**Returning to Work after Burn Injury:**

**From Research to Vocational Rehabilitation Practice**

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Joann Starks: Hi, everyone. I’m Joann Starks of S-E-D-L or SEDL, in Austin, Texas and I will be moderating today’s webcast entitled, “Returning to Work After Burn Injury: From Research to Vocational Rehabilitation Practice.” The webcast is offered through the Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR), which is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research or NIDRR. I also want to thank my colleague, Ann Williams, for her logistical and technical support for today’s webcast.

 Here is our agenda for today. After an overview of the webcast topic, I will introduce our presenters and we will have a facilitated discussion. We will then wrap up by letting you know how to become part of this discussion.

 The KTDRR has a sub-grant with the American Institutes for Research, A-I-R, to develop a series of webcasts and to establish a Community of Practice to help promote the understanding and use of evidence-based practices in the field of Vocational Rehabilitation or VR. Cindy Cai is the manager and she and her colleagues, Anestine Hector-Mason, Prakesha Mathur, and Emma Hinkens have been instrumental in the development of this webcast and related Community of Practice.

 In the first webcast, we discussed the issues surrounding the use of practice guidelines in the VR field. The most recent webcast focused on the evidence-based practice of motivational interviewing. In today’s webcast, we will follow the same thread by translating research to inform VR service delivery. We will have a dialogue with a researcher, a VR agency director, and a VR counselor to discuss how research about employment after burn injury can support VR practice and how practice guidelines can be useful in supporting VR practitioners in working with clients with burn injuries.

 In our dialogue, we will focus on four central questions: What is research and its evidence base on employment for individuals with burn injury? What does research say about the key issues that VR practitioners should consider in supporting clients to return to work after burn injury? What are some of the VR practices related to supporting burn survivors returning to work? And, what is the role of practice guidelines in supporting VR practitioners to work with clients with burn injury?

 We are happy to have three panelists with us today. First, is Nicole S. Gibran, MD, FACS, who is Professor of Surgery and Medical Director of the University of Washington Medicine Regional Burn Center at Harborview Medical Center, and a past president of the American Burn Association. Next, will be Greg Trapp, JD, who is the Executive Director of the New Mexico Commission for the Blind and a burn injury survivor. Our third panelist is Sabina Brych, BA. She is a vocational rehabilitation counselor in the University of Washington Medicine Regional Burn Center at Harborview Medical Center.

 Now, I’m going to turn to Dr. Gibran to ask her to comment on the literature base that focuses on persons with burn injuries who aspire to function in an employed capacity, to address the following questions: What are the critical factors and barriers related to employment of individuals with burn injury? What are some interventions or best practices that VR practitioners can utilize to support burn survivors in returning to work? What are key issues that VR practitioners should consider in supporting clients with burn injuries in seeking and maintaining competitive employment? And finally, what are the gaps in the research literature and what does future research need to focus on? Dr. Gibran?

Nicole Gibran: Good morning and thank you for organizing this webcast. I think it’s extraordinarily telling that in the past 25 years, there have only been 31 papers that have focused on return to work in patients with burn injuries. This is in spite of hundreds of papers related to burn epidemiology, pathophysiology, and outcomes, every year. This says a lot, I think. The paucity of data underscores the fact that the medical community has not focused on community reintegration and return to work as much as we might have during this period. Our focus as a medical community in fact, has been very myopic with the primary metric still actually being survival. This is not really unique to burns. It probably is more prevalent with trauma and even with oncology or transplantation. Clinicians have under-reported on the effects of their interventions on patients’ ability to return to normal functioning.

 Having said that, I will say that the American burn community is opening its eyes to the needs of our patients more than ever before and they are making efforts to better understand and study the reintegration issues, including return to work. I think one of the very nice papers that looks to return to work after a burn Injury is a systematic review that was published in the *Journal of Burn Care & Research* in 2012. This manuscript identified 216 articles that potentially related to the issue of return to work. Twenty-six were identified to meet inclusion criteria for their systematic review. And of those papers, they found that across the board, the mean age of patients was about 34 years and the mean burn size was about 19% total body surface area. This really meets the typical demographic of a burn patient that we would treat in the United States. In terms of return to work rate, they found that at 41 months after a burn – remember that that’s over three years after a burn injury – 72% of patients who had been employed prior to their injury had returned to some form of work and so that article was relatively optimistic about patients’ ability to get back to work.

 Moving on to your second question: What are critical factors related to employment of individuals with burn injury? I think that what we have found is, in general, both the patients, their families, and employers have a tremendous misunderstanding about the ability of a patient to go back to work. I often am asked by family members or even the patient themselves whether or not they will ever be able to go back to work, with what I might think is a relatively minor burn. I think that’s important also because this is a huge area that we can provide education to our patients, families and employers.

