


Vocational Rehabilitation,
Alzheimer's /Early Onset Dementia and TBI
A US Perspective 

- Mental Health Parity Act
http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html
- S. 192 Older Americans Reauthorization Act of 2015
<https://www.govtrack.us/congress/bills/114/s192>
- The Affordable Care Act
<http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html>
- The Americans with Disabilities Act
[42 U.S.C. § § 12111-12117](#)

Vocational Rehabilitation,
and Alzheimer's /Early Onset Dementia
A US Perspective 


Questions

- Given the role/purpose of public rehabilitation in US
- 1. What is the impact of EOD on clients, families and careers
- 2. What are the needs of individuals with EOD and their families and careers

Vocational Rehabilitation,
and Alzheimer's /Early Onset Dementia
A US Perspective

Purpose of Vocational
Rehabilitation

- Restore personal autonomy in those aspects of daily living considered most relevant by patients and service users, and their family careers
- Enable individuals with any short or long-term disability to obtain the maximum psychological or physical independence possible



Vocational Rehabilitation,
and Alzheimer's /Early Onset Dementia
A US Perspective

*So What Can VR Do
to Assist/Support
Alzheimer/EOD*

Vocational Rehabilitation,
and Alzheimer's /Early Onset
Dementia A US Perspective

Family Perspective 

- Research Limited
 - Services and research considerations
 - Needs and experiences of the EOD person's networks (family, friends and colleagues) when interest in continue working.
- Families and friends can contribute crucial information and understanding families and friends may need training and support

Vocational Rehabilitation,
and Alzheimer's /Early Onset
Dementia A US Perspective

EOD & Family, Caregiver
Perspective

- Research
 - Perceived isolation of EOD caregivers
 - Less support than offered available to Later onset Dementia (LOD)
 - Perceived Identity loss of EOD as employable
 - lack of meaningful employment options

Vocational Rehabilitation, and Alzheimer's /Early Onset Dementia A US Perspective

EOD & Employability Perspective

Research

- Perceived Identity loss of EOD as employable
 - lack of meaningful employment options
- Consider age, employability, current family composition and presentation of dementia symptoms in assessing EOD experiences



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Vocational Perspective

Accurate diagnosis critical

- Work with employer
- Lighter workload
- Convenient schedule

Vocational Adjustments

- Changing work positions
- Understanding limitations
- Understand ADA benefits



Vocational Rehabilitation, and Alzheimer's /Early Onset Dementia A US Perspective

- Dementia DOES NOT have to be an entirely negative experience
- We need to listen to people with dementia
- As professionals, family members, care givers, employers, focus on the emotional, relational, aesthetic and spiritual aspects of the person, rather than the condition!



SIU Southern Illinois
CARBONDALE University



Vocational Rehabilitation, and Alzheimer's /Early Onset Dementia A US Perspective

Thank You



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Work Support for Traumatic Brain Injury

Policy, Practice, & Research In Australia

Centre for Disability Research & Policy
Faculty of Health Sciences
University of Sydney
NSW, Australia


Michael Millington, Ph.D., CRC

Incidence of TBI in Australia (2008)

New Cases: 1,493 (mod); 1,000 (severe)

Mechanism of Injury




Mortality Rates (1st yr)

- › 23% (mod); 35% (severe)

Mechanism of Injury

- › Motor vehicle (52%)
- › Falls (29%)
- › Strike or collision (8%)
- › Water related (8%)
- › Other (3)



Cost of TBI in Australia: \$8,600,000,000

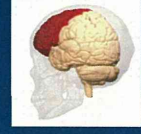

- › Moderate TBI (\$3.7 billion) (2.5 mil/life)
- › Severe TBI (\$4.8 billion) (4.8 mil/life)

\$

- › Financial (\$3.7 billion)
- › Burden of disease (\$4.9 billion)

