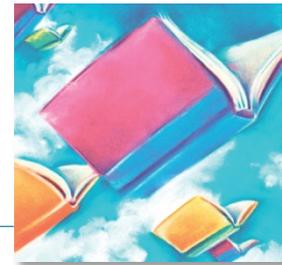


# DARS Library News



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## IN THIS ISSUE

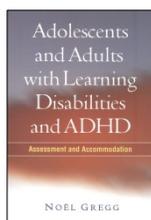
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## New Books

*The Rehabilitation Library* recently received several new books. To borrow any item for up to two weeks, please contact the library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us) or call (512) 776-7260 or toll-free 1-888-963-7111 x7260. The online library catalog at [www.texashealthlibrary.com](http://www.texashealthlibrary.com) lists additional materials.

**2014 scholarship handbook**, 17<sup>th</sup> ed. College Board, 2013. (LB 2338 C655 2013 RHB)

This book provides an easy way to identify private, federal, and state funding sources for a college education. It is targeted to who you are, where you are, and what you want to study.



**Adolescents and adults with learning disabilities and ADHD: assessment and accommodation.** Noel Gregg, 2009. (WS 110 G819 2009 RHB)

This book offers clear guidance on how to conduct evidence-based assessments of adolescents and adults with learning disabilities and ADHD and select appropriate instructional and testing accommodations. The reader learns to navigate the maze of laws, policies, and scientific findings and especially how to support students during the transition from high school to higher education or employment.

**Applying career development theory to counseling**, 6<sup>th</sup> ed. Richard S. Sharf, 2013. (HF 5381 S537 2013 RHB)

This book shows you how to apply the principles of career development to a variety of counseling settings. It is filled with case examples, and includes integrated diversity coverage to give you the advantage in your course and your career. You'll find information about websites on internships, education, counseling organizations, and jobs.

**Counseling and psychotherapy today: theory, practice, and research.** Carol Shaw Austad, 2009. (BF 637 C6 A988 2009 RHB)

This introduction to the field of counseling and psychotherapy prepares students to engage productively with a variety of theoretical models, practice settings, and patient problems. Starting with the big picture of psychotherapy within its sociocultural context and fundamental issues, the author then reviews the major theoretical models. Students are encouraged to develop a mental model that helps them to compare and contrast key features of each theory and to understand the settings in which each best applies.

**Diversity in counseling,** 2<sup>nd</sup> ed. Robyn Brammer, 2012. (BF 637 C6 B736 2012 RHB)

The text provides a comprehensive examination of issues concerning ethnicity, gender, sexual orientation, and mixed cultural identities, and assists the reader in applying the information to counseling. Each chapter includes critical- thinking material consisting of insight exercises, personal stories, and questions to consider.

**Ed Roberts: father of disability rights.** Diana Pastora Carson, 2013. (K 3242.4 C377 2013 RHB)

This is a biography about Edward Verne Roberts, who, at age 14, became a quadriplegic as a result of Polio. The life he lived post-Polio was one of transformation, both for him, and for society's image of people with disabilities. Ed became empowered through his determination, his education, and his advocacy for supports and services that enabled him to become an independent citizen.



**First step: a guide for adapting to limb loss.** 2014. (WE 170 F522 2014 RHB)

In these pages, you will learn about the experience of limb loss, how to work with healthcare providers, how to understand and cope with your emotions, peer support, relationships, body image, rehabilitation, insurance, education, employment, and more.

**Hanging by a thread.** Ronald W. Hull, 2014. (WB 320 H913 2014 RHB)

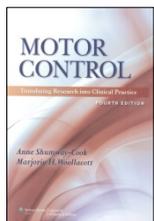
Ron Hull was paralyzed during spinal surgery in 1963. Able to walk with atrophied hands and arms, a hand splint enabled Ron to write and return to college with help from a rehab program. Ron's life changed dramatically but he was determined and, with good grades, got a fellowship to Stanford and a job in industry.

**The lupus book: a guide for patients and their families,** 5<sup>th</sup> ed. Daniel J. Wallace, 2013. (WR 245 W188 2013 RHB)

This edition discusses new drug information and newly discovered information about the pathology of the disease. In particular, Wallace discusses the first drug for Lupus to be approved by the FDA, belimumab (Benlysta), as well as other drugs in clinical trials. Readers will also discover fully updated sections on the science of lupus and breakthroughs in research.

