

# Evidence-Based Practices in Vocational Rehabilitation: Results of a National Delphi Study

**Rehabilitation Research and Training Center on Evidence-Based Practices in  
Vocational Rehabilitation (RRTC-EBP VR)**

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**Madison, WI**

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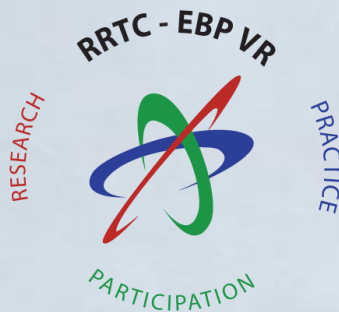
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# Delphi Study Method

- Delphi study was conducted by the RRTC-EBP-VR to gain a national consensus on the specific practices and interventions that a panel of experts considers evidence-based in relation to the state-federal VR service delivery system.
- A panel of experts was identified to explore the perceptions of subject matter experts (SMEs) regarding the level of scientific evidence associated with these promising practices.



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# The Call For Evidence-Based Practices (EBP) in VR Service Delivery

- Given current budget deficits at the national and state levels, along with increasing health-care costs and shrinking public funding, budget-minded employers and government agencies are asking hard questions about expected outcomes of rehabilitation services and interventions and seeking objective evidence to justify their support of rehabilitation services (Chan et al., 2008).
- State vocational rehabilitation (VR) agencies are under similar pressure to demonstrate the effectiveness of the VR services provided to eligible agency customers that lead to competitive employment outcomes by using evidence-based practices (EBP) or developing and sharing best practices (Patton, 2008).



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# The Call For Evidence-Based Practices (EBP) in VR Service Delivery

- While the general effectiveness of vocational rehabilitation counseling has been empirically demonstrated (Pruett, et al., 2008), there is a serious lack of specific evidence-based practices (EBP) that accurately define what specific VR service(s) produce employment outcomes for individuals with disabilities that participate in the state VR program (Leahy & Arokiasamy, 2010).
- State VR agencies will need to know what service provision patterns have a high probability of predicting successful outcomes for VR customers. (Leahy et al., 2013).
- As Leahy et al., (2009) stated, the emphasis in the future will be on the meaning of research findings to practitioners and consumers in improving services and employment outcomes, and translating and disseminating evidence-based practices so they affect and inform practice and policy.



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## **RRTC-EBP-VR Phase II: Multiple Case Studies on Effective Vocational Rehabilitation Service Delivery Practices**

- The purpose of this qualitative study was to discover emerging and promising vocational rehabilitation service delivery practices that helped improve employment outcomes of people with disabilities.
- Multi-stage qualitative analysis involved the selection of four high performing state VR agencies based on annual adjusted rehabilitation rates and other indicators of innovations in practice.
- The study also provides a comprehensive analysis of the policies, procedures, practices and structural elements related to the provision of effective best practices to individuals with disabilities served in the four state sample of VR agencies that lead to successful employment outcomes.



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# RRTC-EBP-VR Phase II: Multiple State-Federal VR Agency Sample

- Four state-federal VR agencies participating in Phase II: Maryland, Mississippi, Texas & Utah.
- Agency document analysis: State VR Plan, Innovation Unit Proposals, and other information about programs.
- Semi-Structured and Focus Group Interviews: Organizational Promotion of Best Practices, Design and Best Practice Intervention and Evaluating Impact.



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# RRTC-EBP-VR Phase II Research Questions

1. What are the specific best practices that appear to be evidence-based and transportable to other state VR agencies?
2. What are the best models of effective practice, policy and procedures among state VR agencies that result in the creation of an environment that promotes innovation and the effective delivery of services to assist individuals with disabilities to achieve employment outcomes?



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# Phase II Research Question 1: What are the specific best practices that appear to be evidence-based and transportable to other state VR agencies?