Cost borne by

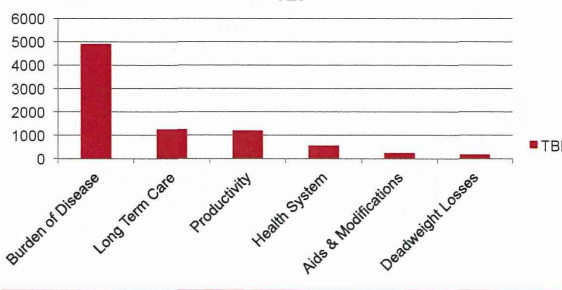

- › Individuals & Family (64.9%),
- › State Government (19.1%)
- › Federal Government (11.2%)

Cost of TBI by category, sorted by magnitude


Burden of Disease: Disability Adjusted Life Years

TBI

Morbidity

- › **Neurological Impairment**
 - Motor function impairment affecting coordination, balance, walking, hand function and speech. ALSO experience sensory loss, sleep disturbance, sexual dysfunction, and medical complications (e.g. spasticity, epilepsy, etc.)
- › **Cognitive Impairment**
 - Memory impairment affecting learning, concentration, speed, flexibility of thought process, and problem solving skills. Problems with planning, language, and safety awareness may also become evident
- › **Personality & Behavioural Changes**
 - Impaired social and coping skills and self esteem : emotional control, frustration tolerance, anger management. ALSO reduced insight, disinhibition, impulsivity, apathy, amotivational states and psychiatric disorders (e.g., anxiety depression, PTSD)
- › **Common Lifestyle consequences:** Unemployment, financial hardship, reduced educational achievement, diminished transportation, recreational opportunities; difficulty in maintaining interpersonal and social relationships, and loss of independence.




NSW: Vocational Participation (VP) Project

NSW Brain Injury Rehab Program (BIRP)

- › NSW research on TBI employment
- › 900 clients (720 adult TBI)


Largest Australian VR/TBI Study

Systematic Review of Literature
Client Surveys
Focus groups with BIRP staff
Develop case studies on a range of experiences.



Project Aims...

1. Evaluate return to work (RTW) rates & characteristics
2. Identify barriers & facilitators to RTW
3. Identify unique needs of young people transitioning from school to work
4. Form recommendations to improve outcomes



Model C: Program-based model

Structured outpatient programs: focus on skill development

One Australian study

- › three cases, 16 sessions of pre-voc. training (neuropsychologist & occupational therapist)
- education sessions with families & employers.
- Work placement managed by an external disability employment service,
- All three clients completed the program and were placed in paid jobs, working 12, 16 and 25 hours per week respectively.

Weak Evidence

- › Not much to make the case that it adds value to RTW, job retention, hours worked, wages, etc.
- › Program-based models focus on addressing impairments
- › Fails to provide on-job support and long-term follow-up.

Model D: Hybrid

Head2work: Synthesis of all three models

Head 2work (Australia)

- › Community Therapy team
- › **Case coordination:** Engagement, planning & management
- › **Program-based approach:** Pre-Voc takes place in a carpentry work
- › **Individualised Place & Train:** Placement into paid and unpaid employment

Other models exist in UK

- › "Rehab UK; "Working out"

Head2work Outcomes: Promising Practice (2003-2005)

- › Outcome study 83 clients
- › 71% Overall success (case closure)
- › 81% clients RTW same employer
- 57% working at full capacity
- › 61% clients finding new work

But Weak Evidence

- › No systematic review yet
- › Models heterogeneous

Specific Interventions

Not Australia specific...

