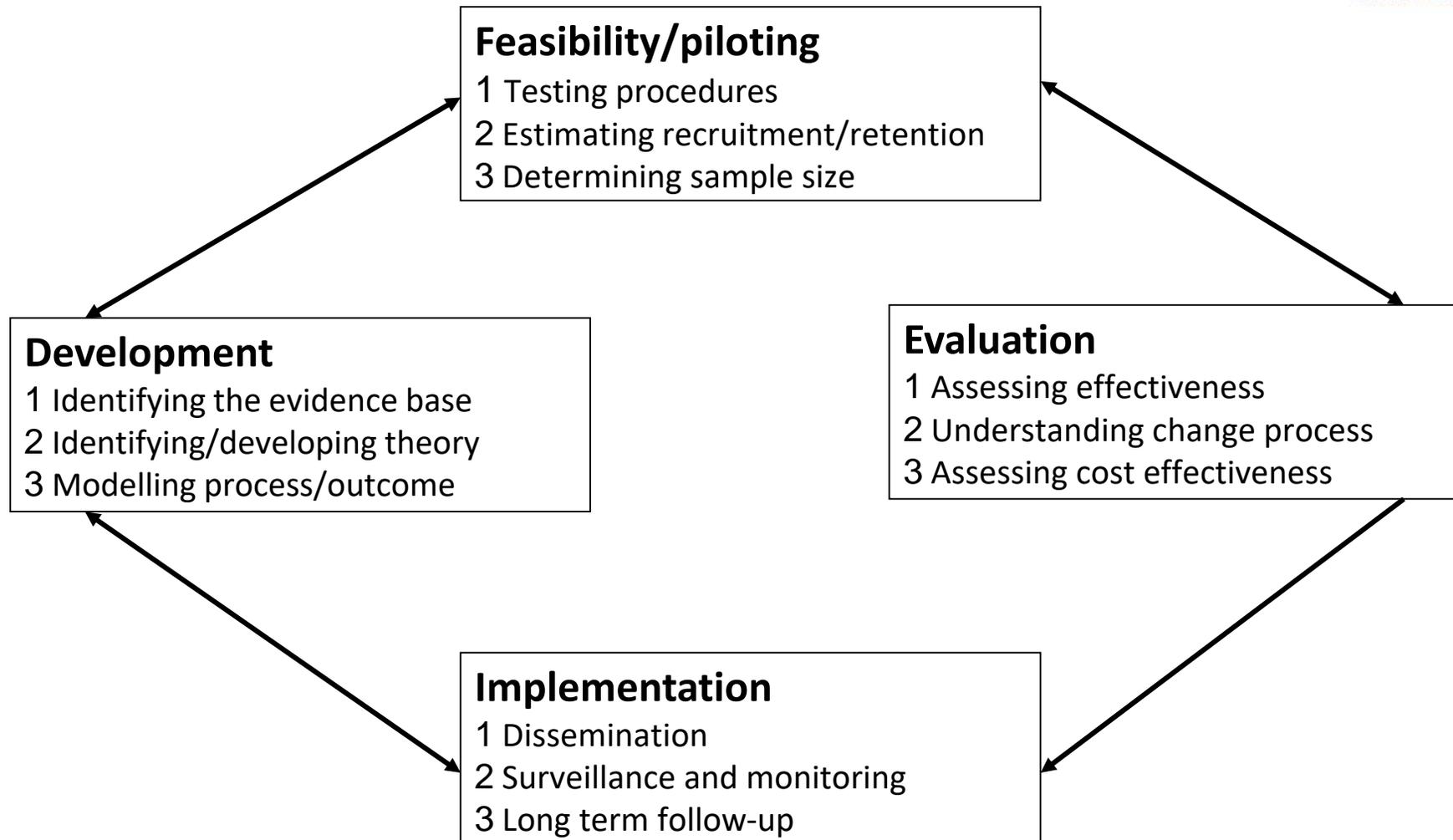


Figure 2. Longitudinal change in employment for males and females ( $n = 1260$ ).

# The development-evaluation-implementation process



# Development

- Identifying the evidence base
  - Literature review
- Identifying/developing theory
- Modelling process/outcome
  - Focus groups

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# What factors lead to unemployment for people with MS?