## Service Provision:

*Valforce*

*Work Incentive Planning and Benefits Services.*

*Acquired Brain Injury (ABI) program*

## Technology:

*DARSforce*

*Soft Skills Training*

## Partnerships:

*Choose To Work*

*Utah Defendant Offender Workforce*

*Development Taskforce*

*Maryland Seamless Transition Collaborative*

*Individual Placement and Support*

## Certification:

*CRP Certification*

*Supported Job Based Training and Supported*

*Employment*



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**Phase II Research Question 2: What are the best models of effective practice, policy and procedures among state VR agencies that result in the creation of an environment that promotes innovation and the effective delivery of services to assist individuals with disabilities to achieve employment outcomes?**

**Innovation:**

***Incubator unit***

**Technology:**

***SharePoint***

***Data Driven***

**Dual Customer Approach:**

***E-3***

***Business Relations***

***Business Development Program &  
Employment Coordinators***

**Staffing:**

***Specialized Coordinators, Counselors & Caseloads***

**Training:**

***Clinical and Organizational Skills Enhancement***

**Service Development:**

***Rapid Response and Internal Service Delivery***

***Linking Innovative Networks of Community Services***



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# State Agency Cross Analysis

## Effective Practices That Promote Innovative VR Service Delivery Practice: Agency Leaders

Texas	Utah	Mississippi	Maryland
Culture	Culture	Culture	Culture
Resources			Resources
Partnerships	Working Alliance		Partnerships
	Encouraging Innovation	Support for Innovation	Support for Innovation
	Return on Investment		Evaluation
	Service Integration	Business Model	
	Increasing Visibility	Constituent Relations	
	Counselor Autonomy		
	Succession Planning & Leadership Development	Leader Continuity	Leadership Communication



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# State Agency Cross Analysis

## Effective Practices Promote Innovative VR Service Delivery Practice: Mid-Managers

Texas	Utah	Mississippi	Maryland
Culture	Culture Change		
Leadership			
Staff Recognition	Staff Recognition		
Partnerships & Collaboration	Partnerships & Collaboration		
	Outcome Evaluation		Outcome Evaluation
	Capacity Building	Training	Training Initiatives
		Teamwork	
		Accountability	
			Support for Innovation
			Resources/Funding



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# State Agency Cross Analysis

## Effective Practices That Promote Innovative VR Service Delivery Practice: VR Counselors/Staff

Texas	Utah	Mississippi	Maryland
Culture	Culture	Culture	Culture
Evaluation	Evaluation		Evaluation
Leadership			Leadership
Partnerships			Partnerships
	Client Centered Services		
	Comprehensive Service Provision		
	Encouraging Innovation	Support for Innovation	Support for Innovation
		Committed Staff & Leaders	
	Staff Training & Development	Staff Training & Development	
	Recognition/Rewards	Recognition/Rewards	



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# Subject Matter Experts (SME)

- Strongest panel possible for the Delphi Study that consisted of exemplary practitioners, educators, researchers and administrators.
- (SMEs) were selected based on their familiarity with VR services relevant to the rehabilitation process, as well as their expertise and publication records in evidence-based practice related to VR services and interventions.
- Thirty-five (n=35) SMEs were identified and contacted via email regarding their availability and willingness to participate.



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# Subject Matter Experts (SME) Demographics

- 45.7% (n=16) female and 54.3% (n=19) male
- 65.7% doctoral degree (n = 23), 28.6% master's degree (n = 10)
- Academic training 22.9% Rehabilitation Psychology (n = 8), 17.1% Rehabilitation Counseling (n =6), or 11.4% Rehabilitation Counselor Education (n =4)
- Work settings 60.0%) academic/university setting (n = 21) or 28.6% state VR agencies (n =10)
- VR years of experience range from 5 years of service to 44 years of service (M = 30.14, SD = 10.17)



# Delphi Study Research Questions

- Research Question 1: “How would you describe evidence-based practices (EBP) in vocational rehabilitation service delivery?”
- Research 2: SMEs were asked to provide as many specific examples of promising practices that appear to be evidence-based in vocational rehabilitation that lead to employment outcomes for individuals with disabilities.



