

Dr. Margaret Glenn

advocates screening for substance abuse in vocational rehabilitation settings. In addition to positive financial implications, such screenings could result in better outcomes for consumers. Turn to Page 3 for more information.

Dr. Ehrlich-Jones

studies the use of motivational interviewing to encourage physical activity among patients with arthritis.

Our Publications

CROR publishes articles and gives presentations throughout the year. A few highlights from this quarter are listed inside.

CROR Outcomes: Quarterly Newsletter



This issue of CROR Outcomes highlights a collaborative study led by Dr. Rowland Chang, a professor of rheumatology at Northwestern University's Feinberg School of Medicine and the director of RIC's Arthritis Center. Arthritis is a serious and potentially debilitating condition that affects millions of people and can significantly limit mobility, ability to do everyday activities, and overall health. One of the best defenses against the effects of the disease

is regular physical activity. With funding from the National Institutes of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), a new Physical Activity Promotion project is evaluating an intervention that could lead to substantive changes in how physicians treat patients with arthritis by promoting physical activity.

Our faculty profile this issue features Dr. Linda Ehrlich-Jones, a

...Continued on Page 6

Dr. Ehrlich-Jones: Integrating Nursing Practice and Outcomes

Dr. Linda Ehrlich-Jones began her professional career with a focus on orthopedic nursing, but a chance position in an arthritis clinic helped her to find her niche and paved the way for her current work as a clinical research scientist at the Rehabilitation Institute of Chicago (RIC).

A native of nearby Wilmette, Illinois, Ehrlich-Jones completed a joint program at Knox College and Rush University, earning degrees in both biology and nursing. After graduation, Ehrlich-Jones spent five years working as a staff nurse on a surgical unit at Rush Presbyterian St. Luke's Medical Center. While at Rush, she worked primarily with orthopedic patients, many of whom had joint replacements – a treatment that Ehrlich-Jones found interesting because of the often dramatic improvement in patients' mobility.

In 1985, Ehrlich-Jones entered a master's program in nursing at Loyola University and after discovering there were no preceptors available for her practicum work in orthopedics, she developed a working relationship with a nurse specialist in the arthritis clinic at Michael Reese Hospital.

...Continued on Page 4

Physical Activity: The Best Defense Against Arthritis

Arthritis is a serious and potentially debilitating condition that affects millions of people and can have a significant impact on patients' mobility, ability to do everyday activities, and overall health. One of the best defenses against the effects of the disease is regular participation in physical activity, according to Dr. Linda Ehrlich-Jones, a clinical research scientist at the Rehabilitation Institute of Chicago (RIC).

"We think our intervention will make it easy for hospitals and physician's offices because the information is easily disseminated and a lot of the interaction can be done over the phone."

Dr. Trudy Mallinson, Associate Director

Physical activity plays a critical role in pain management and increased mobility for several reasons. First, physical activity can help maintain muscle strength around joints affected by arthritis. It can also help control swelling, stiffness and pain by replenishing lubrication to the cartilage of affected joints. Finally, physical activity can help overweight patients to lose excess weight and maintain a healthier lifestyle, which is especially important because overweight people can experience exacerbated symptoms due to added strain on their joints.

Despite all of the positive effects of regular physical activity, encouraging people with arthritis to be more physically active has proved to be a challenging endeavor, especially because the discomfort, swelling and stiffness that often accompany the disease can lead patients toward a more sedentary lifestyle.

"We now know that sitting on the couch or staying in bed can be detrimental for people with arthritis," explained Ehrlich-Jones. "It's

...Continued on Page 5



Vocational Rehabilitation: Screening for Alcohol and Substance Abuse Disorders

Six years ago, an epidemiological study of substance abuse among vocational rehabilitation programs in three states revealed that counselors were rarely asking consumers questions regarding substance abuse, exploring the subject only if directly asked.

the Substance Abuse Resources and Disability Issues (SARDI) program at Wright State University. "That told us that a lot of the problems with substance abuse went undetected."

That low rate of detection is due to several factors, according to Dr. Allen Heinemann, Director

of cord injury, and are unprepared to deal with a second or underlying condition. In addition, service providers in vocational rehabilitation programs usually don't have the appropriate training needed to identify problems and assist consumers in seeking treatment, Heinemann said.

