**Vocational Rehabilitation Counselors’ Use of Evidenced-Based**

**Practices Involving Motivational Interviewing**

*Presenters:*

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JoLynn Blaeser, MW, LSW; Kay Lechner, MA, NCC, LPC-IT

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**Edited transcript**

Ann Williams: (Slide 1) Hi, everyone. I’m Ann Williams of SEDL or S-E-D-L in Austin, Texas and I’ll be introducing today’s webcast entitled “Vocational Rehabilitation Counselors Use of Evidence-Based Practices Involving Motivational Interviewing.” The webcast is offered through the Center on Knowledge Translation for Disability and Rehabilitation Research or KTDRR, which is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research or NIDRR. Before we introduce today’s speakers, I would like turn to Cindy Cai to give an overview of today’s webcast and how this webcast, the second in its series, fits into a broader context for knowledge translation for rehabilitation research to vocational rehabilitation service delivery.

Cindy?

Cindy Cai: Thanks so much, Ann. Hi, I am Cindy Cai from the American Institute for Research, AIR. I manage the sub-grants between AIR and SEDL to develop a series of webcasts and to establish a community of a practice to help promote the understanding and use of evidence-based practices in the field of vocational rehabilitation or VR. My colleagues, Jerry Mindes and Mahi Megra have been instrumental in the development of this webcast and related community of practice.

In the past webcast, we discussed the issues surrounding the use of practice guidelines in VR. The second webcast will follow the same thread of the relationship between research and practice, where we’ll have a dialogue to examine how VR has been informed by an evidence-based practice motivational interviewing or MI, and how practice guidelines can be useful in implementing MI in VR service delivery.

(Slide 2) In our dialogue today, we will discuss for central questions: what is motivational interviewing and is evidence-based, how has MI been used in VR, what is the evidence to demonstrate the effectiveness of motivational interviewing in VR service delivery, and what is the role of practice guidelines in the use of MI in VR?

 (Slide 3) Here’s our agenda for today. After my review of the webcast topic, we will introduce our presenters and have a facilitated discussion. We will then wrap-up by letting you know how you can become part of this discussion.

Now, I am going to turn to my colleague, Jerry Mindes, AIR managing project specialist who will introduce the speakers and facilitate today’s webcast. Jerry?

Jerry Mindes: (Slide 4) Thank you, Cindy and Ann. Let’s start by providing some context that led to the selection of our panelists. In recent years, MI has been adapted for use by VR counselors in a number of states. The NIDILRR-funded research and training center at the University of Wisconsin-Madison has conducted research on the application of MI to the VR system and has worked closely with the TACE Center for Region 5 in translating this evidence to practice through the training of VR counselors.

Participants in the webcast include Dr. Tim Tansey who is the Associate Director of the University of Wisconsin-Madison Evidence-Based VR Rehabilitation Research and Training Center. Tim has over 15 years of experience in rehabilitation and has been involved in MI research related to VR.

Christine Johnson is a Program Manager with the Region 5 TACE Center at the Southern Illinois University Carbondale and has over 25 years of experience.

JoLynn Blaeser is the Staff Development Director for Minnesota Vocational Rehabilitation Services, has over 30 years of experience and has been guiding a major effort in Minnesota to develop VR staff competencies in MI.

Kay Lechner is a vocational rehabilitation counselor with the Wisconsin Division of Vocational Rehabilitation. She will share her experience in applying MI with VR counselors including her role as a coach of other VR staff in MI practices.

(Slide 5) Our first speaker is Dr. Tansey who will give a background on what is motivational interviewing on MI research outside of VR and how that research supports its use in VR. He’ll also discuss the research he is currently involved in on the application of MI within VR. Tim?

Tim Tansey: Well thank you for that introduction, Jerry.

Motivational interviewing at its root is considered a client-centered directive, non-confrontational counseling approach designed to enhance motivation for change by exploring and resolving ambivalence. MI was initially designed specifically to treat alcohol-related problems generally in adolescent and young adults, and was considered an alternative to the confrontational and coercive approaches prevalent in the substance abuse field at the time.

Since its inception in 1983, William Miller and Stephen Rollnick have written several books articulating the progression of motivational interviewing as an intervention over time. Their first book describes motivational interviewing as a way to help people resolve their ambivalence with regard to substance abuse specifically. The second book is focused on how to help people resolve ambivalence and move towards change in a broad variety of settings; and their third book published in 2013 describes new skills and processes developed within motivational interviewing based on contemporary research and theory.

