Vocational Rehabilitation Counselor Self-Assessment for Serving Individuals with a Brain Injury

Overall Descriptive Results
March 2021

Transition and Employment Workgroup

→ Indiana
→ Nebraska
→ Vermont
→ North Carolina

Purpose

The Administration for Community Living (ACL) Traumatic Brain Injury (TBI) State Partnership Grants work aim to "create and strengthen a system of services and supports that maximize the independence, well-being, and health of persons with TBI across the lifespan, their families and their caregivers." The 2018-2021 cohort of ACL TBI State grantees developed competencies that describe knowledge, skills and abilities needed by professionals who serve individuals with brain injury (BI) in a number of areas based on subject matter expert vetting. The competencies are designed to serve as a general guide for professional development. Under the grant, the Transition and Employment work group developed competencies for vocational rehabilitation counselors serving individuals who are working to enter or re-enter the workforce following a BI. This work group consists of representatives from Nebraska, Indiana, North Carolina, and Vermont.

Workforce competencies were developed by the ACL Transition and Employment Workgroup through a five-step process:

1. Workgroup members and vocational rehabilitation counselors (VRCs) from Nebraska and Indiana drafted a list of professional core competencies for VRCs based on their own knowledge and experience.
2. A review of 26 relevant articles citations was conducted by the workgroup to determine whether any additional competencies were identified in the literature.
3. A first-tier subject matter expert review was conducted by 43 vocational rehabilitation professionals (direct service staff).
4. A second-tier subject matter expert review was conducted by six individuals with extensive clinical, academic and/or clinical expertise in the field of brain injury and vocational rehabilitation, including neuropsychologists, researchers in TBI, a rehabilitation counselor/psychologist, and a former administrator of brain injury services.
5. A final list of 40 core competencies within four domains was drafted, incorporating feedback from the subject matter experts.

With the final set of core competencies for VRCs serving individuals with brain injury in hand, a self-assessment survey for VRCs was created. The purpose of this self-assessment is (1) to gauge VRC's self-perceptions of their level of expertise within each competency as it relates to serving individuals with brain injury, (2) to understand differences in self-perceived competence between the four domains within which the competencies are organized, and (3) to search for correlations between self-perceived competence and education, role, experience, and, potentially, state in which the VRC is employed. Future professional education and training opportunities may be informed by the results of this self-assessment.

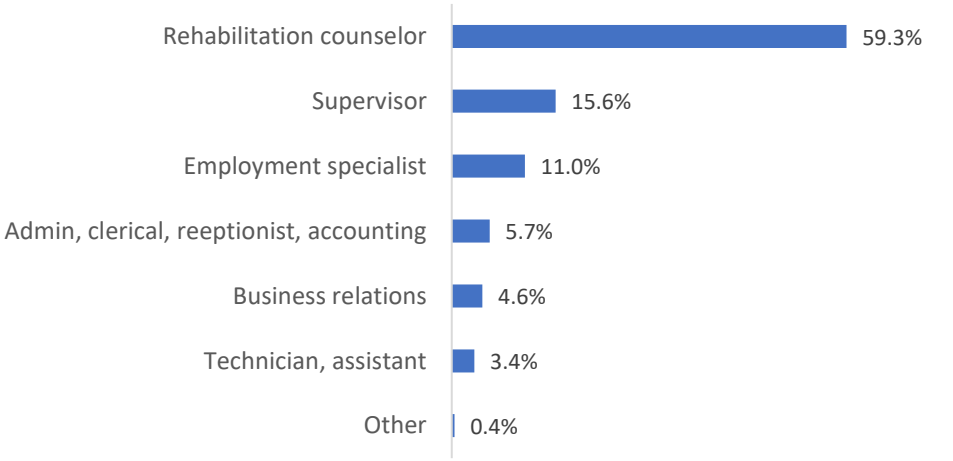
Participants

VRCs from states participating in the ACL Transition and Employment Workgroup (Nebraska, Indiana, North Carolina, and Vermont) were asked to compete the self-assessment in late 2020 and early 2021. The timing of administration varied from state to state. The self-assessment was conducted online using SurveyMonkey. Each State was responsible for administering the survey to its VRCs. Furthermore, each state administered the survey in different ways. Therefore, a comparison between states, or a comparison between one state and the overall results, is not possible.