- Disease related factors
  - Disease course
  - Impairments
  - Activity limitation
- The working environment
  - Physical factors
  - Social factors
- Work demands
  - Personal factors

# What works

- Specialist VR services with access to a multidisciplinary team
- Early disclosure
- Early intervention, open access, responsive and personal services
- Support managing work performance
- Liaison with employers to ensure work-place accommodations and redeployment
- Education and support
- Support to re-enter to the work place

## Main results

Two trials (one RCT and one CCT) (total 80 participants)

Poor scores for methodological quality

**'Insufficient' evidence** for VR programs for

a) 'competitive employment', in altering rates of job retention, changes in employment, improvement in rates of re-entry into the labour force;

b) for altering 'work ability' by improving participants' confidence in the accommodation request process, or employability maturity or job seeking activity.

**No evidence** for changes in proportions of persons in supported employment or on disability pensions, nor for cost-effectiveness.

## Conclusions

There was inconclusive evidence to support VR for pwMS.

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# Modelling: Focus Groups

- Aims
  - to identify what people would want from a service
  - to confirm data already published as to what the barriers to working with MS are
- Four groups 24 participants
- Interview guide developed from a literature review
- Groups audiotaped, transcribed and constant comparative method of analysis used to identify themes

# Focus Groups - What are the obstacles to working with MS?

- Physical impact/barriers
  - Physical ability
    - Fatigue, walking, changes in sensation, visual disturbance, travel to work, environment, access, toilet
- Psychological Impact/barriers
  - Disclosure, lack of support, sympathy, anxiety, performance at work, fear, MS unpredictability, lack of confidence, denial, discrimination
- Lack of knowledge
  - Rights and the law, services available, benefits, employer/colleagues

# Focus groups - What do people with MS want from a vocational rehabilitation service?



- Managing performance
  - Improving performance
  - Compensating for performance
  - Modifying performance
- Managing social and personal expectations
  - Support with disclosure
  - Support with issues around discrimination

# Focus Groups

“But if you’re asked and you don’t disclose it,  
then you are not protected by law.  
But then if you are asked and you do disclose  
it,  
they might decide you’re not getting the job  
anyway.  
So it’s a catch 22.  
Or do you wait until you’re in the role,  
proved yourself - then you disclose it?  
Are you still covered by the law? ”

# Focus Groups

“it’s difficult for me because I had my own company...

which I had to sell because I couldn’t particularly carry on and I’ve gone back to really boring part-time job that I had before.

Really because I thought “Well who’s going to employ me?” you know, I’m 53, I’ve got MS, I think I’ve got lots of talent within my design field but, you know, who’s going to employ me?

So I’ve gone back to a rather boring part-time job”

# Focus Groups

“if you think your whole world is  
unraveling,  
if you can work,  
even in a compromised way,  
it's fantastically important  
...because you feel useful as a human  
being”

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# HOW TO DO IT – FOR EMPLOYERS

# An empowerment model of workplace support following disclosure, for people with MS

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msj.sagepub.com  




WARWICK  
THE UNIVERSITY OF WARWICK

AK Kirk-Brown and PA Van Dijk

## Abstract

**Background:** Vocational interventions aimed at increasing job retention for people with multiple sclerosis (MS) are reliant upon a partnership with a supportive work environment. A better understanding of the types of psychosocial support that are most conducive to retaining employees' sense of work-efficacy will enhance the success of interventions aimed at reducing workplace barriers to job maintenance.