 The other barrier that we see quite frequently is inflexibility by the employer to transition the patient to a full-time job. We often will say that the patient could return to work at a part-time position or a temporary period of time during which they take light duty work. These would provide the opportunity for them to build their stamina, for them to re-acclimate, and for them to really build up their ability to do their original job again. The resistance on the part of many employers to take patients back only if they are able to get back at full stamina is a challenge for us.

 One of the great areas that we struggle with is in getting patients, especially in rural areas, mental health support for what we know to be common sequelae of burn injuries. The first is post-traumatic stress and the second is depression. These two psychological sequelae are very common in our patients and we find it very difficult even with Workers’ Compensation cases to find providers in areas other than urban areas to provide the necessary mental health services for these problems.

 Another area is pending litigation. If there’s any suggestion that the patient may benefit from litigation as a result of the injury, we find that they may not be willing to return to work because once they demonstrate that they’re able to go back to work, the ruling is less likely to be in their favor that there was a claim that should be rewarded.

 Then I think something that’s easily fixed is lack of communication between the burn team and the employer. This is where the vocational counselor is very, very important because she or he can provide the liaison in communicating to the employer what the patient’s abilities are and what the patient’s status is. For us, Sabina, who is our vocational counselor, is an essential member of the team for achieving that goal.

 The third question that I’ve been asked to address relates to the barriers that preclude burn survivors from returning to work. Again, I turn to the literature. There are two nice papers. The first one was published in 2011 in the *Journal of Burn Care & Research* and that’s [Employment Outcomes after Burn Injury: A Comparison of Those Burned at Work and Those Burned Outside of Work](http://www.ncbi.nlm.nih.gov/pubmed/21228711). What the authors of this paper found was that for patients who were burned on the job, pain limited their ability to return to work 72% of the time, ongoing neurological problems about 60% of the time, and psychiatric sequelae, post-traumatic stress, depression; were the cause just about 50% of time. For those who were burned not on the job, again, pain was the leading cause. Neurologic problems were a leading cause and at about the same rates as those burned at work, but also impaired mobility, whether or not it had to do with contractures in their joints or perhaps amputations.

 The other nice paper, which addresses barriers to work, is a product of the NIDRR project and involved subjects who are enrolled in the Burn Model System registry. What the authors of this manuscript found was that the barriers depended on the time since injury. Up to a year after the injury, the barriers to work were predominantly related to physical issues, functional issues, and wound repair issues. So for instance, non-healing wounds or itching related to the wound. Long-term disability was more likely due to chronic things that related to working conditions. For instance, their inability to tolerate the temperature in their workplace, the humidity in the workplace, and then also patient safety.

 Some examples of this would be somebody who has a large burn and is unable to sweat very much and they can't go back to work out in the fields if they were a manual laborer or a farmer. If they were, for instance, a meat packer, they might not be able to tolerate the temperature in the warehouse where they’re working. Another example would be a roofer who has a tar burn and they are unable to get back on to the roof and they are unable to tolerate the temperature associated with the tar. Psychosocial issues also affected patients in the long-term and these included nightmares, flashbacks that relate to the injury and are triggered by their exposure to the workplace. Then of course, appearance concerns. We hear from many of our patients that they struggle with their appearance especially when the burns involve aesthetically important areas such as the face or the hands.

 My fourth question relates to interventions or best practices that vocational rehabilitation practitioners can use to support burn survivors in returning to work. I think the number one tool that we have is proactive education. This starts with the families as soon as the patient is admitted to the hospital, and of course, if the patient is able to interact with the patients themselves. However, the education should start as soon as the patient is admitted for treatment of their injury. And of course, that is when the employer should also be kept in the loop.

 I think that the number one tool we have is education. An example of education that we have introduced at the University of Washington is actually a website that has specific information that targets patients, care providers, and also employers, and it includes a list of frequently asked questions and also links to resources that the patients can turn to if they have a need for Workman’s Compensation.

 The other role that the vocational rehabilitation counselor serves is facilitation of filling out all of the paperwork. It can be absolutely confounding and overwhelming for a patient who may be overwhelmed by the fact that when they leave the hospital, they’re still doing wound care and they’re still taking some pain medicine. For them to fill out these huge numbers of forms and other bureaucratic paperwork that is required to keep their case open, it can be quite overwhelming for families and patients. Helping with that is an important role of the counselor.

