

For Your Insight: Research and Practice From the Field

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This biweekly update highlights relevant research for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to an article, resource, or formal abstract.

Supporting Employment for Newly Ill and Injured Workers

This issue brief by Smalligan and Boyens is the second of a series “exploring how federal policy could improve the employment of people with disabilities by expanding the use of early intervention.” The brief begins by defining early intervention and stating the importance of a “multidomain approach” that coordinates across all facets of a worker’s life that are affected by the onset of injury or illness. The importance of the timing of the intervention is to maintain a strong connection between the worker and their employer to prevent the loss of skills to reduce the emotional and psychological cost of time away from work. Next, the brief describes two models of early intervention—employer-based early intervention and health care facilitated early intervention, as well as evidence supporting the use and implementation of these models.

Employer-based early intervention is the most common in the US and is “typically provided by employers through work disability management programs,” for workers injured on the job. These programs are not always available to all employees and are most often available to higher wage earners. In their review of research related to this model, the authors find that early intervention can improve employment outcomes, improve workers’ health and well-being, and reduce costs to social security disability insurance. These employer-based programs are voluntary in the US, which means there is not as much US-based research available on their outcomes, “but research from outside the US is highly relevant to US policymaking because the interventions themselves are similar.”

Health care facilitated early intervention provides early intervention to those who need it outside of the workplace. Two examples explored in this brief are funded through the state or federal government and provide workers access to early intervention through health care providers. As such, these programs often focus on specific conditions. For example, the Washington State Centers for Occupational Health and

Education (COHE) focuses mostly on musculoskeletal job injuries, while the Individual Placement and Support (IPS) model is an employment intervention focused on serious mental illness. Evidence of the success of these models “demonstrate[s] how early intervention models can be effective across a range of different medical conditions and that they can be successfully facilitated through government-funded programs outside of the workplace.”

The authors conclude that effective early intervention requires three important elements: 1) considering all of the “domains in a worker’s life” that have been affected by the injury or illness, 2) strong communication between the worker, their employer, and the healthcare system, with a focus on return to work, and 3) appropriate timing of the intervention, as soon after the onset of injury or illness as possible. The three elements together “can be used to effectively assist workers with a range of medical conditions, and they can be facilitated through the workplace and health care settings.”

Brief available: [Smalligan, J., & Boyens, C. \(2019\). *Supporting employment for newly ill and injured workers*. Washington, DC: Urban Institute.](#)

Tags: Best practices, early intervention models, employer, health care

Workplace Outcomes in Work-Disability Prevention Research: A Review With Recommendations for Future Research

Young and colleagues (2010) conducted a review of work disability prevention (WDP) outcome measures to identify the most relevant and important outcome measures from the employer-stakeholder perspective in evaluating and comparing WDP interventions. The review identified measures that can help “allow for the assessment of whether or not an intervention was successful in terms of helping a person stay at work, decreasing the amount of work absence, and returning workers to productivity.” The authors identified four WDP categories—or “types” of outcomes: 1) *working, but experiencing health-related work limitations*; 2) *off work due to health condition*; 3) *returned to work with work limitations*; and 4) *withdrawn from the labor force*. Within each type of outcome, there were two to seven outcome measures, which were then ranked in importance by a group of employer and scientific stakeholders. The authors found that employers were most interested in outcome measures assessing direct costs, whereas scientific stakeholders were most interested in the processes of the intervention and the intervention’s effect on the health of workers. The authors note that “much could be gained by integrating outcome evaluation [between scientific and employer stakeholders],” and describe recommendations for this type of collaboration. The authors conclude that integrating employer and scientific approaches could improve outcome evaluations, and suggest that these stakeholder groups work together “to agree upon a basic set of outcome measures which would facilitate both perspectives and a multilevel evaluation.”

