VOCATIONAL REHABILITATION COUNSELLING PROGRAM
University of British Columbia’s MASTER’ S OF ED. PROGRAM

INFORMATION SESSION

“Rehabilitation strives to reverse what has been called the disabling process, and to promote the enabling process.”

Institute of Medicine, 1997
EMPLOYMENT OF PERSONS WITH DISABILITIES IN CANADA

- 3.6 million Canadians and 638,640 British Columbians living with disabilities
- Unemployment rates for persons with disabilities are 26% nationally and 21% in BC compared to 6% unemployment rate for persons without disabilities
- In BC 30% of persons with disabilities is not in labour force
- Short term and long term disability related to mental disorders accounts for a third of claims and 70% of disability costs
- After six months on disability leave, an individual has a 50% probability of RTW; this is reduced to 20% after one year, and to 10% after two years
- Unemployment rates for persons with mental health disorders are three to five times higher than rates for people with no disorders; about half of people with serious mental illness may also have an addiction
- Sample low employment rates: serious mental illness: 12-34%; brain injury: 10-70%
- 48% of Canadians with disabilities have government programs as their primary source of income compared to 11% of adults without them
- Disability represents between 4% to 12% payroll costs in Canada

“NEW WAVE” OF COMPLEX DISABILITIES:

- most prevalent mental health disabilities: dysthymia, major depressive disorder, posttraumatic stress disorder, panic disorder, social phobia and bipolar disorder
- addictions
- mental health problems associated with physical disabilities
- brain and neurological disabilities, also complicated by mental health problems
- chronic pain disabilities, often complicated by depression, may be more disabling than brain injury; most prevalent chronic occupational disabilities
- chronic fatigue, also often accompanied by depression

-> statistics are on the rise and not stabilizing
-> purely biomedical and psychiatric models do not work
-> often stress-related or stress-exacerbated and cyclical
-> mostly middle aged but younger with higher education levels on the rise
PROBLEMS WITH COMPLEX DISABILITIES

1. The rates and costs are expected to grow as the society grows more psychologically vulnerable and older, and natural supports diminish; e.g.:
   - Mental disorders will account for 15% of disabilities by 2020 and depression is projected to account for the second highest total burden of disease (second to cardiovascular disease)
2. Consume increasingly high portion of disability and health care benefits
3. Clinical improvement does not translate into employment and productivity; workplace interventions and accommodations needed
4. Increased social stigma as compared to physical and sensory disabilities; negative employer attitudes
5. Fragmentation of services: excessive focus on pathology not on skill acquisition and RTW; no integrated goals and plans

PROBLEMS WITH BIOPSYCHOSOCIAL DISABILITIES

- Employers are wary, reluctant and often unyielding on RTW issues
- Lack of evidence-based guidelines for case management, RTW and job accommodations
- Multiple barriers to RTW exceed the available clinical and rehabilitation resources
- Disability management is insufficient
- Lack of Canadian-trained vocational rehabilitation counselling professionals
THE EXPERIENCE OF UNEMPLOYMENT

A1. Initial negative reactions to job loss (shock, anger)
B1. Reflection upon job loss (worry, anxiety)
A2. Anticipation of job loss (anxiety, apprehension, denials)
B2. Initial reaction to job loss (relief)
C. Acceptance of job loss (determined, in-control)
D. Anticipation of job search (hopeful, optimistic, proud)
E. Initial reactions to stress associated with job search (pressure, discouragement, fear, anger, desperation)
F. Insulation from job search-related stress (apathy)
G. Internalization of rejection (worthlessness, isolated, lonely, drifting)
H. Support / retraining (hopeful, understood, encouraged)
I. Maintenance of job search (committed, confident)
J. Slippage to stress-related reactions (discouraged, angry)
K. Re-assessment of self, values
L. Leveling (positive, changed)
Canadian employers’ most significant concerns regarding employment of persons with mental disorders (N=83); Schultz et al, 2007