- › **Work trials/Volunteer work**
 - Good result, bad research design
- › **Job Placement Services**
 - Effective compared to independent job seekers (70%-30%; 68%-41%)
- › **Co-worker Training**
 - Closest to natural supports on the job
 - Positive findings in a single study

School to Work Transition: Facilitators and Barriers

Facilitators

- › Suitable vocational education
 - Vocational training can be accessed in secondary schooling and continued after leaving school.
 - TAFE consultants provide support and adaptation to the learning program

Barriers

- › Lack of motivation
- › No work history
- › Compromised learning
- › Social disadvantage
 - Lacking Pre-voc programs
 - Lacking of bridging between social services
- › Inconsistent transition planning

Recommendations: 4 Trials & Case Management

- 1 Early intervention RTW program using the case co-ordination model that involves the integration of medical and vocational rehabilitation for people with good work potential.
- 2 Supported employment for people with no pre-injury employment option and severe TBI. Unpaid 'work trial' to promote vocational skill development and paid work opportunities.
- 3 Group-based supported employment specifically for people with extremely severe TBI not suited to work trial placement in open employment.
- 4 Voc. Rehabilitation gap for adolescents: Developing vocational transition program for school-leavers

5. Advocate flexible and articulated service access for people with complex, acquired conditions.

In Closing: Personal Connections

Building evidence-based practice in a complex social system...

- › The Roadmap / Resource Mapping
- › A TBI Case Management Taxonomy
- › Aspiration – to – Action: Redefining Client & Family Codirection



Practice, Services, and Research of Vocational Rehabilitation for Traumatic Brain Injury and Dementia in Taiwan

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 - Professor & Director, Graduate Institute of Rehabilitation Counseling, National Changhua University of Education
 - Director, Vocational Rehabilitation Resources Center in Taichung-Changhua-Nantou
 - Former President, Taiwan Vocational Rehabilitation Association (2011-2014)

Topics

- Disability Population
- Laws and VR System
- VR Services and Resources
- Current Development of VR Profession
- Challenges

Disability Population

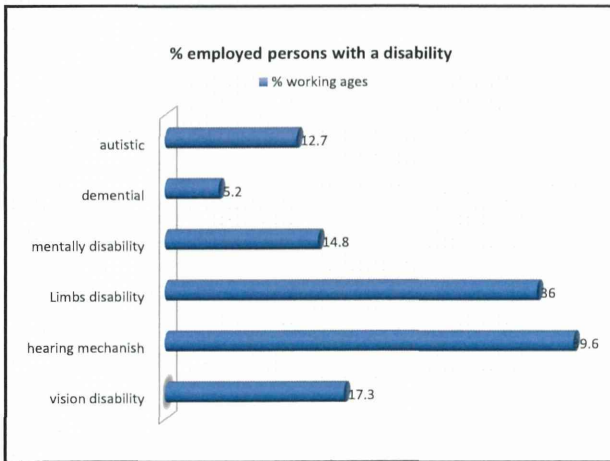


2013 Taiwan Population

	General	Individual with disabilities	%
Population	23,000,000	1,130,000	4.8%
Working Ages (≥15)	11,515,000	202,171	1.76%
Workforce Participation	58.53%	19.7%	33.66%
Unemployment rate	4.03%	11.0%	2.73

2013 Population with older Classification system

Disability Classification	1,125,113	100%
Vision Disability	56,840	5.05%
Hearing Mechanism Disability	122,348	10.87%
Balancing Mechanism Disability	4,063	0.36%
Voice or Speech Mechanism Disability	13,509	1.2%
Limbs Disability	379,405	33.72%
Mentally Disability	99,488	8.84%
Losing Functions of Primary Organs	136,599	12.14%
Suffering Facial Damage	4,570	0.41%
Unconscious Chronically	4,213	0.37%
Dementia	40,717	3.62%
Autism	13,072	1.16%
Chronic Psychosis	119,666	10.63%
Multi-Disability	116,735	10.38%
Stubborn (Difficult-to-Cure) Epilepsy	4,693	0.42%
Caused by Infrequent Disease	2,143	0.19%
Others	3,708	0.33%
Cannot transfer IDF into the Original Classification	3,344	0.3%