Ultimately, motivational interviewing should be considered as a way to assist individuals to resolve their internal ambivalence about change by facilitating a strategic conversation in which people articulate and hear their own desires, abilities, reasons and needs for change. Hearing their own reasons for change increases the individual’s motivation and commitment for change, and ultimately leads to individuals deciding to make positive behavioral changes on their own. The counselor ultimately avoids confrontation or coercion while helping individuals take ownership of their own change process.

(Slide 6) To that end, motivational interviewing has been applied to a wide range of health behavioral issues. Yet what is the efficacy of motivational interviewing and not just looking at the VR system but really what research has been done in a much broader context? Extensive research has been conducted on the impact of motivational interviewing specifically looking at positive behavioral change. Several meta-analyses of motivational interviewing studies have been done and these typically are supported to use for eliciting that behavioral change for individuals with issues related to substance abuse as well as mental health, health promotion and treatment adherence. These empirical studies also suggest that motivational interviewing approaches are not necessarily more effective than other psychosocial interventions but that motivational interviewing yields comparable results in shorter treatment periods and is appropriate for a broad range of populations and issues. Thus, motivational approaches have been successfully adapted in order to fit a brief intervention model that is critical to modern counseling practice in rehabilitation settings.

 Next slide. (Slide 7) So in thinking about motivational interviewing and then extrapolating that more towards what is the use of this technique, what is the use of this theory within vocational rehabilitation? Generally, there’s been an identified need to expand the use of evidence-based practices within rehabilitation counseling and motivational interviewing has been recognized as one of these practices.

 Motivational interviewing is often compared to the transtheoretical or stages of change model due to its emphasis in addressing motivation early in the precontemplation and contemplation stages of the behavioral change process. However, we should not confuse motivational interviewing as being identical or mimicking transtheoretical models; rather it is a separate, unique model that highlights very different approaches as far as how behavioral change occurs. Specifically, motivational interviewing can be effective in improving VR outcomes and VR programs by maneuvering work barriers and highlighting career values. Rehabilitation clients may perceive barriers when they negatively view outcomes that are consequences to finding employment such as workplace discrimination. However, certain career-related outcomes such as contributing to society may hold positive value for clients.

Motivational interviewing can provide useful techniques to help individuals when exploring and making career choices. For example, when developing discrepancy during the motivational interviewing process, rehabilitation counselors can help clients to outline the pros and cons of career decisions. They can assist in comparing positive and negative outcome expectations, and ultimately facilitate in making career choices.

Even though studies have yet examined the effectiveness of MI in vocational rehabilitation settings, researchers postulate that it might be a useful approach for increasing motivation related to finding and maintaining employment. Specifically, Wagner and McMahon identified several rehabilitation contexts where motivational interviewing might be appropriate including managing medical issues and adjusting to physical disability, cognitive impairment, improving psychosocial functioning, and ultimately returning to work.

 Next slide. (Slide 8) The Rehabilitation Research and Training Center on Evidence-Based Practices and Vocational Rehabilitation is interested in looking at specific applications of motivational interviewing in vocational rehabilitation service delivery. Specifically, several of our studies out there ongoing at this point in time are looking at motivational interviewing on VR outcomes of subpopulations with the lowest employment outcomes, and this is a randomized control study that’s currently going on. The focus of this study is to provide a curriculum-based intervention to improve readiness to engage in VR services. Specific outcome measures in this study are the focus on vocational self-efficacy, the working alliance, and changes to the core self-evaluation. The specific emphasis on the core self-evaluation derives from the four personality dimensions of which the CSE is based upon which are self-efficacy, self-esteem, locus of control, and neuroticism. This project is designed to create a group-based curriculum for counselor use in working with a population of individuals early in their rehabilitation planning sessions with the goal of increasing focus within the VR process, increasing overall goal determination of individuals with disabilities, and ultimately improving motivation to change of individuals towards a better engagement in the VR process.

Jerry Mindes: Thank you, Tim. What you’ve described I think is very relevant to our topic today and the topic of this series of webinars is looking at how evidence can be used to shape vocational rehabilitation practices. Now that we’ve had the research perspective, we’ll hear about how a technical assistance and continuing education center became involved in applying research on MI for VR agencies and counselors, what VR practices that MI is trying to influence, and how MI approaches are being used to train counselors.

(Slide 9) Now we will hear from Christine Johnson, Program Manager from TACE Region 5. Christine?

Christine Johnson: Thank you, Jerry. When the TACE Center began in 2008, our director, David Adams, met with myself and my coworker, Linda Hedenblad, to look at going forth with this new TACE Center, what we might be looking at as far as training and technical assistance and best practices that would benefit state VR agencies. In looking at what had been done, in the past, my coworker Linda had been doing what’s called solution-focused training for state agents and she discovered that after reading Miller and Rollnick’s book on the use of motivational interviewing, she said, “This is the way to go,” and started to look at training state agencies and the use of motivational interviewing.