Lack of training is problematic, given that people with disabilities have a higher rate of drug and alcohol abuse than the general population, which has a tremendous impact on health and employment, said Moore. "It's not uncommon for people to use thousands of dollars in vocational services, arrive at their new job and fail the drug test. That's a terrific loss of rehabilitation dollars and it's also very difficult for the consumer."

When Moore spoke with vocational rehabilitation directors

...Continued on Page 3

Vocational Rehabilitation Counselors often think of consumers as having only one primary disability... and are unprepared to deal with a second or underlying condition.

"We also found that 25 percent of people in vocational rehabilitation settings had a likelihood of substance abuse problems, but the actual numbers we saw were much lower," said Dr. Dennis Moore, director of

of the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC). Counselors often think of consumers as having only one primary disability, such as a spinal

Quarterly Highlights

Grants/Contracts Awarded

1. Consortium for Assistive Technology Outcomes Research - DRRP. Subcontract from Duke University. National Institute on Disability and Rehabilitation Research. Ruyter F (PI). **Heinemann AW** (RIC PI) 1/2007 to 12/2011.
2. Post Acute Care Reform Demonstration. Subcontract from RTI International (Gage, PI). Centers for Medicare and Medicaid Services. **Deutsch A** and **Heinemann AW** (RIC co-PIs). 2/2007 to 12/2011.

Manuscripts

1. Doninger NA, Ehde DM, **Bode RK**, Knight K, Bombardier CH, **Heinemann AW**. Measurement properties of the Neurobehavioral Cognitive Status Examination (Cognistat) in traumatic brain injury. *Rehabilitation Psychology*, 51(4), 281-288, 2006.

2. Hahn EA, Cella D, **Bode RK**, Gershon R, Lai J-S. Item banks and their potential applications to health status assessment in diverse populations. *Medical Care* 2006;44:11 Supplement; S189-S197.
3. **Bode RK**, **Heinemann AW**, Zahara D, **Lovell L**. Outcomes in two post-acute non-inpatient rehabilitation settings. *Topics in Stroke Rehabilitation*, 14(1), 38-47, 2007.

Presentations

1. **Mallinson T**, **Ehrlich-Jones L**, **Fischer H**. Enhancing health behavior change in rehabilitation settings: Introduction to motivational interviewing. Short course at The American Occupational Therapy Association's 87th Annual Conference & Expo in St. Louis, MO, April 23, 2007.

2. **Mallinson T**, **Deutsch A**, **Ehrlich-Jones L**, **Heinemann AW**. Presented and participated in Technical Expert Panel for the Development of a Patient Assessment Instrument; Centers for Medicare and Medicaid Services, Baltimore, MD; March 6 – 7 and April 17 – 18, 2007.
3. **Heinemann AW**. Debriefing on Symposium on Post Acute Rehabilitation: Setting a Research Agenda and Developing an Evidence Base for Practice and Public Policy, Invited presentation, American Hospital Association annual meeting, May 6, 2007, Washington, DC.
4. **Ehrlich-Jones L**. Chronic Disease Self-Management, Invited Presentation, Spondylitis Educational Support Group Leader Training, May 6, 2007, Los Angeles, CA.

following the initial epidemiological study, he found they would be more proactive if they had a screening instrument that was sensitive, and could be used quickly and easily.

Crafting the instrument

In 2004, spurred by the counselors' response, Heinemann, Moore and several other researchers began a five-year study with the purpose of developing a screening instrument designed specifically for use in vocational rehabilitation programs. The project, known as the Rehabilitation Research and Training Center (RRTC) on Substance Abuse, Disability, and Employment, received funding from the National Institute on Disability and Rehabilitation Research. The project's goal entailed finding a delicate balance between instrument sensitivity and ease of use, said Moore.

While the Diagnostic Interview Schedule (DIS) is a widely-used and accepted instrument for assessing drug and alcohol dependence in the general population, it can often take 30 minutes to an hour to administer – much too long for an overloaded counselor to utilize effectively with each client. The researchers turned to the Substance Abuse Subtle Screening Inventory (SASSI), a shorter, more adaptable screening instrument developed by Glenn Miller, founder of the SASSI Institute, Springville, Indiana.