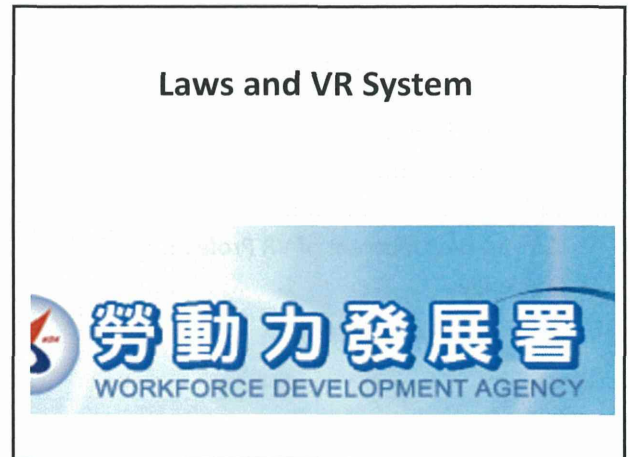


Year 2013

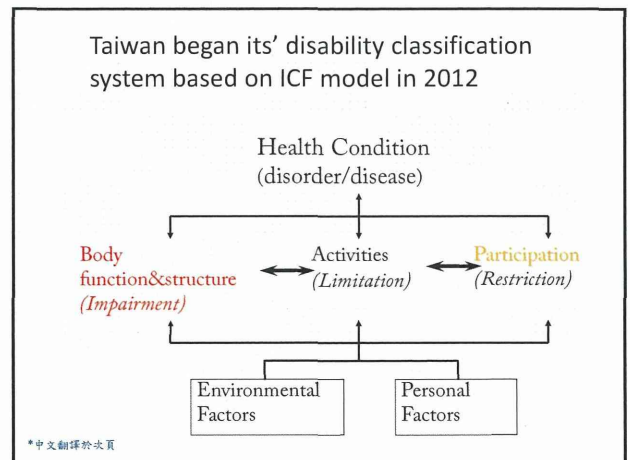
	Total	A	B	% A/total*100
Mentally disability	99488	3235	96253	3.25%
Dementia	40717	1950	38767	4.8%

A: Accident, Traffic Accident, Vocational Harm, War (TBI?)
B: Congenital Disability, Disease, others

	Mentally Disability	Dementia
Total Population (2014)	89,000	42000
? TBI	3.25%	4.8%
Employed	20.9%	0.6%
Work as a part-time job	2.1%	0.2%
unemployed	5.5%	0.6%



- Laws**
- People with Disability Rights Protection, 2007
 - Classification of Disability – ICF framework
 - Quota System
 - Individualized VR plan
 - Supported employment, Vocational Evaluation, Sheltered workshop, Vocational training, Job accommodation



Body Functions and Structures

Mental functions	Structures of the nervous system
Sensory functions and pain	The eye, ear and related structures
Voice and speech functions	Structures involved in voice and speech
Functions of the cardiovascular, haematological, immunological and respiratory systems	Structures of the cardiovascular, immunological and respiratory systems
Functions of the digestive, metabolic and endocrine systems	Structures related to the digestive, metabolic and endocrine systems
Genitourinary and reproductive functions	Structures related to the genitourinary and reproductive systems
Neuromusculoskeletal and movement-related functions	Structures related to movement
Functions of the skin and related structures	Skin and related structures