The initial dataset included 304 respondents. A rule was applied whereby all individuals who assessed themselves on less than 80% of the competencies were excluded from the final dataset. After applying this rule, there were 269 individuals in the final dataset.

A majority (59%) of respondents identified themselves as rehabilitation counselors. A variety of professional roles were represented among the respondents (Figure 1).

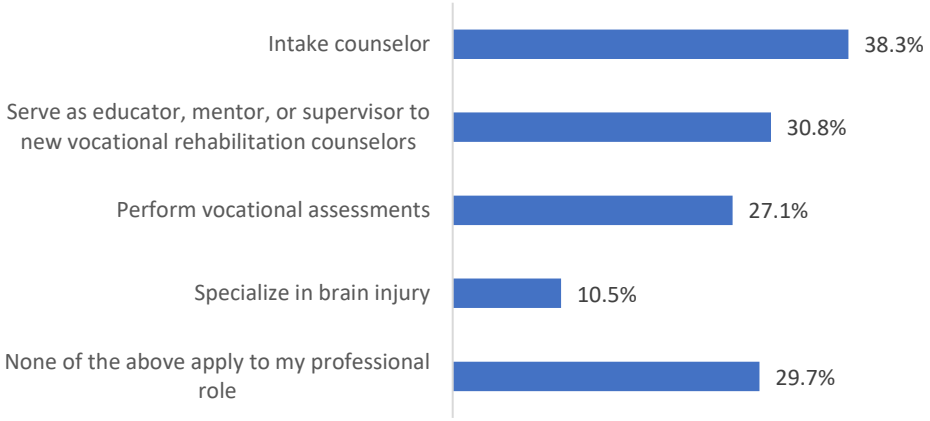
Figure 1. Professional role* (n=263)



*Categorization of open-ended responses

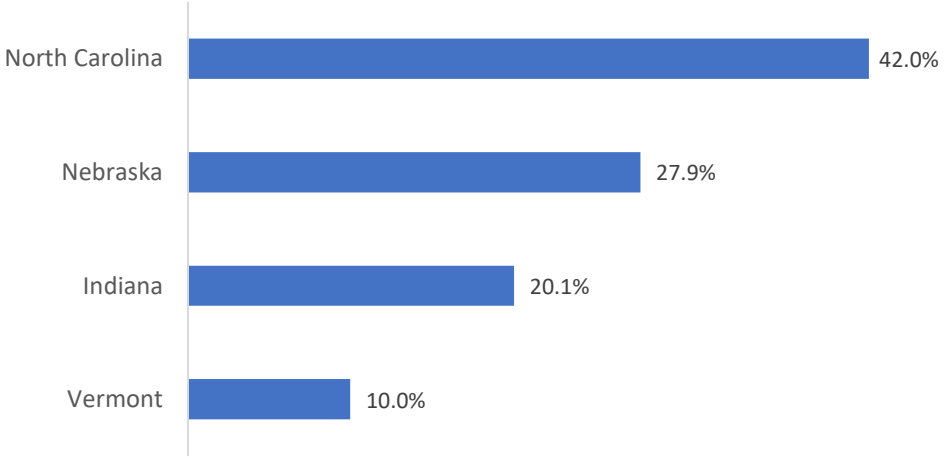
Respondents were asked about their professional responsibilities. Respondents reported a mix of responsibilities related to the work of a VRC. However, 30% indicated that intake counselor, education for new VRCs, vocational assessments, and specialization in brain injury **do not** apply to their role (Figure 2).