**Lyme disease cookbook: the definitive beginner's guide to healing Lyme disease naturally.** 2014. (WC 406 L986 2014 RHB)

Along with a history and overview of Lyme disease, readers learn about the effect of diet on the disease. Recipes for breakfast, lunch, dinner, and snacks are provided.



**Motor control: translating research into clinical practice,** 4<sup>th</sup> ed. Anne Shumway-Cook, 2012. (WE 103 S562 2012 RHB)

This text prepares therapists to examine and treat patients with problems related to balance, mobility, and upper extremity function based on the best available evidence supporting clinical practice. It presents research findings and their clinical applications in postural control, mobility, and upper extremity function.

**Multicultural counseling and psychotherapy: a lifespan approach,** 5<sup>th</sup> ed. Leroy G Baruth, 2012. (BF 637 C6 B378 2012 RHB)

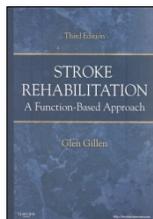
In addition to exploring the lives and experiences of African American, Hispanic American, Asian American, European American, and American Indian populations, this text also considers the other powerful influences on clients' lives, such as sexuality, gender, socioeconomic class, disabilities, and religion.

**The sibling survival guide: indispensable information for brothers and sisters of adults with disabilities.** 2014. (WM 300 S564 2014 RHB)

This book focuses on teenaged and adult brothers and sisters of people with disabilities. It offers tips on how to talk to your parents about plans for your sibling and a crash course in guardianship, medical and legal issues, and government benefits if you're already caring for a sibling with a disability.

**So you want to make a difference: advocacy is key.** Nancy Amidei, 2010. (JF 1525 P6 A453 2010 RHB)

This advocacy manual seeks to help citizens feel more confident about getting involved in policy advocacy; to equip local leaders with tools so they can teach others about policy advocacy; and to stimulate involvement in democratic decision-making and provide information about key resources.

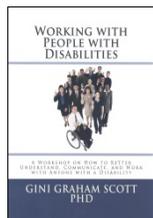


**Stroke rehabilitation: a function-based approach**, 3<sup>rd</sup> ed. 2011. (WL 355 S919 2011 RHB)

This text presents a holistic, application-based approach that integrates background medical information, samples of functionally based evaluations, and current treatment techniques and intervention strategies to help in the management of stroke rehabilitation clients.

**Theory and practice of counseling and psychotherapy**, 9<sup>th</sup> ed. Gerald Corey, 2013. (BF 637 C6 C674 2009 RHB)

Incorporating the thinking, feeling, and behaving dimensions of human experience, this text helps you compare and contrast the therapeutic models expressed in counseling theories. Corey introduces you to the major theories (psychoanalytic, Adlerian, existential, person-centered, Gestalt, reality, behavior, cognitive-behavior, family systems, feminist, and postmodern approaches) and demonstrates how each theory can be applied to a single case. He shows how to apply those theories in practice, and helps you learn to integrate the theories into an individualized counseling style.



**Working with people with disabilities: a workshop on how to better understand, communicate, and work with anyone with a disability.** Gini Graham Scott, 2012. (HD 7255 A2 S368 2012)

A complete guide on how to better understand, communicate, and work with people with disabilities.

## New Audiovisuals

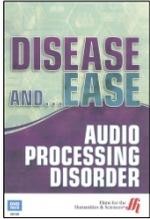


*We have added several new audiovisuals to the Rehabilitation Library. The following titles are available for online viewing through the Films on Demand Service or as DVDs. To access the videos online, you simply need to register for the service on the Audiovisual*

*Library's website at <https://www.dshs.state.tx.us/avlib/films-on-demand.aspx>. To borrow any DVD for up to two weeks, please contact the library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us) or call (512) 776-7260 or toll-free 1-888-963-7111 x7260. The online library catalog at [www.texashealthlibrary.com](http://www.texashealthlibrary.com) lists additional materials.*

**American sign language: greetings, the alphabet, and more – American sign language, Level 1.** 55 min. 2011. (D0664)

This program shows viewers how to sign each letter of the alphabet, then demonstrates the signs for introductions and greetings, family members, rooms in the house, animals, and question forms. Segments of the video are displayed first without and then with text so that viewers can test their understanding. Viewers can assess their comprehension of longer conversations by watching a person tell a story in Sign Language.