*中文翻譯於次頁

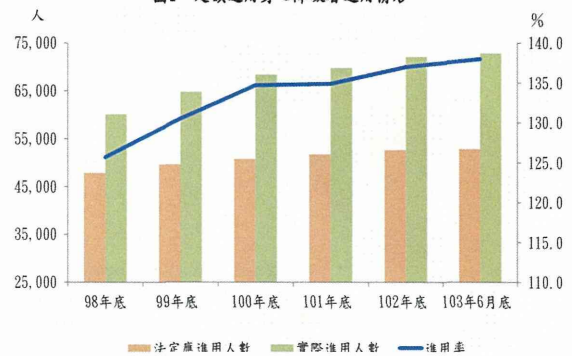
Article 5

- People with disabilities in this Act refer to those who with the following deviation or loss resulting from physical or mental impairments, are limited or restricted to be engaged in the ordinary living activities and participation in the society; and they, after processes of evaluation & assessment by the committee composed of professionals from medicine, social work, special education and employment counseling and evaluation, can be regarded as suffering one of the following malfunction categories and issued a disability identification.:
 1. Mental Functions & Structures of the Nervous System;
 2. Sensory Functions & Pain;The Eye, Ear and Related Structures;
 3. Functions & Structures of/ involved in Voice and Speech;
 4. Functions & Structures of/related to the Cardiovascular, Haematological, Immunological and Respiratory Systems;
 5. Functions & Structures of/related to the Digestive, Metabolic and Endocrine Systems;
 6. Functions & Structures of/related to the Genitourinary and Reproductive Systems;
 7. Neuromusculoskeletal and Movement related Functions & Structures;
 8. Functions & Related Structures of the Skin.

Quota

- Public organizations with employees more than 34 must hire 3% of workers who have disabilities.
- Private companies with employees more than 67 must hire 1% of workers who have disabilities.

圖1、定額進用身心障礙者進用情形



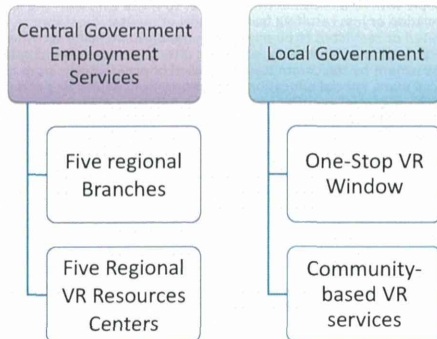
Services and Resources



Development of VR services in Taiwan

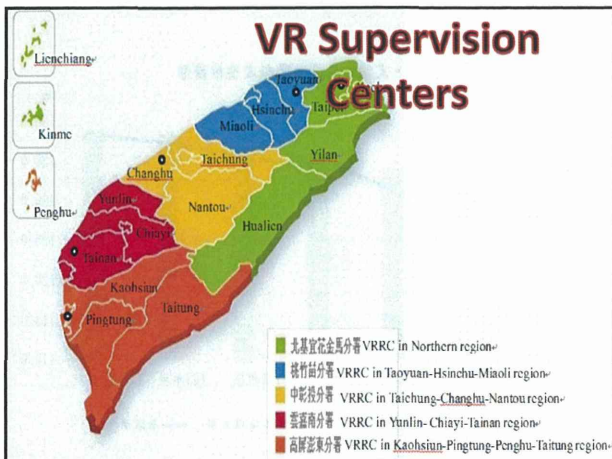
- before • Sheltered work shop, employment services, vocational Training
- 1993 • Supported employment services
- 2003 • Vocational Evaluation Services
- 2009 • Case management model, community-based services

VR services



Central Government

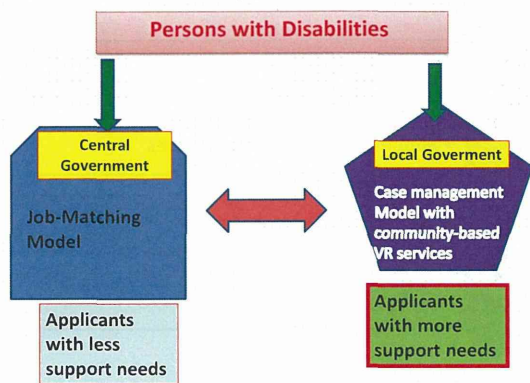
- Under Workforce Development Agency
 - Five regional Branches provide job placement services for
 - General population
 - Persons with disabilities
 - Five Vocational Rehabilitation Resources Centers (in five universities)
 - Clinical Supervision/Training (to practitioners and services provided by local government)
 - Development of Assessment Tools
 - Research