 Then of course coordination, especially when you have a far-reaching catchment area, it’s necessary for coordination with therapists and physicians in the local community and also case managers and other care providers who are involved in the care of the patient and who may actually not be within the burn center, but they need to be in the loop, and there needs to be constant communication with all of these people who are trying to serve the patient’s best interests, but may all not be on the same page. So that’s an important role that the vocational rehabilitation counselor serves.

 The fifth question that I have is what are key issues that vocational rehabilitation practitioners should consider in supporting their clients returning to work after a burn injury? Clearly, they have to understand the ramifications of the functional issues soon after the discharge from the hospital such as non-healed wounds, limitations in range of motion, limited endurance, limited stamina. All of these things need to be anticipated and the patient needs to be warned and the families and the employers need to be warned that these are going to be issues soon after the patient leaves the hospital. Too often the patients and their family’s assume that once they get out of the hospital, they are going to be ready to do everything that they did prior to the injury, and they get home and are often completely overwhelmed by the fact that they aren’t as independent as they thought they would be.

 The other things that practitioners need to be aware of are the psychological issues and these can last for months and even years and they can seriously impact the patient’s ability to return to work. Those of course, as I mentioned before, are depression and post-traumatic stress. For this reason, we actually have a full-time rehabilitation psychologist who works with our patients and if necessary, refers them for ongoing counseling in their community to assist with these psychological issues.

 Again, since we are in a state with an enormous rural community, the state of Washington, and we are a Regional Burn Center that includes catchment areas in Alaska, Idaho, and Montana. We have to consider novel, technological opportunities so that we can reach out to patients who do not live near the hospital. It’s not always convenient for patients to travel from Alaska, for instance, or Montana to follow-up with us, and therefore, current technology such as Skype or telemedicine are tools that are helpful in coordinating care with patients.

 Finally, we also live in a culturally and ethnically diverse area and many of our patients do not speak English and therefore, it’s necessary for us to consider what the cultural norms are for the patient. If the patient comes from a culture where an injury automatically assumes that they’re going to be cared for the rest of their life by the mother of the household, for instance, or by the grandmother, we need to take that into consideration and we need to work with them to understand their culture and also impress upon them that their burn injury is not necessarily going to result in them being permanently disabled. And, again, the language is important and we must always work with interpreters who understand the cultural norms, but also can communicate to the patient in their own language so that we are not talking in vain and that we are able to educate them so that they can understand and have the opportunity to ask questions in their own language.

 So, my last question, what are the gaps in the literature base and opportunities for research on return to work after burn injury. On this, I would say it is a wide-open field. We know far too little about this. I think it’s important for us as we approach this topic that we partner with burn survivors. I think that societies such as the Phoenix Society make great partners, so that we can have burn survivors for our consumer boards for projects such as the NIDRR Burn Model Systems project. It’s essential for these projects to have burn survivors giving us their opinions about where there are opportunities for improvement. I don’t think that we can do it as burn care providers without their input because that’s far too paternalistic. Opportunities for research, I think, really should be focusing on the multitude of late burn outcomes that impact return to work issues years after injury.

Joann Starks: Well, thank you very much Dr. Gibran. Now, we are going to turn to Greg Trapp who is the executive director of the New Mexico Commission for the Blind. As a state VR agency director and as someone who is a survivor of severe burn injuries, can you tell us what you know about persons who have burn injuries in relation to their endeavor to function in an employed capacity? What are the eligibility criteria for burn survivors to receive VR support?

Greg Trapp: As a burn survivor, I have a very unique perspective on this issue and as the head of a vocational rehabilitation agency, I see where individuals who are burn survivors can in fact be successfully employed. And that is our goal, to provide services that are uniquely tailored to meet the specific and unique needs of each individual. Each year there are approximately 450,000 individuals who are medically treated for burn injury. Of that, about 40,000 individuals are actually hospitalized and receive treatment in a hospital setting. That is a significant number of individuals who are potentially eligible for vocational rehabilitation and our services.

 As we look at slide two (14), knowing that programs that are out there is essential to serve individuals with burn injuries, when we have children who have a burn injury, it’s critical that we know that that’s a condition that could have qualified that child for special education services under the Individuals with Disabilities Education Act and be eligible to receive services pursuant to an individualized education plan, IEP. To qualify for special education, a child must have a disability and must need special education or related services. If a child has disability, but does not need special education services, that child might be eligible for services pursuant to a 504 plan. It’s critical that parents who have a child with a burn injury educate themselves and know about the special education laws and procedures, know how to educate their child, work with the school system within the school system, and access available resources such the Parent Information Training Center in their state or other burn injury support groups.

 We often see children with a disability who have a condition-related burn injury such as a respiratory condition or contractions or other things that limit their ability to function in a classroom setting, but they may not rise to a level of a disability under IDEA or having a cosmetic disfigurement. Those should certainly be considered for a Section 504 plan. Section 504 refers to 504 of the Rehabilitation Act of 1973.