**Audio processing disorder: disease and...ease.** 24 min. 2014. (DD0665)

The Disease and... Ease team traveled to London to meet the experts on the diagnosis and treatment of Auditory Processing Disorder. APD affects both children and adults and usually manifests itself as listening or learning difficulties; the brain cannot process sounds effectively even though the individual's hearing appears to be normal. With the help of the audiologists of the National Hospital for Neurology and Neurosurgery and a group of specialists on speech, language, and hearing disabilities, we learn about the challenges of diagnosis, treatment, and management of this affliction.

**Back to full stride: knee replacement surgery.** 26 min. 2010. (DD0664)

Bob had been a lifelong athlete until knee trouble began to keep him off the basketball court. Like millions of aging but still active adults, he confronted the pain only when it started to restrict his daily activities. This program examines deterioration of the knee joint and the options for partial or total replacement when nonsurgical interventions fail to bring relief. Medical experts outline the basics of the procedure along with its risks, stressing the importance of sticking to a postoperative rehabilitation plan. In addition, a hiker discusses her decision to have surgery, now much less invasive than when the procedure was first developed, and how it eventually improved her life.

**Before you apply: job and skills evaluation.** 26 min. 2011. (DD0668)

School is over and it's time to go out and get your dream job but what is that, exactly? Determining a career choice, or a career path, is one of the hardest things to do in life. This video helps new graduates and beginning job seekers clarify their professional goals and find jobs that fit their skills, passions, priorities, and long-term plans. Viewers learn how to use assessment tests, focusing on values, interests, or aptitude and achievement, to identify strengths and challenges; how to make the most of occupational classification systems that describe industries and labor markets in detail; how to obtain references and letters of recommendation that underscore past experience and future potential; and how to explore job training options, whether they involve on-the-job instruction, further academic coursework, or a combination of both.



**Before you apply: resumes, portfolios, and your online persona.** 28 min. 2011. (DD0667)

Job hunting is about selling yourself but to make a sale, you have to advertise. From traditional paper resumes to new-media methods of self-promotion, this video explores the best ways for applicants to showcase their talents, accomplishments, and potential value to employers. An in-depth discussion of resume strategy highlights objectives, structure, formatting (both hard-copy and electronic), and proofreading, followed by read-aloud examples that help clarify what employers do and don't like to see. A detailed look at creating work sample presentations, from basic notebook and photo-album layouts to digital and online portfolios follows. Visual demos show what might work in industries such as marketing, construction, and culinary arts. Finally, viewers are reminded that social networks like Facebook and LinkedIn are powerful promotional tools, if used wisely and professionally.

Visual demos show what might work in industries such as marketing, construction, and culinary arts. Finally, viewers are reminded that social networks like Facebook and LinkedIn are powerful promotional tools, if used wisely and professionally.

**Doing the job: basic job skills.** 30 min. 2011. (DD0669)

An employee's best qualities may have little to do with technical or clerical issues. Often, it is a professional attitude that makes a worker valuable, an array of personal strengths that enable her or him to accomplish goals, get along with colleagues, and rise through the ranks. This video brings those all-too-elusive aspects of job success into focus, exploring professional behavior, ethics, communication, leadership, teamwork, problem solving, organization, and information management. Discussions focus on collaboration, taking initiative, and office etiquette; the hazards of procrastination, dishonesty, and unethical actions; the ability to take and give constructive criticism; the four C's of good writing (be clear, concise, compelling, and correct); effective uses for technology in completing projects and presenting work; and much more

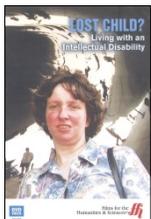
**Finding your purpose.** 40 min. 2011. (DD0666)

The most purposeful people in the world spend their time doing what they love. This video will help viewers discover and live a life of purpose by answering the question "What should I do with my time that will benefit both me and society?". Topics include beliefs, values, achievements, feedback, empowering questions, goal-setting,

your life story, writing your future, vision boards, making your passion pay, affirmations, and more. If you have a purpose, you will achieve it if you believe that you can.

