**Returning to Work after Burn Injury:**

**From Research to Vocational Rehabilitation Practice**

*Presenters:*

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**Slide template:** Blue bar with thin maroon line across top. On the left in white font: Center on Knowledge Translation for Disability and Rehabilitation Research. On the right in white font: A project of SEDL. At bottom, a maroon line with thin blue outline.

**Slide 1** (Title):

Returning to Work after Burn Injury: From Research to Vocational Rehabilitation Practice

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**Slide 2:** Agenda

* Overview of Activity
* Presenters
* Discussion
* Wrap up

**Slide 3**: Overview

* 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?
* What is the role of practice guidelines in supporting VR practitioners to work with clients with burn injury?

**Slide 4:** Presenters

* Nicole S. Gibran, MD, FACS, Professor of Surgery and Medical Director of the University of Washington Medicine Regional Burn Center at Harborview Medical Center, Past President of the American Burn Association.
* Greg Trapp,JD, Executive Director of the New Mexico Commission for the Blind.
* Sabina Brych,BA, Vocational Rehabilitation Counselor at the University of Washington Medicine Regional Burn Center at Harborview Medical Center.

**Slide 5:** Burn Injury Research and Its Evidence Base

* 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 more on?

**Slide 6:** 1. What is the research and its evidence base on employment for individuals with burn injury?

* 31 publications listed in Pub Med since 1989
* *Return to work after burn injury: a systematic review.* [*J Burn Care Res.*](http://www.ncbi.nlm.nih.gov/pubmed/22138806) *2012 Jan-Feb;33(1):101-9.*
  + 216 articles identified
  + 26 determined to meet inclusion criteria
    - Mean age: 33.6 years
    - mean burn size: 18.9 %TBSA
    - 41 months post-burn: 72% of previously employed participants returned to some form of work

**Slide 7**: 2. What are critical factors related to employment of individuals with burn injury?

* Misunderstanding about post burn disability status
* Employer inflexibility with transition to full time duties
  + Part time position
  + Light duty opportunities
* Access to mental health support for PTSD & depression
* Pending litigation
* Lack of communication between the treating burn team & the employer

**Slide 8:** 3. What barriers preclude burn survivors from returning to work?

* *Employment outcomes after burn injury: a comparison of those burned at work and those burned outside of work.* [*J Burn Care Res.*](http://www.ncbi.nlm.nih.gov/pubmed/21228711) *2011; 32(2):294-301.*
  + For those burned at work:
    - pain (72%), neurologic problems (62%), psychiatric problems (53%);
  + For those burned outside of work:
    - pain (63%), neurologic problems (59%), impaired mobility (54%)

**Slide 9**: 3. What barriers preclude burn survivors from returning to work? (cont.)

* *Barriers to return to work after burn injuries.* [*Arch Phys Med Rehabil.*](http://www.ncbi.nlm.nih.gov/pubmed/18036982) *2007;88(12 Suppl 2):S50-6.*
  + Early after injury (up to 1 year):
    - Physical & wound issues
  + Long term disability:
    - Working conditions (temperature, humidity, safety) & psychosocial factors (nightmares, flashbacks, appearance concerns)

**Slide 10**: 4. What interventions or best practices can VR practitioners use to support burn survivors in returning to work?

* Proactive education
  + Patients & families
  + Employers
* Facilitation
  + Voluminous paperwork
* Coordination
  + Physicians, therapists, employers, case managers

**Slide 11** 5. What are key issues that VR practitioners should consider in supporting clients to return to work after burn injury?

* Functional issues
  + Non-healed wounds
  + Range of motion limitations
  + Endurance
* Psychological issues
  + Depression
  + PTSD
  + Appearance
* Technological opportunities for outreach to patients in rural communities
* Language & cultural issues

**Slide 12**: 6. What are the gaps in the literature base and research on return to work after burn injury?

* It is a wide open field!
* Late burn outcomes that impact work years after injury

**Slide 13:** Individuals with burn injuries returning to work

* Burn injuries can create cosmetic disfigurements and physical and mental impairments.
  + American Burn Association ([www.ameriburn.org](http://www.ameriburn.org/)) Burn Treatment facts for 2013:
    - 450,000 persons are medically treated for burn injuries each year
    - 40,000 persons are hospitalized for burns each year.
    - 4,300 persons die from burn injuries each year.