 We also see individuals who are burn injury survivors being supported financially, including children who may be eligible for Social Security disability benefits through a parent or for Supplemental Security Income should that child’s family be sufficiently low income. Knowing about programs such as Social Security Disability Insurance or SSI are critical tools for the vocation rehabilitation provider.

 The basic rule to qualify for Social Security Disability Insurance is that the disability be expected to last for at least 12 months or result in death. It must also prevent the individual from being able to perform their past prior work. If an individual does qualify on that basis, they can apply for Social Security Disability Insurance at the Social Security Administration. Social Security Disability Insurance also can be provided for individuals who have incurred their disability as a minor. That is called Childhood Disability Benefit or Disabled Adult Child Benefits. To qualify for that, they must have a parent who’s also receiving Social Security Disability Insurance, Social Security Retirement or is deceased.

 Supplemental Security Income, unlike Social Security Disability Insurance is not based upon a person’s prior work history or upon a prior work history of a parent. For Supplemental Security Income, one needs only show the presence of a disability that would qualify the person for disability under the Social Security Administration Program. If the individual is a child, a person under 18, Social Security does not look at the past relevant work, but they apply a different test based upon a child’s history and life experiences; that’s the result of a court decision called Zebley. As a result of that, a child on disability, when he or she turns 18 is going to be reassessed, so it’s important to consider that.

 Under the Supplemental Security Income program, if the disability is statutory blindness, there’s no requirement that it last for at least 12 months and we do see that in some instances where there are different kinds of chemical burns or burns that could affect the face. Under the rules of the Social Security Administration, they look at what’s called Residual Functional Capacity to determine eligibility if a person doesn’t meet what is called a listed impairment. The nature of burn injuries tend to involve a whole set of body systems and we’ll see Residual Functional Capacity more frequently being the determining basis.

 If a person is denied Social Security Disability Benefits, it’s critical to appeal. There are two levels of initial appeal. The first is called a Request for Reconsideration and the next after that is hearing before an Administrative Law Judge. Typically, about 60% to 70% of people who appeal to the Administrative Law Judge will ultimately be successful.

 One of the reasons why it’s important to seek Social Security Disability Insurance or Supplemental Security Income is the fact that Medicaid and Medicare can be available through them. In those states, eligibility for SSI automatically results in eligibility for Medicaid. Medicaid, of course, is an insurance program that serves people who qualify for it and who are also low income. Medicare is available through the Social Security Disability Insurance program, but only after a 24-month waiting period. In addition, those 24 months start 5 months after the start of cash payment so in effect it is 29 months after the onset of disability or the date of that application. That 29 months is actually related to a COBRA [Consolidated Omnibus Budget Reconciliation Act] coverage should it be a work related injury. With a work-related injury, it’s possible to get COBRA coverage for as long as 29 months.

 And of course, we now see the Affordable Care Act coming into play here as well providing availability for some individuals for different kinds of medical insurance. Each state is unique. There are different programs and provisions that can allow people to obtain Medicaid, such as the Working Disabled Individual. There are also rules that allow people to keep Medicaid or Medicare after they return to work such the 1619(b) program through Medicaid, so it’s important to educate oneself about those provisions.

 We, of course, also have eligibility under various civil right laws. As a lawyer who has litigated cases under the Americans with Disabilities Act, it’s a critical tool for individuals and professionals in the field as well as persons who are burn survivors to qualify for protection under the Americans with Disabilities Act. An individual must have a physical or mental impairment that substantially limits one or more major life activities. The United States Congress has recently expanded the definition of disability to address recent Supreme Court decisions, so the current definition of disability under the ADA is more closely aligned with what the Congress originally intended when it passed the ADA docket in 1990.

 The ADA also protects individuals who are regarded as having a disability. That’s of critical importance for people who have a burn injury that is cosmetically disfiguring, but may not substantially limit a major life activity. Major life activities being things such as seeing, hearing, breathing, speaking and of course, a burn injury can in fact, impact upon those major life activities, but it does not always and in the case of “merely” a cosmetic disfigurement (and merely of course is in quotes there), the ADA can provide provisions and protection. If a person has a disability under the ADA, he or she is entitled to request a reasonable accommodation. That does not apply to a person who is regarded as having a disability. A person who is regarded as having a disability, doesn’t have the disability that actually requires a reasonable accommodation. In the work setting, a reasonable accommodation is a change to policies, practices or procedures that allows that individual to perform the essential functions of his or her job.

