



FACT SHEET

Efficacy & Effectiveness of Resource Facilitation

Improving Return to Work and Reducing Disability following Brain Injury through Resource Facilitation

"It [RESOURCE FACILITATION] HAS CREATED A GREATER AWARENESS OF WHAT HAS HAPPENED TO ME AND GIVEN ME THE TOOLS AND STRATEGIES TO FIND MY NEW NORMAL."

– Resource Facilitation Client

Resource Facilitation (RF) was developed to improve return to work and school after brain injury. Resource Facilitation maximizes outcome through:

- Providing brain injury-specific education (e.g., the effects of memory impairment on learning a new job) and promoting awareness of resources (e.g., financial assistance, transportation, brain injury specialized therapists) to individuals with brain injury, their families, other providers and the community;
- Proactively helping the individual identify, obtain, and navigate needed instrumental, brain injury-specific (e.g., physician that specializes in brain injury), community and vocational supports and services specific to the person's brain injury and their specific goals; and
- Ensuring collaboration, integration and coordination between providers and community-based resources, for example between a psychologist treating the client's depression, the therapist helping the client compensate for their memory impairment, and the employment specialist helping the client learn a new job.

The efficacy of RF has been demonstrated through two randomized controlled trials (RCT). In the first RCT, 64% of participants successfully returned to work or school in the treatment group as compared to 36% in the control group¹. In the second RCT, we replicated our findings with a larger sample and found 87.5% success in the treatment group compared to 50% success in the control group. RF participants were found to be seven times more likely to participate in productive community-based work than the control group. In addition, the risk of no productive community-based work was 75% higher in the control group.²

These outcomes have been demonstrated to have a very significant economic impact for the State of Indiana.³

- Annual savings of \$31,017,775 which would have otherwise been lost; and
- This does not include annual losses to business taxes (\$10 million), personal tax revenues (\$4.8 million), or expenses associated with fringe benefits, Medicare, Medicaid, or Disability.
- The aggregate of overall savings to the State has been estimated to be potentially as much as \$70-80 million a year.

RHI Resource Facilitation Department

9531 Valparaiso Court • Indianapolis, Indiana 46268

Tel: (317) 329-2455 Fax: (317) 872-0914

FACT SHEET

Efficacy & Effectiveness of Resource Facilitation

Based on the outcomes of this research, Indiana Vocational Rehabilitation Services authorized a clinical cohort trial in which 141 clients were provided RF who were, on average, 10 years post-injury.⁴

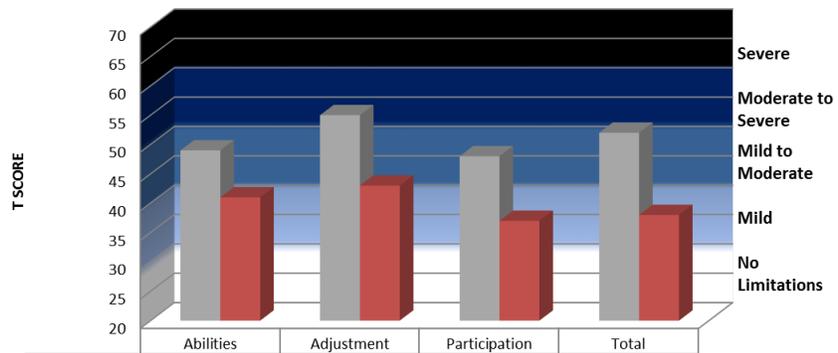
- 70% were successful with return to work or school;
- Prior to Resource Facilitation, Indiana Vocational Rehabilitation services reported an 18% success rate for people with brain injury; and
- When looking specifically at return to school, the RF program has demonstrated a 75% success rate.

In addition to work and school outcomes, the RF quality metrics also include measures of activities of daily living (ADLS)⁵, level of disability (MPAI-4)⁶, and unmet service needs (SUNSU)⁷.

Analyses of the ADLS results demonstrated a statistically significant decrease in the reported amount of assistance required to complete activities of daily living after RF (t=5.35, p=.000).

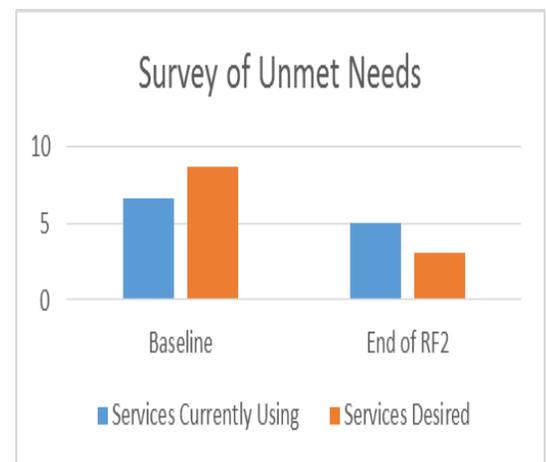
MPAI-4 results show a significant decline in level of disability across all subscales: abilities (e.g., mobility, memory), adjustment (e.g., depression social interaction), and participation (e.g., managing money, transportation) after RF (t=4.07, p=.000).

Mayo-Portland Adaptability Inventory



SUNSU results demonstrated that that, on average, clients were using 6.65 services at baseline compared to 5 services at discharge (t=2.83, p=.005). A decrease in desired needs was also detected between baseline and end of RF on the SUNSU. On average, clients reported 8.62 unmet, desired needs at baseline compared to 3.02 at the end of RF (t=13.53, p=.000).

Examples of needs that were met through Resource Facilitation include controlling alcohol and/or drug use, increasing independence in eating, dressing, and bathing, and finding housing that is affordable and accessible.



End Notes

- ¹ Trexler L. E., Trexler L. C., Malec J. F., Klyce D., Parrott D. (2010). Prospective Controlled Trial of Resource Facilitation on Community Participation and Vocational Outcome Following Brain Injury. *Journal of Head Trauma Rehabilitation* 25(9): 440-446.
- ² Trexler, L. E., Parrott, D. R., & Malec, J. F. (2015). Replication of a Prospective Randomized Controlled Trial of Resource Facilitation to Improve Return to Work and School after Brain Injury. *Archives of Physical Medicine and Rehabilitation*: 97(2), 204-210.
- ³ Reid, I., McCreary, K. A., & Hicks, M. J. (2011). Potential Economic Impact of Resource Facilitation for Post-Traumatic Brain Injury Workforce Re-Assimilation. Ball State University Center for Business and Economic Research, 1-4.
- ⁴ Trexler, LE, Parrott, DR, Ibarra, SL & Trexler, LC (in preparation). Results of a prospective clinical cohort of resource facilitation on return to work
- ⁵ Johnson, N., Barion, A., Rademaker, A., Rehkemper, G., & Weintraub, S. (2004). The Activities of Daily Living Questionnaire: a validation study in patients with dementia. *Alzheimer disease & associated disorders*, 18(4), 223-230.
- ⁶ Malec, J., & Lezak, M. D. (2003). The Mayo-Portland Adaptability Inventory (MPAI-4).
- ⁷ Heinemann, A. W., Sokol, K., Garvin, L., & Bode, R. K. (2002). Measuring unmet needs and services among persons with traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 83(8), 1052-1059.