Figure 2. Professional responsiblities (multiple responses) (n=266)



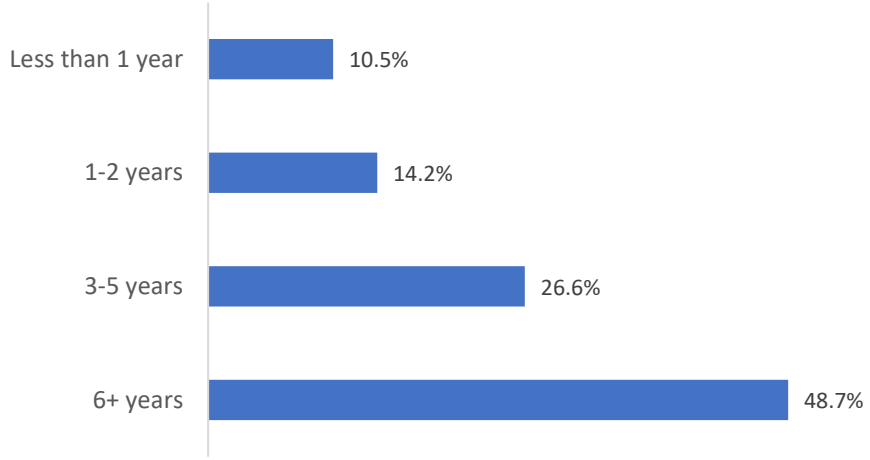
A plurality (42%) of respondents were from North Carolina (Figure 3).

Figure 3. State (n=269)



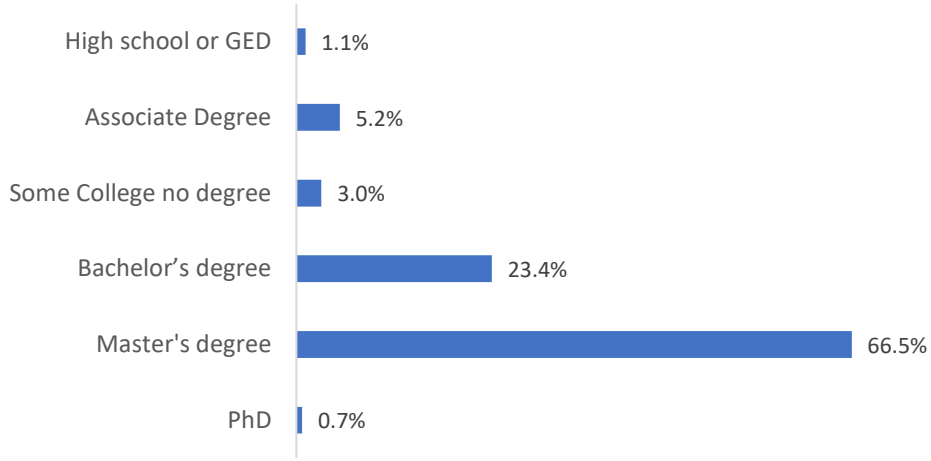
Nearly half (49%) of respondents indicated six or more years in their current role (Figure 4).

Figure 4. Years of experience in current role (n=267)



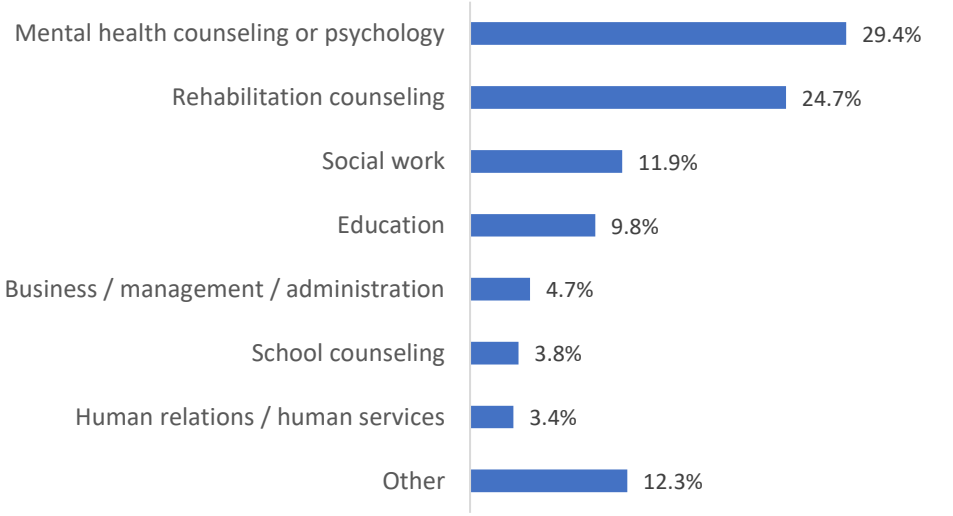
Two-thirds (67%) of respondents indicated that they have a master's degree and one-fourth (23%) indicated that they have a bachelor's degree. A relatively small minority (9%) indicated that they have a degree less than a bachelor's (Figure 5).