**Slide 14**: Individuals with burn injuries returning to work (Continued)

* Eligibility for Special Education under IDEA
* Eligibility for Social Security Disability Insurance and Supplemental Security Income
* Eligibility for Medicaid and Medicare
* Eligibility under the Americans with Disabilities Act and Section 504
  + The ADA defines disability as a “physical or mental impairment that substantially limits a major life activity.”
  + The ADA also protects persons who are “regarded as having an impairment,” including persons with a “cosmetic disfigurement.

**Slide 15**: What are the eligibility criteria for burn survivors to receive VR support?

* Eligibility for Vocational Rehabilitation
  + Under the Vocational Rehabilitation Act, an “Individual with a disability” means an individual Who has a “physical or mental impairment” and whose “impairment constitutes or results in a substantial impediment to employment,” and ( Who can “benefit in terms of an employment outcome from the provision of vocational rehabilitation services.” 34 CFR 361.5(a)(28)
* Most significant disability criteria
* Significant disability criteria

**Slide 16:** What percentage of burn survivors typically make up a counselor’s caseload?

* Persons with burn Injuries constitute a relatively small portion of persons seeking vocational rehabilitation services
* Burn Types
  + 43% flame
  + 34% scald
  + 9% contact
  + 4% electrical
  + 3% chemical
  + 7% other

**Slide 17:** What are the critical factors related to employment of individuals with burn injuries?

* Physical Impact
  + Vision
  + Hearing
  + Orthopedic
  + Respiratory
* Psychological Impact
  + Cognitive
  + Depression
  + Post Traumatic Stress Disorder
  + Anxiety

**Slide 18:** What approaches do VR agencies use to support employment of burn survivors?

* Transferable Skills
* Grief and loss
* Career counseling
* Assistive technology
* Rehabilitation services

**Slide 19:** What additional information could be added to researcher discussions about critical factors that impact burn survivors’ capacity to return to work?

* Individualized Plan for Employment
* Each person is a unique individual, and each burn injury is different.
* The “individualized plan for employment” requires a “comprehensive assessment to determine the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment, of the eligible individual.”
* 34 CFR 361.5(a)(6)

**Slide 20:** How can research help advance the field regarding support and treatment of persons with burn injuries to better assist them in finding and maintaining competitive employment?

* Designing research is difficult because of the relatively small number of persons with burn injuries, coupled with the unique aspects of each individual and each burn injury
* The large number of returning veterans with burn injuries from improvised explosive devices may result in advances in medical treatment and rehabilitation

**Slide 21**: 1. What has been the experience of a VR counselor in supporting burn survivors to return to work?

* Challenging - Rewarding
* Early intervention is critical
* Team approach to include –
  + Patient
  + Family
  + Physician – Burn Center MD and PCP
  + Physical and Occupational Therapists
  + Psychologists
  + Employer
  + Case manager – Insurer and DVR
* Do not wait until “fixed and stable”

**Slide 22:** 2. How can VR practitioners use the research and literature to support burn survivors to return to work?

* Recognize that ‘one size does not fit all’
* Majority of previously employed survivors return to work (RTW)
* Issues can be complex – especially for the previously unemployed
* Successful RTW begins with the evaluation of the client’s work abilities and readiness for work
* Work accommodations after burn injury are often simple, durable, and inexpensive

**Slide 23:** 3. What are some important suggestions for VR practitioners who support burn survivors to return to work?

* Assess for work readiness
  + Identify barriers
    - Ask “what is preventing you from working?”
  + Evaluate for ability and *not* for disability
    - Survivors often underestimate their abilities and RTW options
* Identify community resources to address medical/psychological/functional issues to enhance employability