<table>
<thead>
<tr>
<th>Concern</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>WORK PERSONALITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusting to the work environment</td>
<td>57</td>
<td>68.7</td>
</tr>
<tr>
<td>WORK PERFORMANCE</td>
<td></td>
<td></td>
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<tr>
<td>Being able to perform job safely</td>
<td>62</td>
<td>74.7</td>
</tr>
<tr>
<td>Being able to tolerate the working conditions</td>
<td>62</td>
<td>74.7</td>
</tr>
<tr>
<td>Being able to perform job tasks</td>
<td>55</td>
<td>66.3</td>
</tr>
<tr>
<td>Being able to produce acceptable quality of work</td>
<td>52</td>
<td>62.7</td>
</tr>
<tr>
<td>SYMPTOMATOLOGY</td>
<td></td>
<td></td>
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<tr>
<td>Bizarre behaviours</td>
<td>67</td>
<td>80.7</td>
</tr>
<tr>
<td>Emotional stability</td>
<td>69</td>
<td>83.1</td>
</tr>
<tr>
<td>Becoming violent</td>
<td>63</td>
<td>75.9</td>
</tr>
<tr>
<td>Ability to tolerate work stress</td>
<td>66</td>
<td>79.5</td>
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<tr>
<td>Ability to leave personal problems outside work</td>
<td>56</td>
<td>67.5</td>
</tr>
<tr>
<td>Withdrawing into own world</td>
<td>56</td>
<td>67.5</td>
</tr>
<tr>
<td>Showing poor judgement</td>
<td>54</td>
<td>65.1</td>
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</tbody>
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VOCATIONAL REHABILITATION

vocational assessment → vocational intervention

INDIVIDUAL/GROUP
vocational and personal adjustment counselling

SYSTEMIC: WORKPLACE-BASED

JOB DEVELOPMENT AND PLACEMENT

CASE AND DISABILITY MANAGEMENT

OUTCOMES:
- Employment
- Productive lifestyle
- Independent living
- Reduced disability costs
## VOCATIONAL REHABILITATION COUNSELLING AND DISABILITY MANAGEMENT: TWO DOVETAILING MODELS

### Characteristics

<table>
<thead>
<tr>
<th>Vocational Rehabilitation (UBC)</th>
<th>Disability Management (UNBC)</th>
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<tbody>
<tr>
<td>Goals</td>
<td></td>
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<tr>
<td>- employment:</td>
<td></td>
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<tr>
<td>- old job</td>
<td>job retention (with pre-disability employer)</td>
</tr>
<tr>
<td>- new job</td>
<td></td>
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<tr>
<td>- modified job</td>
<td></td>
</tr>
<tr>
<td>- productive lifestyle</td>
<td></td>
</tr>
<tr>
<td>- independent living</td>
<td></td>
</tr>
<tr>
<td>Scope of applicability</td>
<td></td>
</tr>
<tr>
<td>- all persons with disabilities:</td>
<td></td>
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<tr>
<td>- all types of clinical conditions</td>
<td></td>
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<tr>
<td>- job attached and job unattached</td>
<td></td>
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<tr>
<td>- all ages</td>
<td></td>
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<tr>
<td>- complex rehabilitation needs</td>
<td></td>
</tr>
<tr>
<td>- multiple RTW barriers</td>
<td></td>
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<tr>
<td>- at risk for disability</td>
<td></td>
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<tr>
<td>Skill set</td>
<td></td>
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<tr>
<td>- assessment and planning</td>
<td></td>
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<tr>
<td>- Counselling</td>
<td></td>
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<tr>
<td>- job development and placement</td>
<td></td>
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<tr>
<td>- case and disability management</td>
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</tbody>
</table>

### Rehabilitation model

- biopsychosocial
- social

### Scientific evidence of outcomes

- high
- not yet fully known in isolation from other aspects of rehabilitation

### Knowledge base

- Interdisciplinary:  
  - Clinical disciplines: medicine, psychology, nursing, occupational therapy, physiotherapy, ergonomics
  - Workplace: occupational health and safety, organizational psychology, business administration, program evaluation, economics, sociology
  - Education, human and career development
- Workplace:
  - Occupational health and safety, organizational psychology, business administration, program evaluation and economics
TRAINING IN VOCATIONAL REHABILITATION COUNSELLING

USA have 86 higher education programs in Vocational Rehabilitation Counselling

Counsellors with Masters’ degrees in rehabilitation counselling achieved better outcomes and were better prepared in critical knowledge and skills when working with clients with complex and severe disabilities than counsellors with unrelated pre-service preparation

Szymanski & Parker, 1989
Szymanski, 1991
Szymanski & Danek, 1991
Cook & Bolton, 1992
Shapson, Wright & Leahy, 1987
Szymansky, Leahy & Linkowski, 1993

AT THE SAME TIME...

- UBC opened up a new Master’s program, first in Canada, in Vocational Rehabilitation Counselling, in 2002
- first on-campus cohort graduated in 2005
- first blended online cohort graduated in 2011
- on-line program admitting students for September, 2013
1. Interdisciplinary knowledge integration
2. Biopsychosocial model of rehabilitation
3. Scientist-practitioner approach with evidence informed practices
4. Reflective of new trends and needs in Canadian vocational rehabilitation
5. Focus on disability prevention, and early, effective and timely intervention
6. Focus on the individual with disability and the system: employer, healthcare, compensation
7. Wide range of rehabilitative interventions including case/disability management covered

8. Strong focus on transition to employment and employment retention
9. Policy, societal, organizational, business, medico-legal, professional and ethical perspectives in vocational rehabilitation addressed
10. Preparation for work for individuals with a wide range of disabilities including: physical, neurological, sensory, neuromuscular, pain-related and mental health
Balanced curriculum with courses focusing on both assessment and intervention in vocational rehabilitation practice.