Figure 5. Highest level of education (n=269)



Among those with a bachelor's degree or higher, a wide variety of majors were reported with mental health counseling or psychology and rehabilitation counseling being the top two responses (Figure 6).

Figure 6. Major (among those with a bachelor's degree or higher)* (n=235)



*Categorization of open-ended responses

Measures

The self-assessment is based on the final set of 40 competencies created by the ACL Transition and Employment Workgroup. VRCs are asked to assess their level of expertise on each competency using the following rubric, based on a model created by Dario Russo[1]:

- **0 – None** - no understanding of the competency.
- **1 – Limited** - limited understanding of the competency, limited opportunity to apply the competency, competency has been minimally demonstrated.
- **2 – Basic** - basic understanding sufficient enough to handle routine tasks, requires some guidance and supervision when applying this competency, can discuss terminology and concepts related to this competency.
- **3 – Proficient** - detailed knowledge, understanding, and application of the competency; requires minimal guidance or supervision, consistency demonstrates success in the competency, able to assist others in the application of the competency.
- **4 – Advanced** - highly developed knowledge, understanding, and application of the competency; is able to coach or teach others on the competency; can help develop materials and resources in the competency.
- **5 – Expert** - specialist/authority level knowledge, understanding, and application of the competency; recognized by others an expert in the competency and is sought by others throughout the organization; able to explain issues in relation to broader organizational issues; creates new applications or processes; has a strategic focus.

The competencies are organized within four domains as follows:

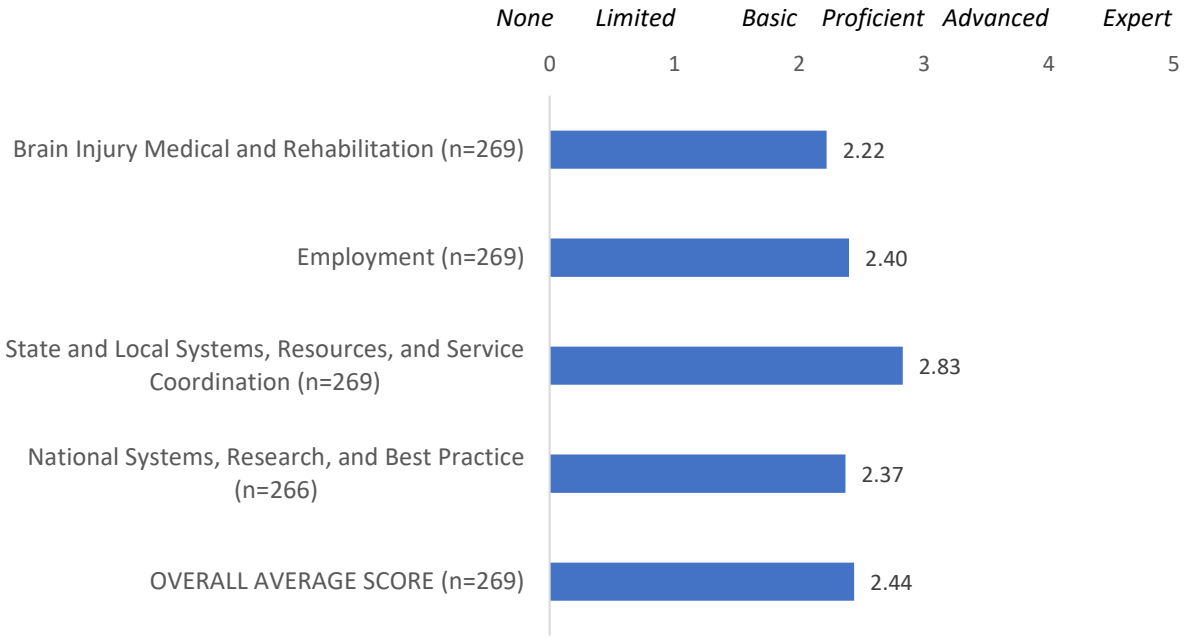
- Brain Injury Medical and Rehabilitation Concepts (15 competencies)
- Employment Concepts (13 competencies)
- State and Local Systems, Resources, and Service Coordination (10 competencies)
- National Systems, Research and Best Practice (2 competencies)