"We wanted something that would be short, very easy to read and administer, something that had comprehensible questions, and we wanted to have the infrastructure already in place so we could tailor an instrument to be sensitive to disability issues," Moore explained. "We thought the SASSI instrument was our best option."

Heinemann, Moore and the other researchers developed the Substance Abuse and Vocational Rehabilitation Screener (SAVR-S), an instrument that was based on the SASSI-3, but could be self-administered in 10 minutes or less and included items specific to people with disabilities such as questions about prescription medication abuse.

In order to test the validity of the SAVR-S, researchers recruited 942 people in Ohio, Illinois and West Virginia – all of whom completed both the SAVR-S and the DIS interview. "We developed a classification algorithm to



Dr. Margaret Glenn: "Going Back To Her Roots"

Dr. Margaret Glenn's first exposure to the field of rehabilitation research took place at a time in her life when most people are just beginning to learn how to read. Glenn's mother worked in a comprehensive rehabilitation center in Virginia and from the time Glenn was a young child, she often accompanied her mother to work.

"I grew up around people in the physical rehabilitation field," Glenn said. "I like to say I started my career 41 years ago, when I was seven years old. My career counselor was a woman who was quadriplegic from an accident sustained in the 1940's. That made my orientation to the world of disability a bit different than most people."

Glenn, who is the coordinator of the Rehabilitation Counselor Education Program at West Virginia University, and a research collaborator with the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC), grew up in Virginia and studied education at Bridgewater College. However, after earning her teaching certificate, Glenn was drawn back to the field she grew up in, and subsequently took a job as a rehabilitation counselor.

As she worked as a counselor, Glenn earned a master's degree at Virginia Commonwealth University and began to specialize in providing vocational rehabilitation services to people with substance use disorders. Then in the early 1990s, Glenn took a position managing a Resource Center on Substance Abuse Prevention and Disability located in Washington, D.C.

"It was a great learning experience," said Glenn. "At the center we collected materials, developed new materials and disseminated them nationwide. People could call us for information on a specific subject area. For instance, if someone needed information and fact sheets about substance abuse and traumatic brain injury, we would send over those materials. We also operated a nationwide training program for rehabilitation counselors."

Glenn finished her doctorate from The George Washington University in 1997 and what followed was, as she describes, a "mid-life reinvention" coupled with a desire to get back to teaching. She moved west and taught at Montana State University for a few years, and then relocated back to Virginia to teach at Virginia Commonwealth University.

Then in 2000, Glenn found an opportunity to lead an educational program when she joined the faculty of the West Virginia University Rehabilitation Counselor Education Program. The department offers a master's degree in rehabilitation counseling and gives students an opportunity to work in public vocational programs as well as the private rehabilitation sector. The program is delivered on campus and in an e-campus model in which, at present, 86 students are enrolled.

Glenn has collaborated on projects with Dr. Dennis Moore, director of the Substance Abuse Resources and Disability Issues program at Wright State University, and Dr. Allen Heinemann, director of the Center for Rehabilitation Outcomes Research at the RIC, since the early 1990s. Two years ago, Glenn began working with Moore and Heinemann once again on a project to develop a substance abuse screening instrument tailored specifically for use in vocational rehabilitation agencies and centers.

Glenn's role in the project has entailed traveling to the areas where the instrument, known as the Substance Abuse and Vocational Rehabilitation Screener (SAVR-S), will be employed and training the vocational rehabilitation counselors on the subject matter, specifics of the instrument, and how to effectively address the results.

"What we are doing is introducing counselors to the idea of screening and also explaining why substance abuse screening is so important in improving outcomes for clients of the public vocational rehabilitation system," Glenn says. "With new ideas, there is always some resistance, but I think we've been very successful so far. It's possible to teach people to understand how this instrument can proactively solve problems, addressing them before failure occurs."