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# Review of the 1<sup>st</sup> Iteration

- Content Analysis
- Cross Comparison with present literature.
- Decision to include in instrument or not.



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## *Definition of EBP*

Theme	Academic	State/Federal VR System	Proprietary Rehabilitation Counseling	Other	Total
Achieving Employment Outcomes	9	5	1	2	17
Empirical/ Rigorous Methodological Studies	11	4	1	1	17
Service Delivery	4	4		1	9
Best/ Promising Practices	3	2	1	1	7
Evidence-Based	4	1	1	1	7
Extremely Inconsistent/ Not Understood	7				7
Clinical Judgment	2	1			3
Service Examples Used as a Definition	3				3
Informed Choice	1	1			2
Knowledge Translation	2				2
Clinical Supervision/ Supervisory Working Alliance		1			1
Ethics	1				1
Mental Health/ Mental Illness		1			1

## *Examples of EBP Services in VR*

Service Example	Academic	State/Federal VR System	Proprietary Rehabilitation Company	Other	Total
Supported Employment	12	4	1	2	19
Motivational Interviewing	8	2	1	1	12
IPS Severe & Chronic Mental Illness	4	5	1	1	11
Internships/ Summer Work Experiences	3	3		2	8
Job Placement & Development/ Support	7				7
Transition Services	3	4			7
Benefits Counseling	1	3	1	1	6
Person Centered Planning	4	2			6

# Building & Administering the Instrument

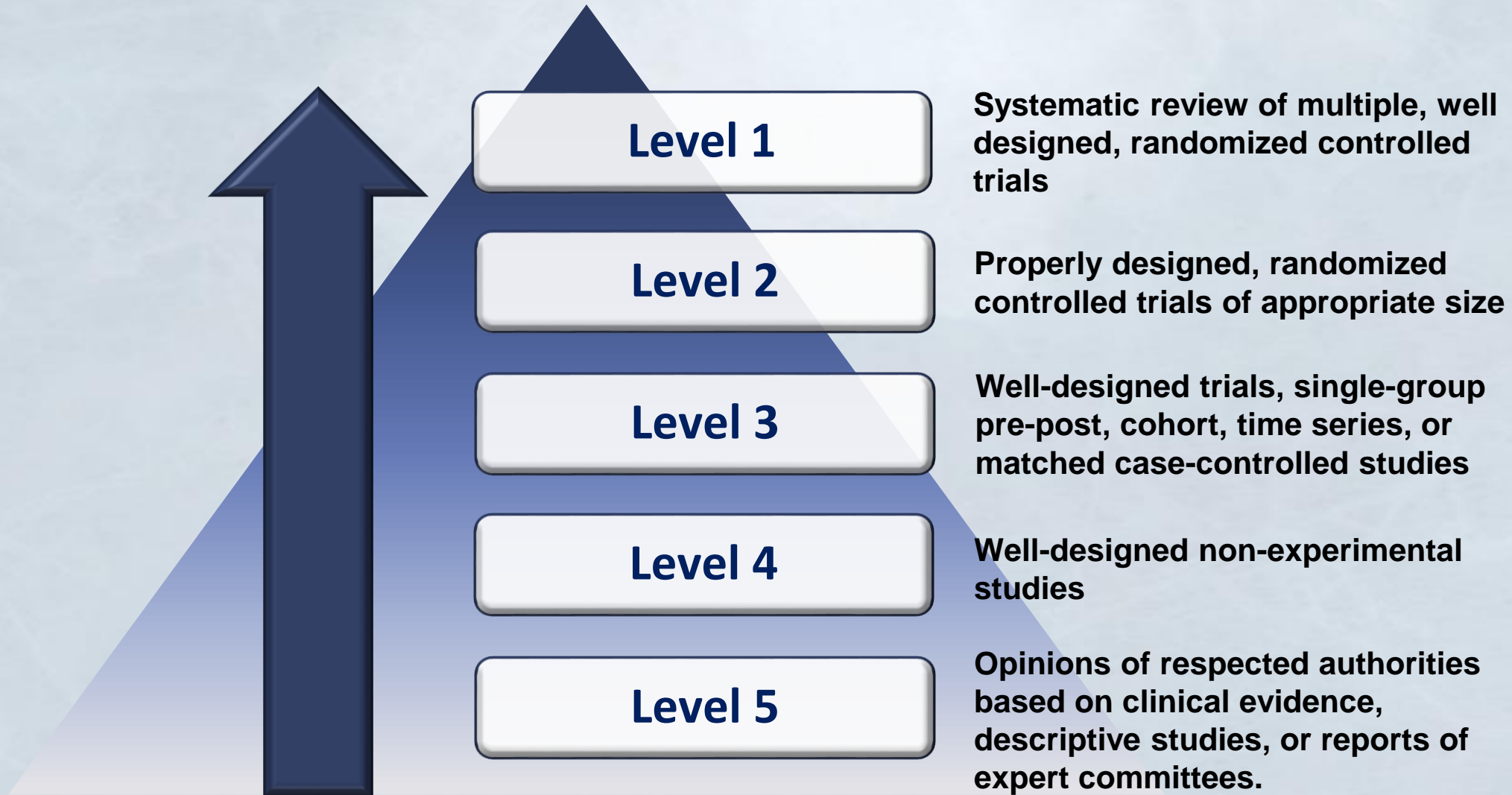
- Final list of 26 items were included.
- The SME Panelists were asked to respond to questions based on relevance to VR practice, and their perspective of the level of evidence associated with the efficacy of that practice.