[1] Russo, J.D (2016). Competency Measurement Model. *European Conference on Quality in Official Statistics (pp. 7-8).*

Aggregate Scores

Aggregate scores for the four domains plus the overall average score revealed that on average respondents rated their competency somewhere between basic and proficient. The domain with the highest aggregate score was State and Local Systems, Resources, and Service Coordination. The lowest aggregate score was in the domain of Brain Injury Medical and Rehabilitation (Figure 7).

Figure 7. Aggregate Scores* by Domain and Overall (on a scale from 0 to 5)



*Respondents must respond to at least 80% of the competencies within each domain to receive an aggregate score.

Individual Competency Ratings

This report uses a color coding system to serve as a rough guide for those interpreting the results of the survey. The 40 competencies were grouped into quartiles based on a ranking of the average rating as follows.

GOLD	**1st quartile (competencies ranked 1-10 in average rating)**
BLUE	**2nd quartile (competencies ranked 11-20 in average rating)**
GRAY	**3rd quartile (competencies ranked 21-30 in average rating)**
RED	**4th quartile (competencies ranked 31-40 in average rating)**

Overall, the Brain Injury Medical and Rehabilitation domain received the lowest ratings of competency. Six of the 15 competencies within this domain were in the bottom quartile. Just one competency within this domain was in the top quartile (Table 1).

Table 1 **Self-assessed expertise within BRAIN INJURY MEDICAL AND REHABILITATION competencies**

	None (0)	Limited (1)	Basic (2)	Proficient (3)	Advanced (4)	Expert (5)	*AVERAGE RATING (0-5)*	*% PROFICIENT OR HIGHER*	*RANK*
1. Understands medical and rehabilitation terminology pertaining to BI (n=264)	5.3%	15.9%	40.2%	29.9%	8.3%	0.4%	***2.21***	***38.6%***	***32***
2. Understands how BI screening tools (e.g. OSU-TBI ID, BISQ, HELPS) may assist in the identification of potentially undiagnosed BI (n=269)	24.9%	28.6%	22.7%	19.0%	4.1%	0.7%	***1.51***	***23.8%***	***39***
3. Able to implement and interpret agency-sanctioned BI screening tools (n=267)	31.5%	22.8%	20.2%	20.2%	4.5%	0.7%	***1.46***	***25.4%***	***40***
4. Understands that BI may be categorized along a spectrum from mild to severe (n=266)	3.0%	11.7%	36.5%	32.3%	13.2%	3.4%	***2.51***	***48.9%***	***16***
5. Understands that categorization of initial injuries may not predict long-term outcomes (n=268)	3.0%	14.2%	35.8%	31.3%	13.8%	1.9%	***2.44***	***47.0%***	***20***

	None (0)	Limited (1)	Basic (2)	Proficient (3)	Advanced (4)	Expert (5)	*AVERAGE RATING (0-5)*	*% PROFICIENT OR HIGHER*	*RANK*
6. Understands that recovery from BI, and long-term outcomes are individualized and based on many variables (n=268)	3.0%	9.3%	29.9%	39.6%	13.8%	4.5%	***2.65***	***57.9%***	***8***
7. Understands how BI affects the following functional systems: cognition (memory, attention, executive skills, problem solving, etc.), speech and language production and comprehension, physical, motor, and sensory abilities (strength, endurance, range of motion, vision, perception, hearing, balance, etc.), behavior and mood regulation (awareness, adjustment, mood, interpersonal skills, etc.) (n=269)	1.5%	13.4%	34.6%	36.4%	12.3%	1.9%	***2.50***	***50.6%***	***17***
8. Recognizes how symptoms (fatigue, reduced auditory comprehension, impaired attention, impaired memory, decreased executive skills, and more) of BI can affect work performance in a variety of ways (e.g., interpersonal interactions, personal and home independence, and community re-entry) (n=268)	1.9%	13.1%	34.0%	37.7%	12.3%	1.1%	***2.49***	***51.1%***	***18***
9. Understands the importance of individual education in preventing secondary BI (n=268)	5.6%	17.5%	36.9%	28.0%	10.1%	1.9%	***2.25***	***40.0%***	***30***
10. Understands the risks of substance use disorders (n=269)	3.0%	16.0%	28.6%	34.6%	14.1%	3.7%	***2.52***	***52.4%***	***14***
11. Knows the resources to support abstinence from substance use (n=265)	3.0%	16.6%	35.1%	30.6%	11.3%	3.4%	***2.41***	***45.3%***	***23***
12. Understands the prevalence, effects, and support needs presented when a person has co-occurring disorders (such as a mental illness or substance misuse) (n=268)	3.0%	19.4%	31.3%	33.2%	10.1%	3.0%	***2.37***	***46.3%***	***25***