Vocational rehabilitation programs in Illinois, Ohio, and West Virginia are currently using the screening instrument for the study, and agencies in Utah, Virginia, and Kentucky will be using the SAVR-S soon as well. That's good news, said Glenn, because it means she'll be able to train counselors at her old agency and home state, the Virginia Department of Rehabilitative Services. "I always seem to return to my roots."

Ehrlich-Jones (Continued From Page One)



“I found arthritis fascinating because it really is like detective work,” said Ehrlich-Jones. “It really gave me the opportunity to take care of patients, be involved in research and get administrative experience as well.”

Ehrlich-Jones remained at Michael Reese Hospital’s arthritis clinic, where she also worked on several research projects, until 1991, when she accepted a position as a clinical nurse specialist in the rheumatology clinic at the University of Chicago Hospitals. Ten years later, after moving to a part-time staff development position at the hospital in order to finish her Ph.D., Ehrlich-Jones completed her doctoral dissertation entitled, “Self-care behavior of African-American elderly

with arthritis.”

After earning her Ph.D., Ehrlich-Jones spent nearly three years teaching medical-surgical nursing and

received funding, at which point she moved over to CROR full-time.

Within the five-year study, Ehrlich-Jones is one of the project

“I found arthritis fascinating because it really is like detective work... [It] gave me the opportunity to take care of patients, be involved in research and get administrative experience as well.”

Dr. Ehrlich-Jones, Clinical Research Scientist

research to undergraduate students at Northern Illinois University – an experience she found to be rewarding, but also very demanding.

In May 2004, Ehrlich-Jones left the university and accepted a newly-added administrative position as the education program manager for nursing at RIC. Soon after, she was approached by researchers from the Center for Rehabilitation Outcomes Research (CROR) at RIC. They asked Ehrlich-Jones if she was interested in working on a pilot project involving physical activity promotion with patients who have rheumatoid arthritis or knee osteoarthritis.

Ehrlich-Jones eagerly accepted, but remained at her administrative position, working on the research project only one day a week until November 2005, when the study

managers and also works as a physical activity advocate, encouraging patients with arthritis to engage in regular physical activity through motivational interviewing techniques and follow-up appointments.

“We don’t have any results yet, but it’s been a lot of fun and I’ve had the opportunity to work with several occupational therapists,” said Ehrlich-Jones. “We come from very different perspectives, especially with regard to functionality, and I’ve learned a lot from them.”

In addition to the arthritis project, Ehrlich-Jones is also working with several other CROR staff members to develop a post-acute care assessment tool for the Centers for Medicare and Medicaid Services (CMS).



Photo (left to right): Susan Magasi, Richard Epstein, Allen Heinemann, Deepa Rao, and Manasi Tirodkar. **Post-doctoral fellows funded by RRTC and Advanced Rehabilitation Research Training Grant.**

Arthritis (Continued From Page One)

extremely important for us to encourage people to be more physically active.”

According to a recent report from the Centers for Disease Control, the number of U.S. adults with arthritis will jump to 46 million by 2030 – a leap that will dramatically increase disability and health care costs unless new, more effective methods of addressing symptoms and their effects are not developed.

“Greater use of existing evidence-based interventions and development of new interventions aimed at decreasing pain, improving function and delaying disability associated with arthritis are needed to reduce the impact of these projected increases, particularly in those states that will be most heavily affected,” the CDC report said.

Prompted by the growing number of people with arthritis and the lack of programs promoting physical activity, researchers at the Center for Rehabilitation Outcomes Research (CROR) at the RIC and Northwestern University’s Feinberg School of Medicine collaborated to create an appropriate intervention that could identify barriers to physical activity, promote successful involvement in a physically active lifestyle, and follow up with patients to increase their likelihood of success.

The Physical Activity Promotion Program

In September 2005, after receiving a 5-year grant from the National Institutes of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), the research team began implementing the program for promoting physical activity in patients with rheumatoid arthritis and knee osteoarthritis.

The team, led by Dr. Rowland Chang, a professor of rheumatology at the Feinberg School of Medicine and the director of the RIC’s Arthritis Center, had spent the three years prior to receiving the grant doing preparatory work that included developing an instrument used to identify patients’ supports and barriers to physical activity, – known as the Arthritis Comprehensive Treatment Assessment (ACTA) – testing and refining that instrument, and conducting pilot studies.