Full text available: [Young, A. E., Viikari-Juntura, E., Boot, C. R., Chan, C., de Porras, D. G. R., & Linton, S. J. \(2016\). *Workplace outcomes in work-disability prevention research: a review with recommendations for future research*. *Journal of Occupational Rehabilitation*, 26\(4\), 434–447.](#)

Tags: Outcome measures, work disability prevention

The Impact of Motivational Interviewing Training on Rehabilitation Counselors: Assessing Working Alliance and Client Engagement. A Randomized Controlled Trial

Torres, Frain, and Tansey (2019) define motivational interviewing (MI) as a “client-centered, directive, yet nonconfrontational counseling approach to enhancing motivation for change by exploring and resolving [client] ambivalence.” In this randomized controlled trial, data were collected from 67 vocational rehabilitation (VR) counselors and 280 of their current clients. Counselors were randomized to one of two groups: 1) MI training or 2) no MI training. The MI training had two goals: 1) “to improve counselors’ counseling skills to promote changes in clients’ return-to-work behaviors,” and 2) to establish a “strong working alliance” between the counselor and client. VR counselors in the MI training group took part in a 4-hour in-person MI training, plus 4 weeks of voluntary one-on-one MI coaching as follow-up. The four modules were “designed to incorporate theoretical foundations, relevant empirical data, and practical skills.” The coaching took place over the phone or in person and allowed counselors to share how implementing the MI techniques was going and troubleshoot any issues using MI with their clients. The authors found that counselors who took part in the MI training increased their perceived MI competence more than counselors who did not take part in the MI training. Survey data were collected from the recruited clients to compare clients’ perceptions of a working alliance with their counselors and client engagement in VR services between groups. In terms of working alliance, the authors reported that “based on the client perceptions, the counselors who completed MI training established better working alliance with their clients.” Finally, the authors found that clients of the counselors who completed MI training “significantly improved their engagement in VR [services]” compared with clients of counselors who did not complete the training. Engagement was measured by surveying patients on their cognitive, affective, and behavioral engagement in accessing VR services. The authors conclude that the counselor and client gains demonstrate the need for VR counselors to take part in “carefully developed trainings” to provide patients with improved rehabilitation services.

Abstract available: [Torres, A., Frain, M., & Tansey, T. N. \(2019\). The impact of motivational interviewing training on rehabilitation counselors: Assessing working alliance and client engagement. A randomized controlled trial. Rehabilitation psychology.](#)

Tags: Motivational interviewing, participant engagement, training

Keeping Workers With Medical Problems Employed: Can an Intervention That Succeeded Inside Workers’ Compensation Succeed Outside?

This two-page policy brief discusses the need for and value of states replicating Washington State’s Centers for Occupational Health and Education (COHE) program to help workers return to work after a medical condition. COHE is a “care coordination and quality improvement initiative that has been effective inside the state’s workers’ compensation system available to workers with non-compensable medical conditions.” COHE was developed, piloted, and then expanded in the early 2000s by Washington State’s Department of Labor and Industries. Through COHE, injured workers are assigned a health services coordinator who “monitors service delivery; identifies potential problems; and communicates with the worker, providers, employers, the Workers’ Compensation Fund, and other parties to expedite the worker’s recovery and return to work.” Providers and other stakeholders also receive education on best practices related to occupational health and return to work (RTW) support. The authors discuss replicating COHE, including difficulties that might arise in terms of managing the program and its financing. For example, supports available to workers’ compensation claimants in Washington, like wage replacement, may not be available at the same levels in other states or outside of workers’ compensation systems. The authors also explain the potential benefits of pilot-testing COHE-like services outside of Washington and how to do so, and how COHE used pilot testing as the program was developed. The authors note the need for support from the federal government in any pilot tests moving forward. The authors conclude that

although it would be a great undertaking, Washington State's success in implementing COHE makes it a worthwhile model to replicate.

Policy brief available: [Stapleton, D., & Christian, J. Keeping Workers with Medical Problems Employed: Can an Intervention That Succeeded Inside Workers' Compensation Succeed Outside? \(Policy Brief\). Mathematica Policy Research.](#)

Tags: Early intervention, health care facilitated early intervention, RTW

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