

Comorbid Traumatic Brain Injury and Visual Impairment: Vocational Rehabilitation Service Provision and Agency-Level Outcomes

What Were We Trying to Learn?

A TBI is an injury to the head that damages the brain. People who experience a TBI may also experience some level of VI, and some people with a pre-existing VI experience a TBI. Rehabilitation can be hard for these individuals due to issues like short-term memory loss or physical limitations.

Almost no research exists on the experiences and outcomes of VR consumers with combined TBI and VI. This study looked at how many consumers with combined TBI and VI are served by VR agencies, how agencies provide services to them, and their employment outcomes. We wanted to know if any VR agency service-provision factors are linked to the number of consumers with combined TBI and VI served and their employment outcomes.

What Are the Most Important Things We Learned?

Most VR agencies serve very few people with combined TBI and VI. The average percentage of consumers with combined TBI and VI served by an agency was just 2%. The average employment rate for these consumers was 43%. The proportion of consumers with combined TBI and VI who were served and their competitive employment rates varied a lot by agency.

Research Takeaway

Some people with a traumatic brain injury (TBI) also experience visual impairment (VI). We wanted to know how many consumers with both TBI and VI are served by vocational rehabilitation (VR) agencies, how agencies provide services to these consumers, and how likely consumers are to find employment.

When working with consumers with combined TBI and VI, VR agencies reported using the following strategies:

- **Collaboration between counselors:** Administrators at 45% of agencies said they used either between-agency or within-agency collaboration to serve consumers with combined TBI and VI. Separate agencies for the blind collaborated with their state's general VR agency. Combined agencies that serve all disability types used within-agency collaboration. In both types of collaboration, a counselor with expertise in TBI and one with expertise in VI worked together to provide services.
- **Involvement of external organizations:** Use of external organizations, like hospitals or rehabilitation centers, was reported by 45% of VR agencies. Some VR agencies used these outside organizations as vendors or contractors, while other agencies reported a deeper level of partnership with outside groups to help them serve consumers with TBI and VI.
- **Specialized TBI units or caseloads:** Some combined agencies (18%) said their agencies had specialized TBI units, programs, or service providers. In some agencies, these personnel worked directly with consumers. In others, they served as resources for direct-service staff.
- **Staff training in TBI:** Twelve percent of administrators said that staff members who served consumers with VI also received training about TBI.
- **Personnel with experience in both TBI and VI:** Just 6% of administrators (representing three agencies) reported having a person on staff with expertise in both TBI and VI.

Over one-third of VR agency administrators (35%) said they did not do anything special or different to serve consumers with combined TBI and VI. No agencies reported having a unique service-delivery program to serve this population.

Employing staff with dual expertise in TBI and VI was the only service approach was linked to both serving more consumers with combined TBI and VI and better employment outcomes for these individuals.

How Do These Findings Relate to Me?

- Provide more training for VR counselors about combined TBI and VI. All counselors and staff
 who work with consumers with VI can benefit from TBI-related training and certification. Certifications
 are offered by the Brain Injury Association of America and the Academy of Certified Brain Injury
 Specialists. In addition, the National Technical Assistance Center on Blindness and Visual Impairment
 offers a free, online continuing education course about combined TBI and VI.
- **Seek out staff with expertise in both TBI and VI.** Employing staff with this dual expertise was linked to serving more consumers with combined TBI and VI and with better employment outcomes for these consumers. Staff with dual expertise may better understand the needs of this population and encourage the appropriate provision of services.
- Plan for the unique challenges of serving consumers with combined TBI and VI. More than a third of agencies reported that service provision for this population was the same as service provision for all other consumers with VI. However, TBI can require specialized intervention, and VR agencies should have a plan for serving these unique consumers.

How Was This Project Carried Out?

We analyzed data on 914 consumers with combined TBI and VI from the Rehabilitation Services Administration Case Service Report (RSA-911) from fiscal years 2013-2015.

We also interviewed administrators at 51 VR agencies, representing all 50 U.S. states and the District of Columbia. Twenty-seven of these states had one VR agency that served all consumers with disabilities (combined), while 24 had two VR agencies, one for consumers who are blind (separate) and one for consumers with all other disabilities (general).

Learn More

Findings were taken from the following article:

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