**Inside my mind: inside mental illness.** 52 min. 2013. (DD0670)

Anxiety, a small bout of depression or an obsessional thought, all of us can have these feelings at some time but what if these persist and take over our lives? What causes mental health problems differs for every one of us: our genes, lifestyle, or events from the past can all play a part. But whatever the trigger, mental illness can happen to anyone, at any time. Using computer graphics to travel inside the body, this film explores the science behind mental illness, discovering the social, biological, and psychological changes that happen to five people living with different mental health disorders and unraveling the treatments that are helping them overcome their conditions.



**Lost child? living with an intellectual disability.** 94 min. 2012. (DD0671)

For a person with an intellectual disability, social communications and interactions can sometimes be limited or difficult. “We don’t always know how to get the feelings out,” says Alyssa Ruzzin, whose life is the focus of this film. Coping with the challenges of an intellectual disability compounded by epilepsy, she is an inspiring speaker and a forthright advocate for the rights of people with special needs. Over the course of this documentary filmed by her brother, viewers are given an opportunity to learn more about Alyssa’s rich interior life as well as her struggles and triumphs as she deals with going to work, being in a relationship, and other day-to-day activities. By opening up to Greg and his camera, Alyssa is hopeful that she “might be helping people realize what goes on in other people’s heads when they can’t speak about it”.

**Rupture: living with my broken brain.** 69 min. 2011. (DD0672)

Actress Maryam d’Abo suffered a subarachnoid hemorrhage in 2007. Her near-death experience inspired this film to be made with her husband filmmaker, Hugh Hudson who witnessed her illness. Maryam leads us on a personal journey of recovery, giving hope to those who are isolated by their condition. First-hand stories celebrate our will to survive and bring awareness of an unseen and unpredictable condition that is often misunderstood.

## Featured Websites

**National Organization on Disability:** The National Organization on Disability (NOD) is a private, non-profit organization that promotes the full participation of America’s 56 million people with disabilities in all aspects of life. [http://nod.org/about\\_us/](http://nod.org/about_us/)

**The Reintegration of Ex-Offenders - Adult Program (RExO):** Provides a list of websites to help ex-offenders find employment: <http://www.doleta.gov/RExO/Resources.cfm>

**The Riley Guide:** Contains a list of resources specifically set up to meet the needs or address the interests of the disabled. <http://www.rileyguide.com/abled.html>

**U.S. Equal Employment Opportunity Commission:** Details the laws and regulations surrounding disability discrimination. <http://www.eeoc.gov/laws/types/disability.cfm>

## Featured Journal Articles

If you would like to receive the full text of any journal articles, please contact the library at (512) 776-7559, toll-free 1-888-963-7111 ext. 7559, or e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

### **Benefits of cognitive remediation and supported employment for schizophrenia patients with poor community functioning.**

Bell MD, Choi KH, Dyer C, Wexler BE. *Psychiatr Serv.* 2014;65(4):469-75.

Objective: This study was conducted to determine whether augmenting supported employment with cognitive remediation can improve vocational outcomes and whether augmentation is more important for participants with lower community functioning. Methods: In this secondary analysis of data from two related, single-blind, randomized controlled trials, 175 participants with schizophrenia or schizoaffective disorder received supported employment or supported employment plus cognitive remediation and were classified into higher or lower community functioning according to a median split of their quality-of-life scores at baseline. Participants received one year of active intervention and follow-up a year later. Primary outcome measures were competitive employment rates and total hours of work. results: Employment rates over two years for participants with lower community functioning were significantly different for the two conditions (supported employment=20%, plus cognitive remediation=49%,  $p < .005$ ), whereas participants with higher functioning showed equivalent rates of employment (62% versus 54%, ns). Among lower-functioning participants, those who received cognitive remediation also worked significantly more hours over two years than those who received supported employment only, but higher-functioning participants worked similar amounts of hours in both conditions. Improvements in cognitive functioning and intrinsic motivation were related to employment outcomes but only for the lower-functioning group in the supported employment plus cognitive remediation condition, suggesting possible mechanisms for the observed effects. Conclusions: Augmenting supported employment with cognitive remediation may boost vocational outcomes for participants with lower community functioning but may not be necessary for those functioning better in their communities.

### **Case management training needs to support vocational rehabilitation for case managers and general practitioners: a survey study.**

Demou E, Gaffney M, Khan F, Lando JK, Macdonald EB. *BMC Med Educ.* 2014;16:14:95.