“When I joined the project during pilot 3, Dr. [Trudy] Mallinson had already developed the instrument and we were working on further developments,” said Ehrlich-Jones. “Trudy also developed an interview to get patients thinking about the questionnaire, which changed quite a bit as we learned more about motivational interviewing techniques.”

What emerged from the processes of refining the instrument and collecting data, which took place before the grant was awarded, was a six-part intervention aimed at increasing patients’ levels of physical activity. The ACTA interview, used to identify supports and barriers to exercise, is the first component of the intervention and is administered by members of the research team, known as physical activity advocates. The physical activity advocates, including Mallinson and Ehrlich-Jones, utilize informal interviewing techniques to elicit patients’ responses on how factors such as balance, range of motion, and emotional supports act as supports or barriers to physical activity.

“The initial interview is really about listening and reflecting what patients say back to them, which is much different from how a normal patient interview goes,” explained Ehrlich-Jones. “Helping people change isn’t about telling them what to do, it’s about helping them decide to change and to figure out how to do it.”

After the initial ACTA interview, the physical activity advocate works collaboratively with the patient to set realistic physical activity goals and develop an action plan to achieve them. For instance, if a patient chooses brisk walking as part of his or her action plan, the advocate helps them specify which park they will walk in at what time of day and for how long, said Ehrlich-Jones.

In the next step of the intervention, the patient and advocate work together to decide on three top physical activity goals, a plan to achieve them, and a timeframe in which to do so. Then the client signs and dates the document – a simple formality that effectively assists patients in taking their

goals seriously, said Ehrlich-Jones. “When they leave the office with a piece of paper in their hand that has their goals and action plan, it really helps them to focus and feel like they were an active part of the process,” she explained.

After the physical activity advocate and the patient have identified goals and a plan to reach them, researchers also provide the patient with a pedometer, a monthly calendar for recording the number of steps they take each day, and a physical activity pyramid that shows low, moderate, high moderate, and vigorous levels of activities to provide the client with an understanding of how to evaluate their daily activity. Then they decide how often they will meet to discuss the patient’s progress.

“We try to be very flexible and leave it up to them to decide when they want to have contact with us,” said Ehrlich-Jones. “We always do the initial interview in person, but after that, we can conduct follow-ups over the phone or via email.”

Details of the physical activity study

The study, which has three years remaining, will eventually include 240 patients with rheumatoid arthritis and 240 patients with knee osteoarthritis. Half of each group, randomized by site and functional status, will receive the six-component physical activity intervention.

For the remaining halves of each group, which constitute the study’s control group, physicians will only provide a routine consultation on the importance of physical activity and will also read the surgeon general’s guidelines for physical activity to the patient. Those guidelines essentially recommend a minimum of 30 minutes of moderate intensity physical activity – such as brisk walking – on most, if not all, days of the week.

Researchers are currently enrolling patients, and the team has enrolled half of the rheumatoid arthritis group and a smaller percentage of the knee osteoarthritis group, said Ehrlich-Jones. Patients begin their two-year participation in the study as soon as they’re enrolled, and although researchers won’t begin analyzing data until the study is complete, that approach has given researchers a chance to see how motivational interviewing techniques, goals and action plans have helped to spur an interest in physical activity.

The physical activity advocate’s approach is tailored specifically to the needs of each patient and can include referrals to other physicians, psychologists and physical therapists. For instance, one woman in the study wanted strength training for her upper extremities and Ehrlich-Jones gave her some options including physical therapy and the in-house fitness center.

“People have been gracious and enthusiastic, and they really seem to like the interviewing techniques, especially because they go home with something in their hands and a plan for the future,” said Ehrlich-Jones.

Implications for the future

Researchers involved in the development of the Physical Activity Promotion Program have high hopes that the intervention will lead to substantive changes in both the way physicians treat patients with arthritis and the level of physical activity among the arthritis population. If successful, this study may help convince healthcare providers to become more involved in promoting physical activity as part of managing the effects of arthritis.