I have come from the State of Maryland where the use of motivational interviewing in the application of evidence-based practice supported employment or now termed IPS, Individual Placement and Support model, working with individuals with mental illness was increasingly being used and I just saw it as a perfect fit for VR settings. The principals and spirit of MI just dovetail perfectly with vocational rehabilitation. Both are based on client-centered approaches, respect for the individual, acceptance, empathy. There is the emphasis on empowering the individual in informed choice, increasing self-confidence, self-efficacy, self-determination.

VR works often with a mandated or customers who come in from other systems. They may come to us resistant, not knowing what VR is about and MI provides skills that help staff roll with that resistance, decrease it and explore the ambivalence about going back to work.

 The TACE Center, we also started looking at what journal articles were out there, what evidence about the use of MI was already in place, and I happen to find a journal article that described how Washington State VR as an agency used motivational interviewing as an intervention. We looked at the lessons learned from them and how they decided to implement MI at all the levels of the agency. So, the administrators, regional managers, VR counselors, supervisors, their rehabilitation technician, benefit counselors how they incorporated it throughout.

 So we started becoming very interested in how an MI-oriented organizational environment could possibly help with better quality employment outcomes, help with staff retention, less staff burnout and more job satisfaction. We also looked at discussing it regionally within Region 5, with our states and also brought in Dr. Trevor Manthey who is a MINT trainer and we took it also to our national TACE collaborative discussing, “Hey, let’s look at this. We think it’s a good fit. What do the rest of you think?” We formed a national TACE collaborative motivational interviewing workgroup so that we could share best practices and information, and be consistent in dissemination of training and in order to help effect better outcomes with state agencies.

 Wisconsin Vocational Rehabilitation really got interested in this and decided that applying motivational interviewing skills throughout the agency along with having an upfront research and evaluation component would be a great way to effect change within their agency. So, that’s kind of the background of how we got started involved in this whole project.

 Next slide. (Slide 10) When we looked at what counselor behaviors or practices that motivational interviewing is being used to influence or adapt, one of the main things that we wanted to see if it would happen would be that upfront engagement with consumers. MI is really a way of being with people, and one of the regional managers in Wisconsin had said that as he walked through various offices and districts, he wanted to hear consumers talking more than counselors and he was very interested in saying, “I think this might be way to helping to turn that practice around.”

The partnership and collaboration in the entire VR process is another practice that we hope is going to be enhanced so that it remains upfront. Voc rehab counselors have a natural ability and a desire to help people. They come oftentimes with master’s degrees and motivational interviewing really builds upon those skills that they already have at the job, basic counseling and guidance, and it allows VR counselors to tweak them or weave them together that better facilitates employment outcomes, so the use of strategically using open-ended questions and reflections when they’re meeting with consumers to enhance outcomes.

Finally, we really felt that the foundation of basic vocational rehabilitation is critical. The getting back to basics is a theme and a process that we’ve heard many state agencies say that they are focusing on. They’ve had loss of staff due to retirement. There are state economic factors that have resulted in reduction in staff. So state agencies are recognizing that having the strong foundation in place by getting back to basics, guidance and counseling job placement allows the staff to be more effective and serving the most significantly disabled population and really is strengthening the adherence to the spirit and the intent of the Rehabilitation Act.

Next slide. (Slide 11) When we looked at how can we adapt motivational interviewing skills into a training curriculum for voc rehab counselors, right upfront we realized all examples in training have to be applicable to VR. We did a pilot where we tried to teach motivational interviewing skill but we were using examples from the behavioral health arena where MI started with alcoholism and drug abuse settings, and people would say, “Okay but show me how I can use it in my job.” So, making sure that we changed it so that all examples, all skill sets were taught using VR settings. It’s not a lecture type training so the majority of time is spent in small and large group practice.

We’d looked at should a state agency make it a voluntary training, invite people to come versus mandatory. That’s had some effect on how well it’s been received.

We also stressed that the use of motivational interviewing doesn’t replace what a counselor already has. They may have techniques and tools within their toolkit that’s been effective for them and that’s great, but this is something that can complement their efforts in helping individuals go back to work.

We also made sure that we use current case examples and had discussion and showing how MI can be applied via opportunities to problem solve any application barriers within their day-to-day work and discussing that was very important.