	Relevance	Level of Evidence
Assertive Community Treatment (ACT Team)	1 Very Low To 5 Very High	1 To 5
Assistive Technology		
Benefits Counseling		
Brief Solution Focused Therapy		



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# 5 Levels of EBP



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# Results: Relevance

<b>VR Service</b>	<b>Rank</b>	<b><i>M</i></b>	<b><i>SD</i></b>
Transition Services	1	4.77	0.43
Assistive Technology	2	4.54	0.65
Individual Placement and Support Model of Supported Employment (IPS)	3	4.46	0.71
On-the-Job Training	4	4.42	0.50
Demand Side Employment Strategies	5	4.31	0.68
Benefits Counseling	6	4.23	0.77
Motivational Interviewing	7	4.19	0.69
Customized Employment	8	4.19	0.63
Community Based Work Program (Adults)	9	4.19	0.63
Working Alliance	10	4.15	0.83
Person Centered Planning (PCP)	11	4.04	0.60

<b>VR Service</b>	<b>Rank</b>	<b><i>M</i></b>	<b><i>SD</i></b>
Soft Skills Training	12	4.00	0.76
Dual Customer Approach	13	4.00	0.57
Job Club	14	3.88	0.86
Family Involvement & Support	15	3.88	0.82
Social Skills Training	16	3.73	0.78
Cognitive Behavioral Therapy	17	3.58	0.64
Assertive Community Treatment (ACT)	18	3.54	0.65
Positive Psychology Interventions	19	3.42	0.64
Project Search	20	3.42	0.90
Solution-Focused Brief Therapy	21	3.19	0.75
Health Promotion Interventions	22	3.12	0.77
Person Centered Therapy	23	3.08	0.89
Online Community of Practice for VR Counselors	24	3.04	0.82
Social Media	25	2.92	0.85
Tele-Health/Tele-Rehabilitation	26	2.62	0.80