 One of the important provisions of the ADA is also to request a transfer if the person can’t perform the essential functions of his or her job. It’s possible to request a transfer to a position that is open at the same or lower grade and by requesting such a transfer, that individual may be able to continue to be employed.

 The ADA covers not all sectors of our society. The ADA does not cover federal employees so if a person is a federal employee, he or she needs to understand that there’s a different system that is in place and the Rehabilitation Act covers those federal employees. Under the ADA, an individual can file a complaint with the Equal Employment Opportunity Commission. If a person is a federal employee, he or she needs to seek employment counseling from an Equal Employment Opportunity Counselor within his or her federal agency. The timeline for that is 45 days under Title One of the ADA, the provision that protects individual employees, the timeline is either 180 days or 300 days depending upon the specific laws of the state.

 Slide three (15). For vocational rehabilitation, an individual who has a burn injury qualifies if that burn injury constitutes a substantial impediment to employment and if that individual needs and can benefit from vocation rehabilitation services in terms of an employment outcome. Different states have different criteria that relate to each individual person who’s applying for receiving vocation rehabilitation services, but that is certain federal requirements and some states have what are call ‘orders of selection,’ meaning that they are not able to serve all eligible individuals. For that reason, it’s important that a person with a burn injury attempt to obtain the most significant employment status, the most significant disability criteria that will allow that individual to be on the highest rating should there be an order of selection so that person can obtain services. Not all states have an order of selection so it’s not an issue, but the majority of states do have in fact, orders of selection.

 So if there’s a disagreement or a problem with the receipt of vocational rehabilitation services, one of the provisions that is available for persons receiving vocational rehabilitation services is a Client Assistance Program or CAP. CAP is available to advocate for persons receiving vocational rehabilitation services, so it’s important for this individual who has been denied eligibility or who perhaps might be placed in an incorrect category to consider seeking services from the Client Assistance Program. Slide four (16).

Joann Starks: Let me interrupt you here, Greg. I wanted to ask, in terms of your experience in your current VR agency, how many or what percentage of burn survivors make up a counselor’s caseload and what are some of the psychosocial factors, job factors, treatments, et cetera for persons with burn injuries, and finally, what approaches does your agency use to support this population in their effort to function in an employed capacity?

Greg Trapp: Burn injury is a low incidence disability so we see a fairly small portion of caseloads here in my agency and across the country being made up of individuals who are burn survivors. The Commission for the Blind sees individuals here in New Mexico who have sustained some kind of eye injury, often that is the result of a burn injury. Sometimes the eye condition is a pre-existing condition, sometimes the burn injury in fact caused the blindness or the visual impairment.

 We see different types of burn injuries being more likely to result in visual impairment. Chemical injuries can certainly damage the cornea. Injuries that are related to a blast or to flame can likewise damage the cornea or the retina or it can cause blindness through a traumatic brain injury. Other kinds of disabilities can be impacted by different kinds of disabilities--different kinds of burn injuries--and it’s important for the counselors to consider all of the ways in which those different kinds of conditions can interrelate and can impact the person’s employment potential to identify what are the factors related to employment.

 If a person has sustained a respiratory injury as a result of a burn injury, he or she may not have the stamina to perform the prior work that he or she was doing. As was already mentioned, if it’s a major burn and the individual doesn’t have the ability to sweat, and he or she performed work—it’s rather hot here in New Mexico—that involves outdoor activity, those are the kinds of the injuries that require that the counselor work with the person to address a new employment goal. And in doing that, to work with the individual’s unique interests, abilities, capabilities, priorities, concerns, informed choice to make sure that that individual can identify an employment outcome that is appropriate and consistent with his or her interest.

 We see psychological impacts on our consumers, persons who have post-traumatic stress disorder related to the injury, individuals who have anxiety. Perhaps the anxiety keeps them from being able to return to a prior work site or location or they may have flashbacks that have a psychological impact or they may be undergoing some kind of depression that’s impacting upon their ability to participate in their plan. Those are all kinds of impacts that the counselor needs to identify, address to make sure that that person is receiving the appropriate support services.

 Slide six (18). Counselors have the skills that are transferrable from working with other individuals with other kinds of disabilities. For example, we see people who have amputation as a result of an electrical burn. Counselors frequently work with people who have amputation, who have paralysis so that becomes a transferrable skill, transferrable knowledge that can be applied to the individual with a burn injury. We see people who have different kinds of respiratory disorders that can likewise be transferred to the individual who has a burn injury. There are some unique aspects that relate to burn injuries, the cosmetic disfigurements, grief counseling that may be more challenging to counselors to identify different kinds of services, though even there, we see the people with disabilities who have grief issues as a result of the occurrence of a disability. Slide seven (19).