We’ve seen that counselors are receiving motivational interviewing training in new counselor orientation. So, agencies are looking at incorporating that right upfront into their culture. Some sustainability methods that have been happening so far have been having agency MI coaches, so peers who are available to assist with ongoing skill retention and coaching circles within offices or regions so that staff have access to assistance when they need it, they’ve got support of supervisors who have abilities to teach and help them utilize motivational interviewing tools.

Jerry Mindes: Thank you, Christine. What’s exciting about this from my perspective is you have researchers and professional development experts using evidence-based research that recognizes the central role of the VR counselor to vocational rehabilitation outcomes and it’s using motivational interviewing that seeks to adapt the behavior of both the counselor and the consumer of VR services.

(Slide 12) Now we will look at the application of MI from the perspective of a state agency including how they approach training, how evidence has influenced their investment in training and how they plan to measure the effectiveness of that investment. Our presenter is JoLynn Blaeser, the Staff Development Director of Minnesota VR. JoLynn?

JoLynn Blaeser: Thanks, Jerry. I’m excited to be a part of this webinar. When I came to the state voc rehab agency in 2006, I came from a training position at Minnesota’s Department of Corrections where motivational interviewing was just being rolled out as an evidence-based practice there for correctional staff. When I walked in the door here, our rehabilitation specialist on mental health was conducting and involved with a project around individual placement and support for persons with serious mental illness and supported employment, and she walked into my office and said we have to do training on motivational interviewing.

So, along with all of the other staff development needs that were here, we made some starts and stops in trying to identify some resources to help bring motivational interviewing to the state. Then in 2010 we found that we had some additional funding that we could direct toward a larger effort in motivational interviewing and I think along the way in our exploration process, I hooked up with Washington State VR who was a bit ahead of us on this journey and got lots of great advice in consultation with them in terms of what this would take in terms of training staff and equipping them with the skills that they needed to really implement motivational interviewing effectively.

 So we started off considering this from the perspective that this is going to be a long-term commitment. We’re going to be in this for the long haul and we’re going to make a significant investment in training and also in integrating sort of these skills within our work. We set up an implementation team that included myself, our voc rehab field director, our staff development specialist, and a regional manager, a field manager and we would meet along with our local resource. I was finally able to do this actually because we identified a local expert who works through our state college system who was a Motivational Interviewing Network of Trainers trainer, his name is Bill Payne, and we were able to develop a contract with them and he had access to a cadre of very skilled trainers in the State of Minnesota who were also part of the Motivational Interviewing Network of Trainers group or what they refer to themselves though as MINTies. So [laughter] we made a commitment that we were going to use MINTies to deliver this training for our staff. So, Bill was also a part of that implementation team and worked with us along the way. We met frequently to say, “Okay, what are our next steps, where do we start, how do we start rolling this out?”

Through that, we offered a variety. We started off with just a basic introductory level training, which was three days. We did not make it mandatory. We allowed it to be voluntary and we found that many, many, many, many of our staff chose to participate. We have since then created an expectation that it is a requirement for new staff to at least go through one level of motivational interviewing training in the introductory level, but our sort of curriculum includes an intro session, we have refresher courses, we have small group coaching circles where people can practice their skills. We’ve had small group audiotaping practice sessions where people can listen to each other’s audiotapes and got to give feedback, and people find that’s where the rubber meets the road for them in terms of learning when they can actually start identifying what they’re doing in their consultations with consumers and get feedback on it and get direction on how they can take the next step in their learning.

Kudos to the TACE 5 who was supporting our staff now in being able to do some individual learning processes by uploading audiotapes and getting feedback through one of the vendors that offers audiotaping, coding and feedback services.

We also have pretty much invested in training our supervisors. In fact, that was our step one before the rollout is we had a full day session with our field managers introducing them to motivational interviewing so that we would have their support, and we have supported them in whatever direction they wanted to take in deepening their own learning around it and many of them have been applying and trying to use it even in their supervisory practices and staff.

I knew from the beginning that we needed to know whether this investment was going to pay off in terms of outcomes and we had some initial conversations with the University of Wisconsin, with Fong Chan and John Lui. Fong is at the University of Madison and works with Dr. Tansey and John Lui is with the University of Wisconsin-Stout and we were asking them for some help with helping us figure out how do we evaluate this? Through many discussions now, this year finally they have rolled out a research project with us where they’re doing a counselor survey and they’re going to be looking at some of our case service data, which I’ll talk about a little bit further later.

So one of the things that has been a guiding principle for us in rolling out motivational interviewing is this idea that successful implementation requires attention not only through staff training but to the organizational supports that are around that, and to our leadership and how our leadership is role modeling it, setting expectations, involved in a learning and supporting a learning and around the organizational supports, what we need to do in terms of changing VR processes to be more consistent with the spirit of motivational interviewing. So, we are still in this for the long haul and we’re continuing the [laughter] process of learning and working our way through helping people to build the skill.