	None (0)	Limited (1)	Basic (2)	Proficient (3)	Advanced (4)	Expert (5)	*AVERAGE RATING (0-5)*	*% PROFICIENT OR HIGHER*	*RANK*
13. Able to identify the range of specialists, professionals, and services in their state (e.g. home and community-based waivers, county- or regionally-funded programs, resource facilitation services, etc.) that may address BI needs, challenges and impairments (n=269)	7.1%	23.8%	36.1%	25.3%	5.9%	1.9%	***2.05***	***33.1%***	***36***
14. Understands the implications of BI as a chronic condition, including aging with BI, and the implications for future rehabilitative and community-based employment supports, and is familiar with the long and short term rehabilitation needs & life care planning (n=269)	8.2%	18.6%	34.6%	29.4%	8.6%	0.7%	***2.14***	***38.7%***	***35***
15. Stays abreast of best practices/research related to treatment approaches (Motivational Interviewing, Person Centered Planning, etc.), pharmacology, and more, and is able to refer to specialists for same (n=269)	12.6%	26.4%	34.2%	20.8%	4.8%	1.1%	***1.82***	***26.7%***	***38***

Most (9 out of 13) of the competencies within the Employment domain were ranked in the 2nd and 3rd quartiles (Table 2).

Table 2	**Self-assessed expertise within EMPLOYMENT competencies**								
	None (0)	**Limited (1)**	**Basic (2)**	**Proficient (3)**	**Advanced (4)**	**Expert (5)**	***AVERAGE RATING (0-5)***	***% PROFICIENT OR HIGHER***	***RANK***
1. Understands and accounts for factors, such as reduced self-awareness and memory impairment, that must be considered with other functional skills information in determining eligibility for Vocational Rehabilitation services (n=268)	3.7%	15.7%	28.4%	39.2%	10.4%	2.6%	***2.45***	***52.2%***	***19***
2. Understands how BI may impact an individual's ability to participate in, and benefit from, vocational rehabilitation services (n=269)	1.9%	10.4%	31.6%	40.9%	12.6%	2.6%	***2.60***	***56.1%***	***11***
3. Partners with the individual to identify and employ accommodations to ensure success in vocational rehabilitation services (n=267)	4.5%	12.4%	34.5%	36.0%	9.7%	3.0%	***2.43***	***48.7%***	***21***
4. Understands factors that contribute to poor employment outcomes in persons with BI (n=268)	3.7%	11.2%	37.3%	35.8%	9.7%	2.2%	***2.43***	***47.7%***	***22***
5. Uses a comprehensive, "team" approach to vocational assessment and evaluation for individuals with a BI, synthesizing information from multiple sources, including but not limited to, information on the individual's pre- and post-injury functioning, strengths, expressed preferences and interests, vocational experience and abilities, education and training accomplishments, and need for workplace accommodation and supports. (n=268)	5.2%	14.6%	34.0%	34.7%	9.0%	2.6%	***2.35***	***46.3%***	***26***