Joann Starks: Oh, let me interrupt again. You have heard Dr. Gibran’s comments on critical factors that impact burn survivor capacity to return to work. Is there anything you would like to add or expand based on your perspective as a burn survivor and a VR agency director?

Greg Trapp: I think it’s critical for there to be more research, more literature that deals with the unique way in which all of these factors come together to uniquely impact a burn survivor and provide the counselor with additional support to meet that very complex spectrum of conditions.

Joann Starks: Okay, finally, how do you believe research could help to advance the field regarding support and treatment of persons with burn injuries to better assist in finding and maintaining competitive employment? From your experience, what is lacking in the literature and what is lacking in the field? What should future interventions include in terms of topics and information?

Greg Trapp: One of the challenges that we face is that burn injury is a relatively low incidence disability. As a result, we don’t have the large volume of literature and research that is present for other kinds of disabilities and medical conditions. I think here we’ll see, as a result of the wars in Afghanistan and Iraq, some additional research being performed that relates to some of the kinds of burn injuries that we see our soldiers having incurred as a result of blast injuries and improvised explosive devices. We’ve seen that kind of research follow the First World War and the Second World War where the science related to treating people with conditions incurred in the battlefield actually greatly benefited the rest of the civilian sector.

 So it’s my hope that, we’ll be able to have some significant advances as a result of research related to our returning veterans and we’ll hopefully, see that resulting in new and innovative strategies, new rehabilitation technologies that can compensate for some of the disabilities related to burn injuries. Ultimately, I’m confident that we’ll see the research expanding so that professionals who worked in the field will be able to better serve our consumers.

Joann Starks: Well, thank you very much, Greg. Now, we’re going to turn to Sabina Brych, a VR counselor who has extensive experience in supporting burn survivors returning to work.

Sabina Brych: Good morning, thank you for having me.

Joann Starks: Sabina, as VR counselor in a burn center, what has been your experience in working with burn survivors whose goals include returning to work? How can VR practitioners use the research and literature to support burn survivors to returning to work? What are some of the important suggestions or advice you have for other VR practitioners who support burn survivors in their efforts to return to work? And finally, what do you think VR practitioners need to help them support burn survivors returning to work?

Sabina Brych: Well, my experience is that this work is both challenging and yet deeply rewarding. Returning to work is an important phase of recovery after a burn injury. We know that being back to work has many rewards besides income. It can give the patient a sense of purpose and confidence, it can provide social opportunities, it can help the patient’s physical and emotional recovery and it can improve the overall quality of life in a sense of well-being. My work in acute care and in the outpatient clinic setting has demonstrated that early intervention is critical. Addressing employment during the early stages of recovery minimizes time lost off work. It keeps the job available while minimizing wait time and confusion for the employer. It gives the counselor and medical team opportunities to address any potential barriers to return to work early on. And I can’t emphasize enough the importance of the team approach. I could not do my job without all the members of the team as listed here on this slide. Notice that, the team is not just composed of the physician, it includes all members of the rehabilitation team as well as the patient, the family and the employer and the case managers, in some cases.

 We know that the longer the patient stays off work, the less likely he or she will ever go back to work. Not addressing return to work until the client is considered safe and stable, which can take months to years, is a huge disservice to the patient and to the family as well; also, to the society when one considers all lost wages.

 Moving on to your second question, although the employment-related research for burn survivors is limited, there are some very important points to make. First, we have to recognize that there is not one plan or size that fits all for our clients. The plan must be individualized. For example, the size of the burn injury is often mentioned as a predictor for return to work. For example, a 50% total body surface area injury, does not equate to a known length of time required before returning to work. The return to work plan for a road construction worker with a 50% burn will be different than that of an office worker with the same size burn. The work environment is different. The physical requirements of the jobs are different just to name a few, but the good news is that the majority of those previously employed do return to work. However, there can be multiple issues that can be complex in nature. This is especially true for those who are not employed prior to their burn injury or for those who had a pre-injury psychiatric history.

 Having said that, a successful return to work plan begins with the evaluation of the client’s work abilities, whether previously employed or not, and their readiness for return to work. I use my burn team in this evaluation looking at the range of motion, grip strength, wound status, psychological recovery. We are continually addressing for post-burn pain, itch, for ability to sleep. All of these factors play into the assessment of the client’s work ability and readiness for return to work. It may surprise you, but work accommodations after a burn injury are often simple, doable, and inexpensive to the employer.

 Moving on to the third question, a critical first question to the client is What is preventing you from working? Often times, the answer will surprise you. The client may say “I don’t fall asleep until 4:00 AM and then I am awake two hours later. I can’t get back into my normal sleep pattern.” So as a VR counselor, I must include the sleep issue in the return to work plan. Had I not asked the client this question, I would have missed this barrier altogether, as we often focus on wound healing and functional abilities. Let me give you another example, I recently asked a client the same question and she responded with “I no longer have childcare available,” so our plan had to include how this family would find new childcare so that the client could return to work in some capacity.