**Slide 24:** 4. What do VR practitioners need to help them support burn survivors to return to work?

* Access to experienced burn care specialists
* Access to programs and services –
  + Physical Capacity Evaluations, Work Conditioning/Hardening Programs
* Knowledge of occupation and workplace factors
  + Job analysis must be individualized
    - Conversation with employer or onsite evaluation
    - Review with the client

**Slide 25:** 4. What do VR practitioners need to help them support burn survivors to return to work? (cont’d.)

* Employers/business community who are invested
* Knowledge of burn sequela –
  + (arrow pointing down) ROM and deconditioning
  + Pain and Itching
  + Psychosocial issues
  + Scarring

**Slide 26**: Practice Guidelines

**Slide 27:** How can practice guidelines help VR practitioners support burn survivors to return to work?

* + With only 2 reported U.S. burn-centered vocational counselors, best practice guidelines are essential for individuals who assist burn patients with return to work issues.

**Slide 28**: How can practice guidelines help VR practitioners to support burn survivors to return to work? (cont.)

* VR practice guidelines would –
  + identify key factors and processes relevant to burn survivors
  + assist in determining if return to work is possible or if retraining is required
  + provide recommendations for employment re-entry
  + guide the evaluation with vocational planning
* VR recommendations should draw specific conclusions based on the original evaluation purpose and question(s)

Stergiou-Kita M, & Grigorovich A. *J Occup Rehabil* 2013

**Slide 29:** What type of information should the practice guidelines include?

* When a patient is ready to Return to Work?
* Details about the process of Returning to Work?
  + Employer Responsibilities
  + Patient Responsibilities
* Disability Benefits and Insurance options

Screen shot of Northwest Regional Burn Model System Welcome webpage

<http://burnrehab.washington.edu/work>

**Slide 30:** What type of information should the practice guideline include? (cont.)

* PROCESSES to follow when evaluating a client’s abilities
* FACTORS to consider
  + Related to burn sequelae
  + Employment options
  + Workplace environment
* INDIVIDUAL perception of abilities and perceived barriers

Stergiou-Kita M, & Grigorovich A. *J Occup Rehabil* 2013

Esselman PC. *Arch Phys Med Rehabil* 2007

**Slide 31**: Who should be involved in developing the practice guidelines?

* + Experts in burn vocational counseling
  + VR counselors
  + State Agencies: Division of Vocational Rehabilitation
* Burn providers (surgeons or physiatrists)
* Patients (e.g. The Phoenix Society)
* Regulatory representatives (e.g. workman's compensation - L&I - organizations)

**Slide 32**: Who should be involved in developing the practice guidelines? (cont’d.)

* Burn survivors and family members
* Medical team
* Vocational Rehabilitation Counselors
* Case Managers (Worker’s Compensation, DSHS, DVR)
* Other RTW coordinators (Occupational Nurse consultants)
* Employers (workplace safety officers, HR)
* The Phoenix Society (national burn survivor organization) <http://www.phoenix-society.org>

**Slide 33**: Who should be involved in developing the practice guidelines? (cont’d.)

* Institute on Rehabilitation Issues (IRI)
  + Identify and discuss field-initiated topics of importance to the public rehabilitation program.
  + Develop materials which can be used by state VR agencies and others concerned about staff development in rehabilitation.
  + Publish and disseminate the materials widely to persons who provide rehabilitation services to individuals with disabilities.
  + **http://www.iriforum.org**/

**Slide 34**: Wrapping Up  *Thank you for participating!*

* We invite you to:
* Provide your input on today’s webcast
* Share your thoughts on future webcasts topics
* Participate in the Community of Practice to continue the dialogue
* PLEASE CONTACT US: **[ktdrr@air.org](mailto:ktdrr@air.org)**

*Please fill out the brief evaluation form:*

[www.surveygizmo.com/s3/1797360/Burn-Injury-Eval](http://www.surveygizmo.com/s3/1797360/Burn-Injury-Eval)

**Slide 35:** Disclaimer

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