Preparation for research in vocational rehabilitation: particularly outcome studies: “what works for whom and when”

Specialty focus: biopsychosocial and complex disabilities

Acquired Skill Sets

The VRC program:
- Provides an opportunity to obtain professional training and upgrading in the specialized field of vocational rehabilitation, acquiring skills and knowledge relevant to Canadian policies and practices;
- Produces graduates fully trained and capable of improving work integration and re-integration outcomes for persons with a wide range of disabilities;
- Provides a national base from which to conduct critical leading edge research in the field of vocational rehabilitation and the integration of persons with disabilities into the workforce;
- Plays an important role within Canada in promoting quality, scientifically-supported and outcome-driven vocational rehabilitation services; and
- Inspires future Canadian leaders in the rehabilitation field to integrate innovative knowledge and skills with practice and foster a vision for improved employment outcomes for Canadians with disabilities.
VOCATIONAL REHABILITATION COUNSELLING PROGRAM MODEL

Program Goals

- To deliver Canada’s first Vocational Rehabilitation Counselling Master’s Program in perpetuity;
- To produce high quality professionals in the field of Vocational Rehabilitation Counselling, future leaders and experts in the field, and to develop innovative, state-of-the-art models of training and employment of persons with disabilities that are effective in Canadian context;
- To provide leading-edge research in work disability prevention and vocational rehabilitation;
- To increase the rate of job re-entry and sustainability of employment for persons with disabilities, particularly those with complex disabilities.

VOCATIONAL REHABILITATION COUNSELLING PROGRAM DELIVERY

- Flexible methods of program delivery to accommodate the need of practicing vocational rehabilitation consultants:
  - Evening hours
  - Distance education programming
- Designed both for practicing vocational rehabilitation professionals and new graduates
1. Improved rehabilitation outcomes:
   - Earlier transition to employment and work retention
   - Shorter duration of disability
   - Lower disability and health care costs
   - Lower legal/compensation costs
   - Enhanced social and employer attitudes and inclusion of persons with disabilities

2. Effective rehabilitation in complex clinical areas:
   a. Chronic pain disabilities, fibromyalgia, and chronic fatigue syndromes
   b. Mental health disabilities including depression, anxiety, addictions, and severe mental illness
   c. Brain impairments including stroke, brain tumors, seizure disorder and brain injuries
   d. Neuromuscular and neurological conditions
   e. Physical disabilities with secondary mental health disorders
3. Enhanced disability management

4. Evidence-based interventions; scientifically supported rehabilitation approach:
   - Improved clinical outcomes
   - Improved legal outcomes
   - Improved cost outcomes
   - Improved social outcomes

5. Enhanced quality of forensic vocational assessments:
   - Transferable skills analysis
   - Employability assessments

6. Higher client satisfaction: positive focus on rehabilitation and employment

7. Less contention: more negotiated, fewer legally imposed solutions
8. Rehabilitation research
9. Program/policy evaluation and development

MAIN COURSE GROUPINGS

1. Foundations of Rehabilitation
2. Vocational Assessment
3. Job Development and Placement
4. Psychosocial and Medical Aspects of Disability
5. Case and Disability Management
MAIN COURSE GROUPINGS (cont’d.)

6. Vocational and Personal Adjustment Counselling: Individual and Group
7. Research and Program Evaluation
8. Clinic and Practicum in Vocational Rehabilitation Setting

MVRC Program Sequence

YEAR ONE
- VRHC 501 Issues in Vocational Rehabilitation Counselling
- VRHC 502 Medical Aspects of Disability
- VRHC 512 Psychosocial and Vocational Aspects of Disability
- CNPS 578B Counselling Interventions (on campus: summer 2013)
- CNPS 578A Counselling Theories
- Elective Course

YEAR TWO
- CNPS 532A Psychological and Vocational Assessment in Counselling
- VRHC 507C Supervised Training in Counselling (Clinic: full year/1X a week)
- CNPS 532B Psychological Assessment in Counselling
- CNPS 586 Ethics
- CNPS 564 Group Facilitation (on campus: summer 2014)

YEAR THREE
- CNPS 508 Job Development and Placement/Disability Management
- VRHC 511 VRHC 508 Field Experience (Practicum: 500 hours)
- EDUC 500 Research Methodology
Why On-line Program Delivery?