 Another example, is the fear of going back to the job of injury and that’s a barrier that some patients may not be so willing to bring up. Sometimes, it’s the overprotective spouse. Some answers will surprise you while others are typical and to be expected, such as decreased stamina, which I often hear. Pain, even in clients that have been healed for some time and are far from their date of injury. Itching is also a concern. From our NIDRR-funded research, we know that many adults complain of post-burn itching for years following the burn.

 Our team approach is to evaluate for abilities and not for disabilities. We find that our survivors often underestimate their abilities in the return to work options. They are often surprised when we recommend that they return to work and that their time off work is rather short. Once discharged from inpatient care, community resources are key to one’s employability. Identifying these resources within the client’s community is a very important responsibility of the VR counselor.

 Moving on to your fourth question, the community resources may include experienced burn care specialists. For example, I work in the State of Washington, however, our catchment area includes the states of Washington, Alaska, Montana, and Idaho, so my team in Washington may be one of several resources for the VR counselor in Alaska. Access to outpatient programs and services is critical. We often use work hardening and work conditioning programs. We use physical capacity evaluations. The benefits of these programs are that they help the clients ready themselves for work and build their self-confidence.

 There’s an important point that I would like to make here and that is, after graduating from those programs, return to work happens immediately so the patient does not lose the strength and the endurance they worked for. Another important message to the VR counselor, is that the counselors must need to understand the occupation and any significant workplace factors. In my clinic, we often receive many job analyses for our review and I find that often these analyses are only based on the description of the job from the directory of occupational titles. When I review the job analysis with the client, often times the client will say, “That’s not what I do.” The job analysis must be individualized. The best analyses are done on site with the employer and reviewed with the client. In addition, job analysis for a burn patient should always include the description of the work environment. For example, how cold, how hot, how dry or wet? Is the job indoors? Is the job outdoors? Is the environment clean or dirty?

 Another important factor is a supportive and invested community to include businesses and employers, co-workers, insurance support and specifically, employers who comply with listed restrictions. In addition, VR counselors must also understand the common sequelae of burn injuries that include issues from decreases in motion and this conditioning to pain and psychiatric symptoms management. I think that’s all of my questions.

Joann Starks: Well, thank you very much.

Sabina Brych: Thank you.

Joann Starks: Now, we will turn to the topic of practice guidelines. A previous webinar focused on the potential application of practice guidelines in VR service delivery. So let’s pick up that discussion here. I want to turn to our presenters: Do you believe that practice guidelines will be a helpful tool for VR practitioners and support them in deepening in defining the application of effective interventions for burn survivors to support to their return to work and if so, what may be the benefits of having practice guidelines? Dr. Gibran, would you start off our discussion from a researcher’s perspective?

Nicole Gibran: Absolutely. I think that practice guidelines would be an excellent addition to our field and predominantly, the reason is not related to research, but rather delivery of care. I think the facts that when Sabina surveyed the national forum and found that only two other burn centers had or–excuse me, only other burn center had a dedicated vocational rehabilitation counselor–it suggests that vocational counseling is being done as an add-on job to perhaps the physiatrist, perhaps the social worker, perhaps the nurse, perhaps the surgeon, but in most cases, it’s not a priority, but rather it’s part of someone else’s job. And if with decreasing healthcare dollars we’re going to have limited ability to fund positions such as vocational counselors, I think it’s going to be imperative to create standards so that others can offer state-of-the-art gold standard care when it comes to getting patients back to work. So for my perspective, practice guidelines might be useful as a research tool, but primarily they are a benefit as a clinical tool for providers who may not do this every day, all day, but are inclined to do it as part of the rest of their responsibility. So that’s my perspective.

Joann Starks: Thank you, Dr. Gibran. Now, let’s hear from Sabina, a [certified] rehabilitation counselor?

Sabina Brych: Looking at the slide, the article that I referenced here is a comprehensive review of the practice guidelines specific to the burn, injured person, and I have to say I agree with the others and I believe that practice guidelines will be a great tool to guide vocational counselors when working with burn survivors. Thank you.

Joann Starks: Thank you. Let’s go on to the next question. What type of information should practice guides or guidelines include? Dr. Gibran, can you take this one?