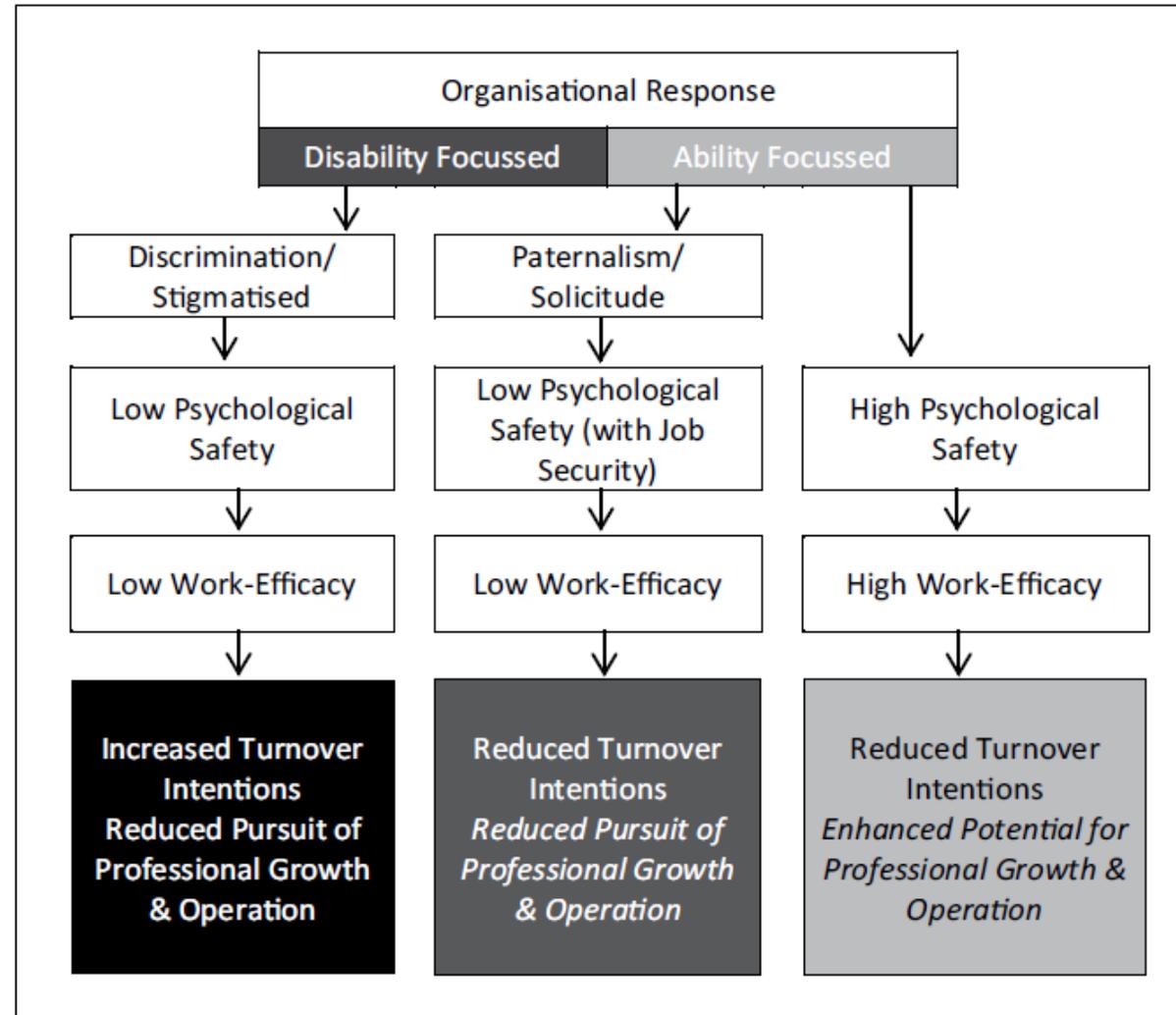
**Objective:** The objective of this study is to identify the types of psychosocial support that people with MS require post-disclosure, in order to maintain their employment status. In particular, we examined the roles of psychological safety and work-efficacy.

**Methods:** We interviewed 40 employees with MS either individually ( $n = 25$ ) or within three focus groups ( $n = 15$ ). These interviews were audio-taped and the content analysed, using an inductive thematic approach.

**Results:** Themes to emerge in organisational responses to disclosure were: a focus on ability (leading to enhanced perceptions of psychological safety and higher work-efficacy) and on disability (leading to diminished psychological safety and reduced perceptions of work-efficacy).

**Conclusion:** Organisational responses to disclosure demonstrating trust and inclusive decision making, and focussing on employee abilities, enhance perceptions of psychological safety at work. This increases the likelihood that employees with MS will retain their sense of work-efficacy and reduce their intentions to leave.

## Keywords



**Figure 1.** Organisational responses to disclosure for PwMS.  
PwMS: People with multiple sclerosis.

# **HOW TO DO IT – FOR PEOPLE RUNNING SERVICES**

## Initial Assessment

Is the individual suitable for the service?