<i><b>Levels of Evidence</b></i>			<u><b>Level of Evidence</b></u>					
Service	Mean	SD	1	2	3	4	5	(n)
Demand Side Employment Strategies	4.00	.85		7.7% (2)	7.7% (2)	50% (13)	23.1% (6)	23
Person Centered Planning (PCP)	4.04	.86			30.8% (8)	26.9% (7)	34.6% (9)	24
Soft Skills Training	4.04	.81			26.9% (7)	34.6% (9)	30.8% (8)	24
Social Media	4.39	1.04		7.7% (2)	3.8% (1)	11.5% (3)	46.2% (12)	18
Online Community of Practice for VR Counselors	4.43	1.16	3.8% (1)		3.8% (1)	7.7% (2)	38.5% (10)	14
Dual Customer Approach	4.55	.74			11.5% (3)	15.4% (4)	57.7% (15)	22



<b>Level of Evidence, cont.</b>			<b><u>Level of Evidence</u></b>					
Service	Mean	SD	1	2	3	4	5	(n)
Person Centered Therapy	3.05	1.12	11.5% (3)	3.8% (1)	42.3% (11)	15.4% (4)	7.7% (2)	21
Positive Psychology Interventions	3.14	1.13	11.5% (3)		50% (13)	11.5% (3)	11.5% (3)	22
Tele-Health/Tele-Rehabilitation	3.17	1.34	7.7% (2)	15.4% (4)	19.2% (5)	11.5% (3)	15.4% (4)	18
Health Promotion Interventions	3.40	1.14	3.8% (1)	11.5% (3)	26.9% (7)	19.2% (5)	15.4% (4)	20
Project Search	3.48	1.29	7.7% (2)	11.5% (3)	15.4% (4)	26.9% (7)	19.2% (5)	21
Transition Services	3.50	1.06		19.2% (5)	26.9% (7)	26.9% (7)	19.2% (5)	24
Social Skills Training	3.52	.90		3.8% (1)	53.8% (14)	11.5% (3)	19.2% (5)	23
Assistive Technology	3.54	.93		7.7% (2)	46.2% (12)	19.2% (5)	19.2% (5)	24
Job Club	3.65	1.03		11.5% (3)	30.8% (8)	23.1% (6)	23.1% (6)	23
On the Job Training	3.65	.89		7.7% (2)	30.8% (8)	34.6% (9)	15.4% (4)	23
Family Involvement & Support	3.68	.89		3.8% (1)	38.5% (10)	23.1% (6)	19.2% (5)	22
Community Based Work Program (Adults)	3.70	.97	3.8% (1)	3.8% (1)	23.1% (6)	42.3% (11)	15.4% (4)	23
Benefits Counseling	3.86	.77			30.8% (8)	34.6% (9)	19.2% (5)	22
Customized Employment	3.92	1.06	3.8% (1)	7.7% (2)	7.7% (2)	46.2% (12)	26.9% (7)	24

## *Levels of Evidence, cont.*

			<u>Level of Evidence</u>					
Service	Mean	SD	1	2	3	4	5	(n)
Cognitive Behavioral Therapy	2.46	1.22	26.9% (7)	19.2% (5)	26.9% (7)	15.4% (4)	3.8% (1)	24
Assertive Community Treatment (ACT)	2.50	1.01	11.5% (3)	34.6% (9)	26.9% (7)	7.7% (2)	3.8% (1)	22
Individual Placement and Support (IPS) Model of Supported Employment	2.61	1.27	19.2% (5)	26.9% (7)	19.2% (5)	15.4% (4)	7.7% (2)	23
Motivational Interviewing	2.83	1.19	11.5% (3)	23.1% (6)	34.6% (9)	7.7% (2)	11.5% (3)	23
Brief Solution Focused Therapy	2.85	1.04	11.5% (3)	7.7% (2)	42.3% (11)	11.5% (3)	3.8% (1)	20
Working Alliance	2.89	.74	3.8% (1)	11.5% (3)	46.2% (12)	11.5% (3)		19

# Implications & Future Directions

- Where do we go from here?
- Q & A



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