At this point, our current focus is building our internal capacity. We have a group of about 15 staff who are learning mentoring and coaching skills in motivational interviewing, and that’s very exciting because in order to sustain it long-term cluster wise, we have to be able to deliver it internally eventually. So, we’re on the road there.

Next slide. (Slide 13) Okay. So as I said, our decision to invest in this training was really influenced by a couple of things. First of all, motivational interviewing was already established as an evidence-based practice in the mental health field in the Individual Placement and Support model or IPS. I had also, as I mentioned, had experience with motivational interviewing as an evidence-based practice in corrections, the field of corrections. I also mentioned that Washington State Vocational Rehabilitation Program provided significant guidance to us in finding out how it was impacting their services in making the decision to go forward.

 Next slide. (Slide 14) So as I mentioned earlier, the Rehabilitation Research and Training Center on Evidence-Based Practice in Voc Rehab is conducting research with us right now and they’ve conducted a counselor survey and will be working in the next month or so on analyzing case performance data. It’s going to be based on levels of training that staff has had. So we’re going to be looking at the differences in case service element for counselors who have had more training versus less training to see if there’s any specific impact on the outcomes or the process for the consumer.

(Slide 15) Most of the data that we have right now is really anecdotal data from our staff and it really gets me excited when I have staff call or email me and say, “I have done – I have attempted to use my motivational interviewing skills in this situation and wow, you wouldn’t believe the outcome.” Mostly the staff are talking about they have a much greater understanding of the individual consumer and where they’re coming from, what their barriers and goals are and they are better able to work the plan with the individual and support the clients with their goals and their plans for employment. They also state there’s a much stronger participation in the planning process and developing plans more quickly.

One of the stories I heard from one of our staff was about a student she’s been working with who had cognitive and physical disabilities due to cerebral palsy and she had the impression from her previous work with him that he was nonverbal, that he didn’t really have high intellect. As she was meeting with him again at the beginning of the school year, she thought, “Ah, I’m going to stop and I’m going to try to use my motivational interviewing skills with this guy,” and she said, “I sat there in awe as this quiet student starts to completely open up, I ended up not only identifying issues in confidences that we obviously have to work on throughout the year, I found out where he was at in his thoughts about his graduation, I realized I was completely wrong about this guy. He’s really smart, very intuitive. He has no problem talking even with speech impairment and as I keep my mouth shut for a change and I listened to him at the very end of the interview through tears, he starts to reveal a story of personal grief and loss.” At the end of the interview, she said, “We knew that our counseling relationship had changed forever and my counseling technique had to.” It was very exciting to hear those kinds of outcomes, the real life kind of outcomes that are happening for our clients.

Jerry Mindes: Thank you, JoLynn. Your discussion really points to me the importance of research on vocational rehabilitation service delivery. One thing I really pulled from your comments was that it was the rigor of research about motivational interviewing that was a critical factor in the reasons behind the investment in MI by the VR agency. So research about service delivery is critical to the decision-making processes that go on in the VR system. I think the field will also benefit greatly from your ongoing evaluation and we look forward to hearing about that.

 (Slide 16) Now let us hear from a VR counselor. Our presenter is Kay Lechner from Wisconsin Vocational Rehabilitation who will discuss how the use of MI has changed the interaction between VR counselors and consumers, and she will discuss some examples of how MI is improving service delivery outcomes. Kay?

Kay Lechner: Thank you. I’ve been using MI approaches in my work with consumers since starting the basic training and I’ve been using it as a tool to build on the counseling skills that I had from graduate school. I really enjoyed as part of our training that we had the opportunity to practice so much and so I was bale to kind of hit the ground running and then have training to build on that, including the advanced training.

So I’m, of course, using MI in my in-person meetings with consumers. So through every step of our process when I’m meeting with consumers in person, I’m trying to at least incorporate some of my MI techniques as part of our meeting, not always possible to do strictly MI throughout the entire meeting, but some examples would include the intake meeting. So, JoLynn had shared an example from a counselor in Minnesota with getting the person to open up. I found out to be my experience as well, getting to hear about the person’s disability, hear what they’re hoping to have DVR help with and things like that.

I’m also using it if someone’s on our waiting list and they’re calling me to check-in, I’m able vote to pretty quickly dispel some of their resistance or kind of calm them down from some anger they might be experiencing and then provide some information about our waiting list. Then when people come off of our waiting list and are activated, I’m using MI, of course, to start clarifying goals and agendas, building their motivation and talk again about DVR and make sure that we’re on the same page and that I fully understand their goals and then we can move forward from there.