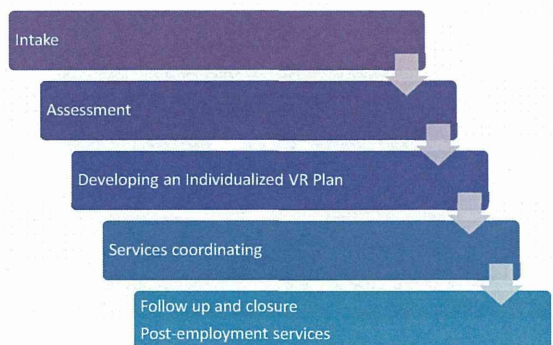
Local Governments

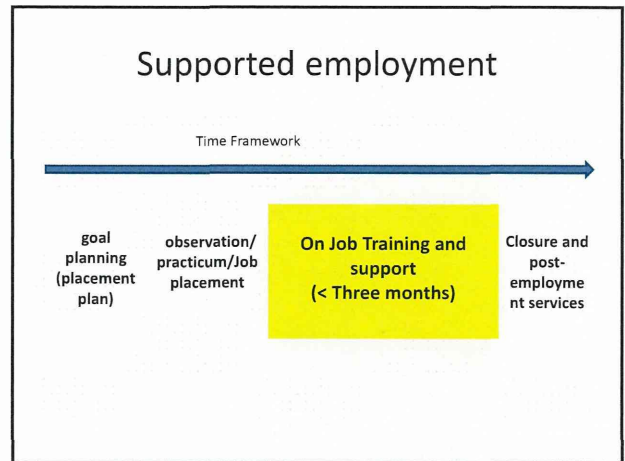
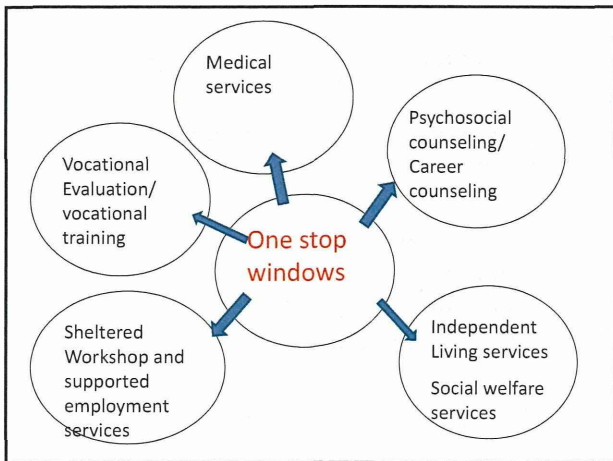
- Local counties employment services
 - One-Stop Windows
- Community-based VR services
 - commissioned by local counties governments
 - Vocational Training
 - Supported Employment
 - Sheltered Workshop)
 - Vocational Evaluation
 - Work Adjustment Programs
 - Career Counseling

VR services



Case Management Model





2013 Individuals with Disabilities Served by Employment Services in Central Government in Taiwan

	# of Persons served
Job Placement	Registered: 43, 917 Placement: 19, 962
Employment under Quota	72, 132
Vocational Training	Pre-job training: 317 On-Job Training:110 Total: 427

2013 Individuals with Disabilities Served by VR Services in Local Government in Taiwan

	# of Persons served	# of Professional Staff
One-Stop Window	Intake: 6958 Closure: 3907	119
Vocational Evaluation	1377	Part-time evaluators
Job Accommodation	1557	performed by assistive technologists or employment specialists
Vocational Training for ids with disabilities	2151	
Supported Employment	Referral: 6626 Placement: 3415	253
Sheltered Workshop	# of workshop: 127 Employees: 1771	347