- Accessibility: national and for persons with disabilities
- Community of learners
- Supervised clinical training

VRC at UBC:

1. The only Program in Canada; Canada lagging behind industrialized countries; we rely on US trained or self-trained professionals
2. Direct benefit to Canadians with disabilities by increasing their employment rates at the time of labour shortage
3. Addresses complex, multiple barriers to employment among persons with disabilities who are unlikely to work without Vocational Rehabilitation Counselling; increased independence and inclusion and reduced reliance on government
4. Special focus on persons with rapidly increasing wave of complex disabilities including mental health, addictions, pain and brain injuries: a provincial health priority
5. VRC is a key missing link between medical improvement and employment
6. The Program is innovative, accessible and built on strengths in BC academic research in medicine and rehabilitation
7. Wide range of private and public sector stakeholders: government, compensation and insurance systems, rehabilitation agencies, programs and service providers, advocacy groups of persons with disabilities, employers and unions
8. Employers and business sector demand graduates
9. Online Program working to attract students with disabilities and those in distant parts of the province
10. Recruitment for four cohorts
Appendix

SKILL SETS OF THE GRADUATE
OF THE
VOCATIONAL REHABILITATION COUNSELLING
PROGRAM

1. Vocational and Facilitative Counselling, and Employment Consultation eg.
   - Job placement strategies
   - Job and employer development
   - Job seeking skills development
   - Job analysis
   - Job modification and restructuring
   - Job retention skills development
   - Supported employment strategies and services
   - Vocational assessment
   - Transferable skills analysis
   - Program evaluation

2. Personal Adjustment Counselling eg.
   - Family, group and individual counselling skills
   - Psychiatric rehabilitation techniques
   - Substance abuse counselling
   - Gender and multicultural aspects of counselling

3. Disability Management
   Fundamentals of disability management eg.
   - Developing, analyzing and using data to identify risks and promote injury and disability prevention
   - Facilitating a team approach for
   Facilitating a team approach for return-to-work perspectives on disability management
SKILL SETS OF THE GRADUATE OF THE VOCATIONAL REHABILITATION COUNSELLING PROGRAM (cont’d)

4. Medical and Psychological Aspects of Disability
   • Medical aspects and implications of various disabling conditions
   • Psychological and neuropsychological aspects of disabling conditions
   • Vocational implications of disabling conditions
   • The test and evaluation techniques available for assessing client’s needs
   • The physical/functional capacities of persons with disabilities
   • Environmental and attitudinal barriers for individuals with disabilities
   • Cultural aspects of disability
   • Scientifically based and ethical decision making processes

5. History, Systems and Research Methods eg.
   • The design of research projects, consultation on survey procedures, needs assessment and outcome evaluation approaches
   • Rehabilitation research literature
   • School to work transition
   • The organizational structure of the public and private rehabilitation systems
   • The legislation and laws affecting persons with disabilities
   • The ethical and professional practice standards
   • Emerging practices
KEY RESEARCH TRENDS IN REHABILITATION 
PERTINENT TO THE WORKERS’ COMPENSATION 
MANDATE: 
Evidence-based rehabilitation 
Interdisciplinary focus

1. Multivariate prediction of chronic disability:
   • identification of early flags for disability
   • development of risk-for-disability indices and measurement tools
   • development of RTW models for various conditions
   • role of psychosocial factors and cognitions: beliefs and expectations

2. Client-treatment matching and treatment efficacy:
   • what treatment is most effective, with whom and when?
   • matching intervention to risk profile and probability of return to work
   • right rehabilitation intervention with the right person at the right time
   • clinical areas:
     • soft tissue injury and chronic pain
     • mild brain injuries
     • mental health disorders: depression and anxiety
     • focus on early intervention
     • comparative effectiveness of different return-to-work, job accommodation and employment strategies for persons with disabilities

KEY RESEARCH TRENDS IN REHABILITATION 
PERTINENT TO THE WORKERS’ COMPENSATION 
MANDATE: 
Evidence-based rehabilitation 
Interdisciplinary focus (cont’d)

3. Beyond the traditional individual model of rehabilitation: focus on the workplace as the locus of intervention:
   • workplace organizational performance characteristics as predictors of disability
   • development of return-to-work and transitional programs in the workplace
   • evaluation of workplace-based disability management programs
   • disability prevention through workplace intervention
   • job accommodations for “invisible” disabilities
   • multi-system interaction

4. Forensic aspects of vocational rehabilitation:
   • loss-of-earnings analysis, statistical analyses jointly with forensic economists
   • transferable skills analyses and employability evaluations

5. Cultural aspects of vocational rehabilitation