Background: The use of the biopsychosocial model of health and case management for effective vocational rehabilitation (VR) has been confirmed for many health conditions. While Case and Condition Managers (CCMPs) use this approach in their everyday work, little is known about their views on training needs. A review of the training curriculum for General Practitioners' (GPs) revealed little training in VR and the biopsychosocial model of care. This study aims to identify Case and Condition Managers and GPs perceptions of their training needs in relation to employability and VR. Methods: 80 Case and Condition Managers and 304 GPs working in NHS Lanarkshire, providing a comparison group, were invited to participate in this study. A self-completion questionnaire was developed and circulated for online completion with a second round of hardcopy questionnaires distributed. Results: In total 45 responses were obtained from CCMPs, 5 from occupational health nurses (62% response rate) and 60 from GPs (20% response rate). CCMPs and the nursing group expressed a need for training but to a lesser extent than GP's. The GP responses demonstrated a need for high levels of training in case/condition management, the biopsychosocial model, legal and ethical issues associated with employment and VR, and management training. Conclusions: This survey confirms a need for further training of CCMPs and that respondent GPs in one health board are not fully equipped to deal with patients employability and vocational needs. GPs also reported a lack of understanding about the role of Case and Condition managers. Training for these professional groups and others involved in multidisciplinary VR could improve competencies and mutual understanding among those advising patients on return-to-work.

### **Employment support workers' experiences of motivational interviewing: results from an exploratory study.**

Secker J, Margrove KL. *Psychiatr Rehabil J.* 2014;37(1):65-7.

Objective: Motivational interviewing is suggested as a means to increase the success rate for people receiving employment support. This study explored employment workers' experiences of using motivational interviewing following training in the techniques. Method: Semistructured interviews were conducted with employment support workers after motivational interviewing training and again 9 months later. Interviews were audio-recorded and

transcribed for analysis. Results: At first interview the majority thought motivational interviewing had potential but some described difficulty using the skills. At second interview most reported using the skills and motivational interviewing was perceived to have a positive impact. Conclusions and Implications for Practice: Employment support workers find motivational interviewing helpful to use in employment support services. Opportunities for ongoing assessment of skills appeared important for facilitating skill development. Peer supervision might mitigate the resource demands in terms of supervisors' time, while inclusion of relevant requirements in formal role documentation would provide a supportive framework.

**Evaluation of competencies in the field of vocational rehabilitation and the employment of persons with disabilities.** Wltavsky Z, Lebar L, Bitenc C. *Int J Rehabil Res.* 2014;37(2):144-51.

For decades, employment of a person with disabilities has been considered a key indicator of the success of vocational rehabilitation. There is a link between the quality of vocational rehabilitation and a better quality of life for service users; these services have a significant impact on efficiency in the field of work. Very few authors have researched the qualification and skills of rehabilitation experts essential for successfully carrying out their professional activities. The objective of the present study was to investigate the perceived importance attached to the competencies of vocational rehabilitation professionals and the frequency of their application at work in three different countries, which was conducted using a questionnaire that was prepared on the basis of a questionnaire designed by Australian researchers. Basic competencies comprise four sets: vocational counselling, professional practice, personal counselling and rehabilitation case management. Special competencies are composed of two sets: workplace disability case management and workplace intervention and programme management. The questionnaire was completed by 131 respondents, of whom 61 were from Slovenia, 34 were from Austria and 36 were from the UK. t-Tests for two independent samples (sex), analysis of variance (type of education, country) and Pearson's correlation coefficient were used to compare the perception of basic and special competencies. The respondents perceived personal counselling, vocational counselling and management of rehabilitation cases as being the most important, whereas the least importance was assigned to interventions. In practice, the respondents used personal counselling most frequently and very few interventions.

**Health and well-being of homeless veterans participating in transitional and supported employment: Six-month outcomes.** Leddy M, Stefanovics E, Rosenheck R. *J Rehabil Res Dev.* 2014;51(1):161-75.