	None (0)	Limited (1)	Basic (2)	Proficient (3)	Advanced (4)	Expert (5)	*AVERAGE RATING (0-5)*	*% PROFICIENT OR HIGHER*	*RANK*
6. Understands the importance of integrating support persons and professional recommendations in employment planning and goal development (n=268)	3.0%	13.1%	26.9%	41.8%	13.4%	1.9%	***2.55***	***57.1%***	***13***
7. Understands and identifies appropriate workplace supports to help a worker with BI (n=267)	4.5%	19.1%	30.3%	33.0%	12.0%	1.1%	***2.32***	***46.1%***	***28***
8. Understands the similarities and differences between the following concepts: accommodations, restoration, assistive technologies, and demonstrates skills in triaging for same (n=268)	4.5%	19.4%	30.6%	31.3%	11.2%	3.0%	***2.34***	***45.5%***	***27***
9. Recognizes when an individual with a BI requires an accommodation, titration (gradual return) to return to work activities or post-secondary or other training (n=269)	6.3%	18.6%	32.3%	32.0%	8.9%	1.9%	***2.24***	***42.8%***	***31***
10. Understands how BI may impact an individual in the work setting and understands how to pair necessary and reasonable accommodations with individual challenges or impediments (n=268)	4.1%	17.9%	35.4%	30.2%	10.1%	2.2%	***2.31***	***42.5%***	***29***
11. Understands how post-injury interventions and compensatory strategies must be tailored to an individual's needs (n=269)	4.5%	15.6%	33.5%	31.6%	12.3%	2.6%	***2.39***	***46.5%***	***24***
12. Able to facilitate access to employment-related advocacy, legal remedies, resources, etc. (n=269)	5.9%	19.7%	38.7%	24.9%	8.9%	1.9%	***2.17***	***35.7%***	***33***
13. Understands how public benefits may be impacted by employment (n=269)	3.3%	11.9%	28.3%	37.5%	14.1%	4.8%	***2.62***	***56.4%***	***9***

The State and Local Systems, Resources, and Service Coordination domain was overwhelmingly the highest rated domain. There are ten competencies within this domain, and eight of those ten were ranked within the top 10 of all competencies (i.e., first quartile) (Table 3).

Table 3	**Self-assessed expertise within STATE AND LOCAL SYSTEMS, RESOURCES, AND SERVICE COORDINATION competencies**								
	None (0)	**Limited (1)**	**Basic (2)**	**Proficient (3)**	**Advanced (4)**	**Expert (5)**	***AVERAGE RATING (0-5)***	***% PROFICIENT OR HIGHER***	***RANK***
1. Understands state-specific initiatives and mandates related to employment (Governor proclamations, priorities, goals, etc.) (n=269)	10.0%	19.7%	36.8%	24.9%	6.7%	1.9%	***2.04***	***33.5%***	***37***
2. Able to explain State Vocational Rehabilitation services available for persons with disability (n=269)	1.9%	4.1%	9.7%	33.1%	30.5%	20.8%	***3.49***	***84.4%***	***1***
3. Understands how BI services are delivered by the VR system, including state policies and procedures (n=267)	6.0%	10.9%	24.7%	34.1%	14.6%	9.7%	***2.70***	***58.4%***	***6***
4. Understands the vocational rehabilitation role is to identify, coordinate, and provide services to the individual (n=269)	0.4%	5.6%	14.5%	36.4%	27.1%	16.0%	***3.32***	***79.5%***	***2***
5. Understands the importance of case management and system's navigation to facilitate goal attainment (n=268)	0.7%	4.9%	16.0%	40.3%	25.4%	12.7%	***3.23***	***78.4%***	***3***
6. Understands the importance of resource facilitation to facilitate goal attainment (if it exists in the state) (n=268)	4.1%	9.3%	26.9%	31.7%	20.5%	7.5%	***2.78***	***59.7%***	***5***
7. Knows state, district, and local community employment support resources and associated referral processes (n=269)	3.7%	9.3%	31.2%	33.5%	16.4%	5.9%	***2.67***	***55.8%***	***7***
8. Knows funding resources to support pre-employment and employment activities (n=268)	5.2%	12.3%	31.7%	31.0%	15.7%	4.1%	***2.52***	***50.8%***	***15***