Then as we get closer to the end of a case when we’re actively working to meet those goals, we’re sometimes cycling back through if the person’s hitting resistance again. We’re just using all part of motivational interviewing to help the person continue moving forward and also helping the person decide how they would like their case to end. So, sometimes that’s a successful case closure. Sometimes unfortunately it may be unsuccessful but it’s really, in my eyes, successful if the person has been able to make his or her own decision about the case.

I’ve also found MI to be very useful during phone calls. So Tim mentioned earlier that MI can be very effective in just a brief setting or a brief interaction and that’s a really good point that we can use MI in phone calls. I do that all the time just to get someone calm down, figure out what’s going on and help problem solve it, making sure that we’re both on the same page. It seems like pretty quickly I can kind of cut through things and the person can feel just over the phone that I really understand where they’re coming from.

Next slide. (Slide 17) I think MI can change interactions between counselors and consumers especially in my own work when I compare using MI to any other techniques I may have or not using any structured technique, I found that it has a really positive effect when I’m using motivational interviewing. My interactions with consumers seem to be more calm, so the consumer is pretty quickly able to come down from any anger they might be having or any confusion or anxiety. They feel less defensive; seem to be just more comfortable to get talking once we get started. Also the interactions are - as they should be - consumer-focused. So instead of the consumer feeling like, “Wow, this counselor [laughter] is just asking me question after question and I’m getting interrogated,” the counselor is taking less, asking fewer questions but asking them strategically when needed and then really eliciting a lot of information from the consumer, which then makes the interactions more collaborative. So once we elicit that information from the consumer, then the consumer is in the driver seat and we’re strategically using the information that we’ve gained to really plan out the process and move forward.

So, to me it just seems like the interaction is changing from being a little bit chaotic at times if we don’t have specific techniques that we’re using or if we have less effective techniques, it seems like to me it just becomes kind of a well conducted duet so to speak and the consumer is leading the melody and then the counselor is there to help provide some of the resources and provide backup for the direction the consumer has chosen to move in.

Next slide. (Slide 18) I have just a couple of examples that I’d like to share from my work. The first is with a case closure. This was a consumer that had numerous physical disabilities, which seem to be getting progressively worse despite the medical attention that he was receiving. The consumer and his guardian had both met with me several times as we had moved through the case. The consumer had chosen to participate in two temporary work experiences to try out employment and reenter the workforce. We me throughout this and after the second work experience, we had a staffing meeting and the work experience had not gone well due to these physical disabilities that were just getting – the consumer was in more pain, struggling more to work and he shared about that in our meeting. So then I was able to present some options after listening carefully to his experience of reentering the workforce in these two different work experiences and we were comparing them and when I presented him the options, he was able to make with his guardian – actually they were both on the same page – they were both able to choose that they wanted to have the case closed. They weren’t vey happy about him not being able to work but I could tell that they were relaxed by being able to make their own decision and they felt calm and just you could see that on their faces that they just felt really calm about moving forward. They weren’t happy about it but they knew that that was the choice that they wanted to make. So that was not a successful case in terms of Wisconsin DVR numbers and things like that but, really, I felt like I had left the choice up to them and so I know that that’s their decision and then they’ve got the information about using DVR again in the future if they would choose.

I have another consumer that I’d like to share as an example. This individual is a young lady and she came to DVR with anxiety and also with a learning disability. From the very beginning of her case after she came off the waiting list, I wasn’t finding her to been aged, which was really her own ambivalence kind of manifesting itself in lack of follow-through. So she wasn’t calling me back, wasn’t emailing me and when I finally got her in for a meeting, I was really ready to use my MI skills and I did and so we explored everything. We were really spending a lot of time focusing and clarifying where she wanted to head. She was confused about a lot of things with DVR so I helped clarify that and all of a sudden, she was opening up and before I knew it, she was saying, “Well, Kay, you know what I think I can do?” and then she was laying out some steps that she wanted to take and just before my eyes, I couldn’t believe it. So, she has been engaged ever since with a few ups and downs of course, which are normal, so I’m sticking with her and we’re moving right along. So her case we don’t know the outcome yet, what the outcome of that will be, but just the fact that she’s been more engaged with me and she’s created her own plan for her future is really something that we should take note of.

Jerry Mindes: Good. Thank you all very much and thank you for your presentations. What I’d like to do now is to pivot a little bit and then look at this discussion in context. (Slide 19) Our previous webinar focused on the potential application of practice guidelines in vocational rehabilitation service delivery. Let’s pick up that discussion here with today’s panel and I want to turn to our presenters, would practice guidelines be helpful in deepening and defining the application of motivational interviewing to VR service delivery?