Results of the study, Mallinson said, will hopefully demonstrate that people with arthritis need more active and involved support to make dramatic lifestyle changes that incorporate regular physical activity into their daily lives. She believes this new approach to physical activity promotion is better-suited to a chronic condition like arthritis than one-time interventions.

“We think our intervention will make it easy for hospitals and physician’s offices because the information is easily disseminated and a lot of the interaction can be done over the phone,” Mallinson said.

CROR Outcomes (Continued From Page One)

clinical research scientist at the Rehabilitation Institute of Chicago and Research Assistant Professor in the Department of Physical Medicine and Rehabilitation in Northwestern University's Feinberg School of Medicine. She collaborates on the NIAMS project as well as work funded by the Centers for Medicare and Medicaid Services. Read about her progression from faculty member teaching undergraduates at Northern Illinois University, to education program manager for nursing at RIC, to clinical research scientist in CROR. The continuity of her interests in arthritis is evident.

Another collaborative project for CROR staff is conducted with the Rehabilitation Research and Training Center on Substance Abuse, Disability, and Employment led by Dr. Dennis Moore at Wright State University. The project was designed in response to an epidemiological study of vocational rehabilitation customers in three states that revealed that rehabilitation counselors rarely ask about substance abuse even though the incidence of substance use by customers was fairly high. With funding from the National Institute on Disability and Rehabilitation Research, this project has developed and validated the Substance Abuse and Vocational Rehabilitation Screener. Underway is an evaluation of vocational outcomes of people who are screened as part of routine service delivery. Partnership with the state-federal vocational rehabilitation system is critical to the success of this project.

One of the key personnel involved in this project is Dr. Margaret Glenn. She is profiled as a CROR collaborator in this newsletter. Read about her experience at the Resource Center on Substance Abuse Prevention and Disability and her graduate education at Virginia Commonwealth University and George Washington University. She coordinates field training in six states on RIC's collaborative project to develop the Substance Abuse and Vocational Rehabilitation Screener. Dr. Glenn is on the faculty of West Virginia University's Rehabilitation Counselor Education Program and has collaborated with CROR staff since the early 1990s.

Finally, I am happy to provide an update on our Rehabilitation Research and Training Center-sponsored State-of-the-Science Symposium on post acute rehabilitation, which was held February 12 and 13. Please, turn to Page 7 for information about research recommendations developed at the symposium, corresponding peer-reviewed manuscripts, and video highlights.

As always, your opinion matters to us. If you have a comment or suggestion regarding our research or the CROR Outcomes newsletter, we welcome your feedback. Comments and letters to the editor can be sent to <kstagg@ric.org>.

Allen W. Heinemann, PhD
Director, CROR

Advisory Board Members: Thank You!

Two of our major grants – a Disability and Rehabilitation Research Project (DRRP) and the Rehabilitation Research and Training Center (RRTC) on measurement – are funded by the National Institute on Disability and Rehabilitation Research (NIDRR). Volunteer advisory committees guide and oversee activities under both of these grants. For their selfless time and dedication, we thank the following:

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Photo: April '07 Advisory Board Meeting. Drs. Gage and Westbrook.

State-of-the-Science Symposium Brings Leaders From the Field and Strong Agency Participation

The “State of the Science Symposium on Post-Acute Rehabilitation: Setting a Research Agenda and Developing an Evidence Base for Practice and Public Policy” was well attended during its two-day run on February 12-13, 2007 at the Hyatt Regency in Crystal City, Virginia. “Setting a Research Agenda and Developing an Evidence Base for Practice and Public Policy” was the symposium theme. The meeting was attended by over 270 representatives from policy, consumer, provider and payer organizations including the Centers for Medicare and Medicaid Services, federal rehabilitation research agencies, rehabilitation hospitals, professional associations, and others.

The aims were to develop an agenda for research that will support an evidence base for post-acute care rehabilitation, including issues related to measurement and research design, access to post-acute care rehabilitation services, organization of rehabilitation services, and outcomes attained for beneficiaries of Medicare and other insurers. The program was co-sponsored by several professional and provider organizations. Keynote speakers included former Senator Robert Dole, Laurence Wilson, Director of Medicare’s Chronic Care Policy Group, and Steven Tingus, Director of the National Institute on Disability and Rehabilitation Research and Chair of the Interagency Committee on Disability Research. Undergoing peer review are papers from plenary speakers, authors of state-of-the science summaries of relevant literature, and a synthesis of recommendations for future research. We will be sending an executive summary of the symposium recommendations to leading rehabilitation journals for dissemination.