Supported employment, specifically individual placement and support (IPS), improves competitive employment (CE) rates for individuals with serious mental illness, but has not shown greater improvement in non-vocational outcomes than other rehabilitation approaches. The Department of Veterans Affairs offers two types of vocational services, IPS and transitional work experience (TWE), but no study has compared the effectiveness of these approaches. This secondary analysis of data from a study of homeless veterans compared 6 mo improvement in diverse outcomes for five employment patterns: never worked, worked only in TWE, worked in TWE followed by CE, worked in CE without IPS, and worked in CE with IPS referral. Veterans referred to IPS were more likely to be competitively employed. Those who worked in CE (whether following TWE or with or without IPS referral) showed the greatest increase in days worked, employment income, and total income and the greatest decrease in public support income when compared with those who worked only in TWE or not at all. Veterans in TWE showed the greatest increase in residential treatment days, but there were no other differences in non-vocational outcomes between groups. There are multiple paths to CE, but few differences in non-vocational outcomes across employment experiences.

**Improved occupational performance of young adults with a physical disability after a vocational rehabilitation intervention.** Verhoef JA, Roebroek ME, van Schaardenburgh N, Floothuis MC, Miedema HS. *J Occup Rehabil.* 2014;24(1):42-51.

Purpose: The purpose of this study was to investigate into more detail how occupational performance of participants of a 1-year multidisciplinary vocational rehabilitation intervention changed over time, using a broad focus on three areas of occupational performance, addressing work, as well as self-care and leisure. In addition, we explored differences between employed and unemployed persons. Methods: In a pre-post-intervention design, changes in occupational performance, addressing work, self-care and leisure, were evaluated using the Canadian Occupational Performance Measure (COPM) and the Occupational Performance History Interview (OPHI-II). Results: Eleven young adults (median 22 years) with physical disabilities participated. Post-intervention,

participants experienced fewer problems and showed improved occupational performance in work, as well as self-care and leisure, and improved satisfaction with performance. Participants also showed improved occupational identity and occupational competence, and total scores on OPHI-II. Participants who did not achieve employment did not differ in demographic characteristics. They experienced problems in all three areas of occupational performance at pre-intervention, and more difficulty in interacting in occupational settings (environment). Post-intervention, their levels of occupational identity, competence and settings were similar to those of employed persons. Conclusions: Participants showed improved occupational performance after the intervention. The goal of employment and the broad integrated approach of the intervention seemed to motivate participants to resolve problems in work, as well as self-care and leisure. Unemployed persons faced problems in all three areas of occupational performance at start. Although they seemed to catch up during the intervention, they did not achieve employment within 1 year.

**Life, liberty, and the pursuit of happiness: reframing inequities experienced by people with severe mental illness.** Whitley R, Henwood BF. *Psychiatr Rehabil J.* 2014;37(1):68-70.

Topic: In the Declaration of Independence, Thomas Jefferson stated that citizens of the new republic had fundamental and inalienable rights to "life, liberty and the pursuit of happiness." Purpose: The purpose of this article is to reframe inequities experienced by people living with severe mental illnesses in terms of violations of Jeffersonian rights to "life, liberty and the pursuit of happiness." We simultaneously consider governmental and clinical efforts to address identified inequities and uphold these rights. Sources Used: The broad research literature on severe mental illnesses was examined. Conclusions and Implications for Practice: People with severe mental illnesses experience numerous inequities regarding "life, liberty and the pursuit of happiness." These inequities include diminished life expectancy, excessive involuntary commitment and elevated rates of unemployment and homelessness. Governmental and clinical responses to such inequities include the Affordable Care Act and the Olmstead Decision, as well as recovery-oriented interventions such as Supported Employment and Supported Housing.

**Predictors of return to work 5 years after discharge for wheelchair-dependent individuals with spinal cord injury.** Ferdiana A, Post MW, de Groot S, Bültmann U, van der Klink JJ. *J Rehabil Med.* 2014;46(10):984-90.