 Tim, why don’t you start?

Tim Tansey: Thank you, Jerry. Certainly. I think practice guidelines - and specific to even manualized training - is critical I think for looking at improving the overall application of motivational interviewing in vocational rehabilitation services.

 Manualized training particularly in specific interventions is recommended because it does a couple of things. It helps to increase the understanding of the techniques and the process in the part of the counselors administering that technique. It gives them a greater awareness of why certain things are done and why certain features of that theory or of that application are important. It also helps with the overall fidelity to that empirically validated use of motivational interviewing.

One of the difficulties I think in research to practice over time is that you may have something that works well within a research circumstance but translating that into practice, it doesn’t always hold up to or have the same level of benefit that was found in the original research. By utilizing some type of manualized training, you can get that greater level of fidelity so that what was observed in a research setting can then be also hopefully observed in that practice setting, at least that there would be fewer compounds with variation and the actual application of that theory or that treatment.

Kind of a likewise thing that the RRTC and evidence-based practice is working on is a specific counselor toolkit and the concept behind the counselor toolkit is that look at what assessments are actually being utilized in state VR services. We look at other ones that we believe have a certain amount of support within the literature and within practice for their use and then ultimately training counselors on what those actual assessments are and then how to select from, again, those manualized training focus of motivational interviewing, how to select specific motivational interviewing interventions based on what those assessments are telling the counselor. Again this is looking at that movement from evidence basis to practice, trying to join those two that again the collaborative model between the researchers and the practitioners that we can identify what we know works and what is known about certain needs of the individual and then ultimately give the counselor I think the tools and the knowhow to step in and utilize one of the training interventions to be able to meet those needs of the individual, again towards improving overall vocational rehabilitation outcomes, improving working alliance and ultimately improving client satisfaction with services.

Jerry Mindes: Thank you, Tim. Now let us hear from our panelists from state VR agencies. JoLynn? Kay? (Slide 20)

JoLynn Blaeser: Yes, I think that practice guidelines are needed in particular for modifying the application of motivational interviewing when counselors are working with consumers with specific types of disabilities where standard MI approaches might not be the most efficient way of working with a person. For example in working with a person with a developmental disability, you may need to do more concrete type reflections than sort of metaphorical kinds of reflections that you might do with someone who was able to grasp metaphors more effectively. The motivational interviewing and the treatment of the psychological problems has a chart in it where it identifies specific things, how you would specifically adapt the use of some of the basic strategies of motivational interviewing with people with severe mental illness depending on their clinical presentation.

Jerry Mindes: Kay?

Kay Lechner: Yes and I would agree. I think practice guidelines I think will be very helpful having some extra structure building on what we already have about motivational interviewing, building on what we already know. The VR process has so much structure that’s inherent to it through the flow, the way we move cases along and I think if we can use the structure of the VR process and add MI into that with the practice guidelines for counselors to make it very clear about how to use it. Of course there’s flexibility and there’s counselor differences and those kinds of things and there’s always room for that, but if we can give counselors who like more structure, if we can give them a structure of how to implement this, then I think it will really grow and take off because counselors will feel more comfortable and confident using it having those practice guidelines to follow.

Jerry Mindes: Thank you very much. (Slide 21) Now that we’ve talked about how research on motivational interviewing has influenced VR practices, what other examples are there where research on other topics has influenced or should influence VR practice?

Again let us begin with the perspective of the researcher on our panel, Tim.

Tim Tansey: When we look at research that’s going on and that really is influencing or adapting the practice of VR counselors, I think the important statement to make is what we consider true evidence-based practices, practices that really do have not only a fair amount of anecdotal or descriptive research but all the way to broad skill utilization, randomized control design, really those type of practices are in their infancy in VR services.

There are a lot of promising practices and I want to clarify promising practices are those that are likely going to be found to be evidence-based and ones that should be widely disseminated. There are many promising practices that are going on that do have some initial empirical support. Things such as looking at motivational interviewing and how that can ultimately impact and improve the overall service provisioning experience of persons with disabilities in the state VR system, but these need a much greater level of, first of all, clarification of when we say one practice in motivational interviewing in one state to another state, are we talking about comparable practices? And that’s ultimately how those practices can be evaluated kind of on an apples to apples type platform.

I think other practices that are coming I would call promising practice at this point that I do think are certainly having an impact on the practice by VR counselors are things such as work incentive planning or benefits counseling as it’s also been described. I think this clearly is really is giving individuals who may have motivations maybe to forego active work or working with their VR counselor, they’re certainly some emerging evidence that’s just as again a wonderful practice if implemented properly.