Photographs shown below capture our expression of appreciation to Steven Tingus and Senator Robert Dole for their participation in the symposium. If you did not attend, video highlights of the symposium and a press conference can be viewed at <http://www.amrpa.org/2007symposiumpressconference.asp>.



Dr. Heinemann with Senator Bob Dole (left) and Steven Tingus (right).

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Voc Rehab (Continued From Page Three)

make sure that the DIS data were consistent with the SAVR-S data,” said Heinemann. Moore added that “the SAVR-S instrument demonstrated higher than expected specificity and sensitivity when measured against the DIS, considering the test taking challenges faced by some persons with disabilities.”

“It’s not uncommon for people to use thousands of dollars in vocational services, arrive at their new job and fail the drug test.”

*Dr. Dennis Moore, Director
SARDI Program - Wright State University*

The second phase of the study

The first year and half of the study was dedicated solely to the development and testing of the SAVR-S. In Phase II, half of the more than 800 vocational rehabilitation counselors in Illinois, Ohio and West Virginia have the opportunity to screen their customers with the SAVR-S, while the other half will begin implementation next year. This design provides a within-group, controlled study to investigate outcome changes that might be attributable to the screener.

The SAVR-S is 42 items in length and includes true-false questions, as well as questions with a three-option frequency rating scale. After counselors administer the test, they fax the results to the SASSI Institute where the results are received in a database and scored. The institute immediately sends automated feedback to the counselor, including an interpretive report that can be used for rehabilitation planning.

“The project has been under way in Illinois since September, and about 15 to 20 percent have screened positive so far,” explained Heinemann. “That’s consistent with the literature on rehabilitation customers, but our hunch is that most of those cases would have gone undetected because there was no screening system in place.”

For the 80 to 85 percent of clients without substance abuse problems, it will probably make no difference if they’re screened with the SAVR-S, Heinemann says. For the 15 to 20 percent with positive screening results, however, the hope is that they will achieve better vocational rehabilitation outcomes.

According to Dr. Linda Lazowski, a senior research psychologist at the SASSI Institute, the system has received more than 800 submissions from Illinois alone and while there have been minor glitches with things like the quality of the fax transmissions, the project has been very successful. “We were very happy to be able to maintain the validity of the instrument, but provide a shorter test for vocational rehabilitation counselors to administer,” she said.

The future of the SAVR-S instrument

The early success of this study has contributed to additional funds being granted from the National Center for the Dissemination of Rehabilitation Research (NCDDR) to expand utilization of this screener to three more state systems. Virginia, Kentucky and Utah’s vocational rehabilitation programs have agreed to participate and will be using the instrument by the end of the summer. “This project is exciting because we’re working on a system level rather than on an individual level,” Heinemann. “The statewide level is more ambitious and can have a much broader impact.”



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CROOR Outcomes

Spring 2007 Issue...

CROOR Outcomes is the quarterly newsletter of the Center for Rehabilitation Outcomes Research (CROOR) at the Rehabilitation Institute of Chicago. This quarter, we share updates on exciting new projects and highlight unique contributions made by one of our faculty members and collaborating researcher. As always, we hope you find the newsletter of interest.

Physical Activity and Arthritis...

In this edition of CROOR Outcomes, we discuss a recent CDC publication related to physical inactivity and arthritis. Researchers at CROOR are studying the impact of motivational interviewing to promote physical activity in people with arthritis. Could this be part of a solution to what the CDC refers to as a looming crisis?

Vocational Rehab and Substance Abuse...

The Rehabilitation Research and Training Center (RRTC) on Substance Abuse, Disability, and Employment at Wright State University, the SASSI Institute, and CROOR have validated a substance abuse screening tool designed specifically for use in vocational rehabilitation settings. The tool is now being routinely administered in three states. The results could have major implications for vocational rehabilitation.

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