



When Opportunity Knocks: Making Vocational Rehabilitation Work for You

Chairperson:

Nancy Segreve, MA, CRC, CCM
Occupational Resource Network

Monday, March 25th, 2024
3:00-3:40pm



2024

**Work Related Injuries
Workshop**

How To Make It Work For Everyone: RTW with Same Employer After Serious Injury

Carol Dennehy, RN, CRRN, LCP

Nurse Case Manager

Occupational Resource Network

Case Study for Return to Work Same Employer

- 37-year-old teacher sustained a traumatic brain injury and traumatic above knee amputation of the lower extremity with degloving injury
- Acute hospital stay for 30+ days, inpatient rehab then discharged home
- Underwent several surgeries on the left lower extremity
- Eventually fitted for a prosthetic
- Excellent recovery from traumatic brain injury

Discussing Return to Work

- Case Manager anticipates and assesses modifications that the Injured Worker may need
- As soon as possible discuss RTW options with the Employer including potential modifications
- Identify all parties that need to be involved with RTW discussion at the Employer
- Obtain job description and ask about additional job duties that may not be in the job description
- Collaborate with the physician to identify restrictions and review modifications
- Facilitate communication with the Employer and Injured Worker

Things to Consider for Return To Work

- There are many modifications that may need to be considered depending on the job
- This could include wheelchair accessibility, elevator access, parking, dress code or dress requirements, breaks, or a private space for wound care
- On site evaluation prior to return to work to identify any issues
- Maintain ongoing communication with the Employer and Injured Worker after RTW to address issues that will arise and provide guidance
- If any further medical treatment is needed such as surgery identify length of time out of work, functional level when returning to work and any new modifications that may be needed

Successful Return to Work

- Identify and address concerns that an employer may have about a return to work and ability to implement modifications
- Identify Injured Worker's concerns
- Work together as a Team!



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Collaboration: RTW Strategies that MDs Need to Understand

Brit McKenna, MS, CRC, CVE

Tandem Workforce Collaborative

Collaboration with Medical Providers:

- 1. Information Sharing
- 2. Assessment and Evaluation
- 3. Coordinating Services
- 4. Providing Education and Training
- 5. Case Conferencing
- 6. Advocacy and Support
- 7. Developing Return to Work Plans



Return to Work Hierarchy

- 1. Same employer, same job
- 2. Same employer, different job
- 3. Different Employer
- 4. On the job training
- 5. New skill training or retraining
- 6. Educational or academic program
- 7. Self employment



Approaches

- 1. Client Centered
- 2. Holistic Assessment
- 3. Individualized Planning
- 4. Evidence Based interventions
- 5. Collaborative Approach
- 6. Cultural Competence and Diversity Awareness
- 7. Strength Based Perspective



Tools and Techniques

- 1. Work Capabilities Form
 - Or results from a Functional Capacity Evaluation
- 2. Job Description
 - Job analysis if job description is not available
 - Employer site visits or gathering information by phone or labor market research
- 3. Additional Resources
 - Job Accommodation Network (JAN)
 - Assistive Technology Tryout Center
 - State Vocational Rehabilitation Services
 - Career Centers

Hats of a VR Counselor

- 1. Counselor
- 2. Advocate
- 3. Coach
- 4. Mentor
- 5. Facilitator
- 6. Assessor
- 7. Planner
- 8. Educator
- 9. Liaison
- 10. Coordinator
- 11. Case Manager
- 12. Job Developer
- 13. Consultant
- 14. Supporter
- 15. Empowerer
- 16. Guide
- 17. Collaborator
- 18. Problem Solver
- 19. Motivator
- 20. Navigator



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RTW Best Practices

Ann Marie Latella, MS, CRC

Occupational Resource Network

Initial Meeting

Setting the tone for services

Lay out expectations, specifically how vocational rehabilitation and the Rehabilitation hierarchy works

- Don't come across as authoritarian – Building rapport & trust starts here.

Information gathering to understand job tasks and skills

- Gain the perspective of the client: “If you were at an interview right now and someone asked you about your strengths what would you say to them?”
- What are you capable of? Do you have any ideas?
- Even if the goal appears “lofty” – you keep that in mind
 - Short vs. Long Term Goals

Initial Meeting

Setting the tone

- Let's delve into your day-to-day job in more detail:
 - What did you do on a regular basis?
What did you do occasionally?
- Elicit skills and traits demonstrated:
 - Validating the injured worker by actively listening to their story



Second Meeting

Where do we go from here?

- VRC has done the TSA and started research on alternative jobs and brings this information to the meeting
- Active Listening – Identify Hidden Barriers to Employment
- RFC and Transferable Skills don't matter if we don't address perceived barriers
 - Work schedule, skill set, confidence, self awareness, work environment, family expectations, etc.
- The IW won't always explicitly express these concerns
 - You may hear phrases, "yes, but..." – listen to these
- If I'm resistant to hearing them, it won't go well.

Plan Development: Research is a Critical Component

The real work, getting buy in from all parties

Fits within the rehab hierarchy

Fits within the persons needs/wants/expectations

Good research helps the IW evaluate their options

VRC provides feedback on the expected outcomes of each option

Gets buy in from injured worker, attorney, claims adjuster, and regulatory agencies

Implementation

GETTING INTO THE FUN WORK

- The VRC teacher hat comes on
- The issues addressed are highly dependent on the person
 - Resumes, job search, etiquette, networking...
- **ACTIVE LISTENING – WORKING COLLABORATIVELY**
- **PROBLEM SOLVING – ACTION ORIENTED**