I think states are moving and very quickly looking at things such as program evaluation of specific services. As JoLynn has mentioned, the joint project between the State of Minnesota and the University of Wisconsin, I think looking at the utilization of a specific service and then ultimately what is the impact of that service on things such as time to closure are going to be important to give us some sense of how we can really tailor the experience of the individual and how we train counselors to utilize those type of services to result in I think that optimal outcome.

I think we are seeing more states get involved in looking at motivational interviewing as the way to engage the clients that are requesting services. I would definitely say Minnesota and Wisconsin are leaders in this area as far as their adaption of MI principles and techniques, providing broad training for rehabilitation counselors in motivational interviewing, and really again I think adapting their service models to make it possible to actually incorporate motivational interviewing as part of that practice.

I think that my best statement would be or at least reflection is to defer people to the Executive Summary of an intensive case study done by the RRTC on Evidence Based Practice. The website’s listed there but this really I think highlights at least four different states that overall are experiencing good overall case closure numbers within a broad variety of different populations of persons with disability and really lays out again what we found from what we truly could call in evidence-based practices, these promising practices and how those practices will actually impact service provision and then ultimately how state agencies could be supportive of these emerging practices.

Jerry Mindes: Thank you, Tim. JoLynn, other examples where research has or should influence VR practices?

JoLynn Blaeser: I’ve mentioned earlier the individual placement support model for supported employment. Minnesota was part of the Dartmouth study on that. It was a demonstration project for that and we recently received additional funds to expand that model so our counselors are currently being trained and we’re trying to expand model to additional systems in the state. I think that is a great example where there has been research into the best practices around supported employment for people with severe mental illness and it’s beginning to take hold more firmly within our system.

Two of the sort of more promising practices that we’ve had the opportunity to be involved with or will be involved with, most recently we were working with a NIDRR Field Initiated Project run by Pennsylvania State University and the University of Utah on clinical supervision, and so we’ve had the opportunity to be a part of that research. Our field managers all had the opportunity to participate in clinical supervision training, which is a relatively new concept I think for vocational rehabilitation supervisors. Much of their work has been administrative in nature and we’re now talking about sort of the more clinical aspects of supervision that they might be able to provide for counselors, which dovetails nicely with the approach of motivational interviewing. Then the second one is we’re just starting to be involved with some research with the Institute on Community Integration at the University of Massachusetts and Mathematica Policy Research Institute on a model demonstration project on how to increase employment outcomes for (garbled) in the system.

Jerry Mindes: Great. Christine from TACE 5 or Kay, our counselor?

Christine Johnson: I think two other areas where research has influenced VR practice has been in the service delivery to individuals with traumatic brain injury. So research has joined that an integrated team approach, making sure that there’s cognitive skills training, that the use of assistive technology is incorporated, making sure the consumer has the training in the use of AT. It’s also shown that on VR’s side, that providing on-the-job training, the counseling and guidance and job placement services have increased outcomes for this population and I really – there’s a lot that’s being done with this population and again the evidence-based research is helping to improve outcomes.

Another area is in working with transition-age youth. So the guidelines that have been developed and best practices having a seamless transition from school to work, the strong partnerships between VR, the schools and the community providers. One of the other big things is having paid work experiences usually in the summer; family involvement, youth leadership. So these are some of the areas where research has really influenced VR practice and service delivery.

Jerry Mindes: Thank you. Okay. Well that concludes our discussion today and I want to thank you all very much and thank all of our discussants. We hope that the people listening to the webcast found this session to be informative. I want to remind them that today’s event was the second in a series of webcasts on Knowledge Translation from Vocational Rehabilitation Research to Service Delivery. Also we intend that these webcasts will foster the creation of a community of practice where there’s dialogue among researchers, educators, practitioners, policymakers and other stakeholders can continue to inform and serve those dedicated to vocational rehabilitation and its goals.

Cindy, do you have any last words?

Cindy Cai: Thanks so much, Jerry, and our presenters today. To stimulate more discussion, we invite listeners to contact us, to provide your input on today’s webcast, share your thoughts on future webcast topics and participate in our community of practice to continue the dialogue. We would like to hear from you because your views can inform and shape our future work. You can contact us at the email address shown on the screen, ktdrr@air.org. Thanks, all.

Ann Williams: Thank you, Cindy. We also have a brief evaluation form and would appreciate your input about the webcast today. The link is on the last page of the PowerPoint file and everyone who registered will also get an email with the link to the evaluation form. Cindy, let me thank you and the presenters today for your contributions. We appreciate everyone’s input and thank you and have a good day.

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