Are the prevocational skills in place?

Are they ready to engage?

Interview and assessment

Medical history

Employment history

Qualifications

Other skills

Functional assessment

(impairments and disabilities including language)

Cognitive assessment

Environmental and social obstacles

Readiness to engage

Identification of goals

## Information provision

What does the individual need to know?

EA  
Reasonable adjustments  
Access to work  
Disclosure  
Local resources  
Financial implications

**Generic work skills (may be individual or group)**

What generic skills do they need?

Insight building  
Work hardening  
Fatigue management  
Cognitive strategies  
Building self-efficacy  
Managing relationships  
Managing communication  
Managing mood/anxiety/depression

## Specific work skills

What does the individual need to do?  
How can they be supported to do it?  
Improvements/Compensations  
/Modifications of work performance

Job analysis  
Work simulation assessment  
Risk assessment  
Task practice  
Individual project work

## Job identification

What job would meet the individuals needs?

Individual vocational guidance/job matching  
Jobcentre plus/DEAs  
Cold calling  
Local volunteers bureaus  
Voluntary work trials

## Job application skills

Can they apply for a job effectively?

CV writing

Interview skills

Support with job seeking

## Liaison with other work services/work place/place of education

What do we need to know from other services?

What can we teach others?

Work site visit

Line manager meeting

Co-worker support

OH / HR

Support with work site coaching

## Return to work

What needs to be done to ensure an effective return to work?

Graded return plan  
Identification of work place mentor  
Telephone contact  
Coping strategies  
Trouble shooting  
Formal review

## Supportive work exit

How can leaving work be managed without regret?

How will the individual spend their time afterwards?

Planned retirement/redundancy



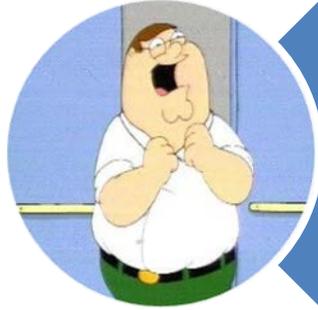
Support to leave work with  
best outcomes



Finances: medical  
retirement or insurance  
package



Structure to day and other  
meaningful occupation



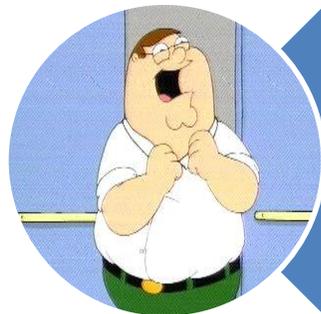
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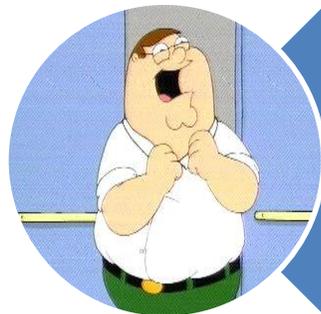
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## Final review

What did we do? What changed? What were the outcomes?

# HOW TO DO IT – FOR PEOPLE WITH MS

# At diagnosis

- Tell people about your MS when you are ready
- Find out what the law says and what services are available
- Consider how your MS impacts on work and ask your clinical team and employers for help
  - Fatigue management
  - Cognitive assessment
  - Advance planning

# Disclosure – things not to say at work

- I have MS and I am going to be wheelchair dependent rather
- I have difficulties with dexterity because of my MS, voice activated software would help.

# After a relapse

- Recognise 'invisible' disabilities
- Recognise the anxiety-fatigue-cognitive slips-anxiety cycle
- Request a graded return to work
- Consider asking for a cognitive assessment and support with fatigue management.

# When you think about about retiring

- Identify what the problems are at work
- Think about performance management
  - Improving performance
  - Compensating for performance
  - Modifying performance
- Do your sums

# Conclusion

- All clinicians should be able
  - Advise about the EA
  - Understand reasonable adjustments
  - Support with disclosure
  - Signpost to VR services
- Most patients VR can be delivered by CRT
- Some need intense input by specialist services

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# Meet the Voccers



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- Alison Holmes – Assistant psychologist
- Jo Hurford – Occupational therapist
- Catherine Doogan – Psychologist
- Andrew Griffiths – Psychology Assistant