	None (0)	Limited (1)	Basic (2)	Proficient (3)	Advanced (4)	Expert (5)	*AVERAGE RATING (0-5)*	*% PROFICIENT OR HIGHER*	*RANK*
9. Possesses skills in developing and sustaining collaborative relationships to benefit individual clients (n=268)	2.2%	6.0%	23.5%	37.7%	20.5%	10.1%	***2.99***	***68.3%***	***4***
10. Understands the importance of providing BI resources to employers and other partners in the employment process, based on individual client disclosure preferences (n=269)	3.3%	10.4%	31.6%	36.4%	12.6%	5.6%	***2.61***	***54.6%***	***10***

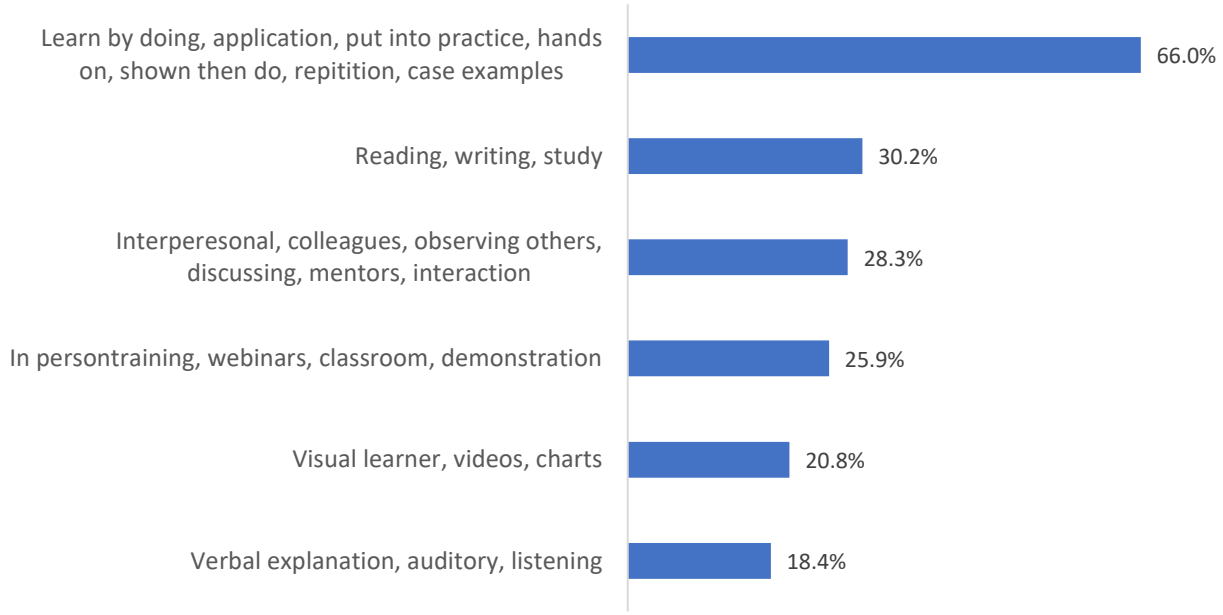
Just two competencies comprise the National Systems, Research, and Best Practices domain (Table 4).

Table 4	**Self-assessed expertise within NATIONAL SYSTEMS, RESEARCH, AND BEST PRACTICES competencies**								
	None (0)	**Limited (1)**	**Basic (2)**	**Proficient (3)**	**Advanced (4)**	**Expert (5)**	***AVERAGE RATING (0-5)***	***% PROFICIENT OR HIGHER***	***RANK***
1. Understands relevant federal legislation, including but not limited to, the Americans with Disabilities Act (ADA), Workforce Innovation and Opportunities Act (WIOA), and any state-specific legislation related to return to work and work supports (n=269)	3.7%	8.2%	33.5%	37.5%	13.0%	4.1%	***2.60***	***54.6%***	***12***
2. Understands a wide variety of evidence-based vocational rehabilitation models and return-to-work approaches for persons with BI (n=265)	7.2%	21.5%	34.3%	26.8%	7.5%	2.6%	***2.14***	***36.9%***	***34***

Learning Style

In an open-ended survey item, respondents were asked to describe how they learn a new skill best and then apply it. Two-thirds (66%) of respondents described a "hands on" or "learn by doing" way as how they learn best (Figure 8).

Figure 8. Describe how you learn a new skill best and then apply it* (multiple responses) (n=235)



*Categorization of open-ended responses