Objectives: To examine the employment situation and predictors of return to work for individuals with spinal cord injury 5 years after discharge from inpatient rehabilitation. DESIGN: Prospective cohort study. Subjects: A total of 114 subjects who were employed before the injury and who completed a 5-year follow-up. Methods: Work was defined as having paid work  $\geq 1$  h/week or  $\geq 12$  h/week. Predictors of return to work were identified using logistic regression analysis. Demographic, injury-related, pre-injury work factors and self-efficacy were measured at the start of rehabilitation and at discharge. Results: Return to work rates for  $\geq 1$  and  $\geq 12$  h/week were 50.9% and 42.6%, respectively. Median time to return to work was 13 months. Compared with before injury, participants worked for fewer hours per week and had occupations of lower physical intensity. The majority had a supplementary income. Those who returned to work were financially better-off than those who did not. Only 40% of participants received return to work support. A high/middle level occupation was associated with higher odds of return to work  $\geq 1$  h/week (odds ratio (OR) = 2.39, 95% confidence interval (95% CI) = 1.07-5.30). Low physical intensity of pre-injury occupation was significantly associated with higher odds of return to work  $\geq 1$  h/week (OR = 3.01, 95% CI = 1.31-6.91) and  $\geq 12$  h/week (OR = 2.67, 95% CI = 1.18-5.96). After adjustment for potential confounders, these associations were no longer significant. Conclusion: Return to work after spinal cord injury was relatively high in this study, but entailed considerable changes in the employment situation, especially reduced working hours and less physically intense occupations. Rehabilitation interventions should enhance the skills and qualifications of individuals with physically-demanding pre-injury work in order to improve access to suitable jobs after spinal cord injury. Interventions should focus not only on return to work, but also on the quality of employment, including opportunities to pursue full-time work.

**Predictors of vocational outcomes using individual placement and support for people with mental illness.**

Nygren U, Markström U, Bernspång B, Svensson B, Hansson L, Sandlund M. *Work.* 2013;45(1):31-9.

Objective: People with disabilities find it harder to enter the labour market than people without disabilities and those with a mental illness are, in relation to people with other disabilities, employed at an essentially lower extent. Many are effectively helped by the vocational rehabilitation model Individual Placement and Support (IPS),

but there are still many individuals left in undesired unemployment. This study investigates potential predictors of the vocational outcomes of a one-year follow up of IPS in the north of Sweden. Participants:

The participants were 65 men and women, mostly younger than 30 years of age diagnosed with a mental illness (predominantly with a diagnosis of anxiety and/or depression). Methods: Baseline data related to sociodemographic and clinical characteristics of the client, the client's own

perceptions of every day living and participation, self-esteem and quality of life, as well as the quantity of employment support, were investigated using analyses of logistic regression. Results: Of three identified potential predictors, only psychiatric symptoms remained significant in the multivariate logistic regression analyses. A lower level of symptoms increased the odds with 5.5 for gaining employment during one year. Conclusions: Careful investigation of how psychiatric symptoms influence clients' occupational performance is of importance. By understanding essential aspects of the relationships between the clients' individual characteristics, the rehabilitation context and the vocational outcomes, more appropriate and effective interventions may be offered to the individual client.

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**Prognostic factors for return to work, sickness benefits, and transitions between these states: a 4-year follow-up after work-related rehabilitation.** Oyeflaten I, Lie SA, Ihlebæk CM, Eriksen HR. *J Occup Rehabil.* 2014;24(2):199-212.

Purpose: The aim of this study was to examine if age, gender, medical diagnosis, occupation, and previous sick leave predicted different probabilities for being at work and for registered sickness benefits, and differences in the transitions between any of these states, for individuals that had participated in an interdisciplinary work-related rehabilitation program. Methods: 584 individuals on long-term sickness benefits (mean 9.3 months, SD = 3.4) were followed with official register data over a 4-year period after a rehabilitation program. 66 % were female, and mean age was 44 years (SD = 9.3). The majority had a mental (47 %) or a musculoskeletal (46 %) diagnosis. 7 % had other diagnoses. Proportional hazards regression models were used to analyze prognostic factors for the probability of being on, and the intensity of transitions between, any of the following seven states during follow-up; working, partial sick leave, full sick leave, medical rehabilitation, vocational rehabilitation, partial disability pension (DP), and full DP. Results: In a fully adjusted model; women, those with diagnoses other than mental and musculoskeletal, blue-collar workers, and those with previous long-term sick leave, had a lower probability for being at work and a higher probability for full DP during follow-up. DP was also associated with high age. Mental diagnoses gave higher probability for being on full sick leave, but not for transitions to full sick leave. Regression models based on transition intensities showed that risk factors for entering a given state (work or receiving sickness benefits) were slightly different from risk factors for leaving the same state. Conclusions: The probabilities for working and for receiving sickness benefits and DP were dependent on gender, diagnoses, type of work and previous history of sick leave, as expected. The use of novel statistical methods to analyze factors predicting transition intensities have improved our understanding of how the processes to and from work, and to and from sickness benefits may differ between groups. Further research is required to understand more about differences in prognosis for return to work after intensive work-related rehabilitation efforts.