Nicole Gibran: Absolutely, I think that many of the topics that we discussed today should be included. I think that they should include the types of barriers to return to work, they should include interventions that can be used including educational tools, they should include the best practices that a vocational counselor uses to get patients back to work. And I think they should include areas of, answers to frequently answered questions, so that the guidelines actually are a daily working tool. In an ideal world, I think that patients would, or burn survivors, would have the opportunity to vet these guidelines to see whether or not they actually are on target for helping them as they get back to work based on their experiences. So I think that the guidelines should be multi-factorial.

Joann Starks: Thank you. Sabina, in your opinion, what type of information should the practice guidelines include?

Sabina Brych: Well, in my humble opinion, the information should include the processes that evaluators follow when completing a vocational evaluation of the client’s work abilities, such as, What is the purpose of their evaluation? Who are the members of the evaluation team? It should include what factors should evaluators consider when completing a vocational evaluation for the client with a burn injury, such as delayed effect of burns, what employment options are available. And, it must include the experience and opinions of burn survivors as they attempt to return to employment after their burn injury. Thank you.

Joann Starks: Thank you, Sabina. Now, let’s move on. Dr. Gibran, who do you think should be involved in developing the practice guidelines?

Nicole Gibran: Well, I think that as I said before, patients need to have input and it may be worthwhile to have some focus groups that would include patients, or include patients who have had burn injuries, but it also should include a wide array of individuals who have expertise in the clinical side of this. It should include some vocational counselors, it should include some clinicians, as in burn surgeons, and it probably be worth having at the table some case managers from state organizations. Such as, as an example, our labor and industry organization here in the state of Washington; not necessarily ours of course, but it should have representation from that cohort as well. It should probably have representation from some major employers, you could get input from the health safety representative from a major company such as Boeing or from another leader of a massive employer who has a large workforce. And, I think that there should be representation as I said from researchers at the NIDRR group, for instance, who do have expertise in studying return to work and in investigating the barriers to return to work. One thing that I would say is that if it is going to be successful, it needs to be a broad consensus panel and it should be as inclusive as possible with input from as many different groups are as impacted by the problem.

Joann Starks: Thank you. Sabina, would you like to contribute your view about who should be involved in developing these guidelines.

Sabina Brych: Well, looking at my slide (33), on this slide are listed the different groups of individuals who should be involved, in my opinion. Each will bring a different perspective to the process and each has a valuable experience to add that ultimately will be important in establishing practice guidelines. Thank you.

Joann Starks: Okay. Thank you very much. Greg, do you have any additional input on who should be involved in developing the practice guidelines?

Greg Trapp: I think the discussion that we’ve had thus far has been very, very been beneficial and I would add that what’s already been said, the Commission on Rehabilitation Counselor Certification. They can certainly be very involved in the development of guidelines, the development of curriculum that some of the rehabilitation counselor training programs would be implementing. I’d like us to also pull into it some of the umbrella organizations such as the Council of State Administrators of Vocational Rehabilitation, the National Council of State Agencies for the Blind, the National Rehabilitation Association, as well as some of the other consumer organizations that relate to burn injuries. The Veterans Administration also has a very significant role to play in this. Of course, we’ve mentioned earlier NIDRR, the National Institute on Disability and Rehabilitation Research. In addition to that, there’s also the Institute on Rehabilitation Issues. Every year there is a different IRI workgroup and I think it would be great to have an IRI or Institute on Rehabilitation Issues workgroup focused around these issues.

Joann Starks: Well, thank you very much. That concludes our discussion today and I want to thank all of our panelists. We hoped that everyone listening to the webcast today found this session to be informative. Today’s event was one of a series of webcasts on knowledge translation from vocational rehabilitation research to service delivery. We intend that these webcasts will foster the creation of a community or practice where this dialogue among researchers, educators, practitioners, policy-makers and other stakeholders can continue to inform and serve those dedicated to vocational rehabilitation and its goals.

 In that effort, we invite the listeners to provide your input on today’s webcast, to share your thoughts on future webcast topics, and to participate in a Community of Practice to continue the dialogue. We’d like to hear from you because your views can inform and shape our future work. Please contact us at the email address shown here on the screen, ktdrr@air.org. We would also appreciate your input about the webcast by completing a brief online evaluation form. The [link is here](http://www.surveygizmo.com/s3/1797360/Burn-Injury-Eval) on the last page of the PowerPoint file and everyone who registered will also get an email with a [link to the evaluation form](http://www.surveygizmo.com/s3/1797360/Burn-Injury-Eval).

 Once again, I want to thank Cindy Cai and her colleagues at AIR, from all the staff here at KTDRR. We also appreciate the support from NIDRR to carry out the webcast and other activities and once again, a big thank you to our presenters who took their time today to share their thoughts with us. On this final note, I’d like to conclude the webcast. We look forward to your participation in our next event.

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