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Why Some Vocational Rehabilitation Clients Leave the System Early

Almost half of Vocational Rehabilitation (VR) clients leave the system before completing services. This situation, called “premature exit,” includes cases when clients refuse to continue services or fail to cooperate, as well as when VR loses touch with clients because of inaccurate contact information.

Premature exits are a problem for both clients and agencies. Clients who prematurely exit the system experience worse economic outcomes than clients who stay and become employed (Hayward & Schmidt-Davis, 2003). For agencies, premature exits translate into significant costs without positive employment outcomes. In 2006 alone, VR spent more than \$207.5 million on cases closed as “refused services” and “failure to cooperate” (RSA 911).

The purpose of this qualitative study is to learn about the factors leading to premature exit so strategies can be developed to reduce the rates of premature exit among rural VR clients.

Methods

Eight VR agencies in seven states with large rural populations agreed to assist in recruiting participants. These included Louisiana, Alabama, Minnesota-general, Minnesota-blind, Nebraska-blind, Kansas, Oregon, and New Mexico. Data managers from each agency selected case records of clients who resided in rural counties and who had exited VR programs within the last six months because of “refused services or further services” or “failure to cooperate.”

We mailed requests to participate in a telephone interview to ten randomly selected participants from each agency, except for Minnesota-blind (n=4) and Nebraska-blind (n=5), who had fewer cases.

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Clients who agreed to participate in a telephone interview received a \$75 stipend for their time and efforts.

Researchers audio-taped, transcribed, and then content-coded the interviews. Thirty-seven codes were identified within five central themes using an open coding process.



Participants. Twenty-seven people who had recently prematurely exited the VR system participated. Their average age was 43 years. The majority were female (n=18), Caucasian (n=19), and had completed at least some college (n=22). Slightly more than half (n=15) were receiving benefits, such as SSDI and/or SSI, at the time of the interview. Nine had physical disabilities, with eight reporting multiple disabilities. The length of time participants spent in VR varied greatly, ranging from a single visit to five years. Twelve had received services from VR on different occasions.

Results

The following results describe participant responses about their experiences working with VR. It is important to stress that all interviewees left prematurely, and that this report presents only the perspectives of those clients.

Services received. The VR services most often reported as received were job search assistance, assessment, college or university training, and counseling and guidance. Many participants found service delivery frustrating when they received services they did not want (n=12), services that were not productive for them (n=4), or services they did not think they needed (n=3). Some (n=5) expressed confusion about what VR could do for them.

Counselor-client relationships. Ten participants reported positive relationships with their counselors, but 14 reported at least some negative experiences. Counselor behaviors that contributed to negative feelings included:

1. Not listening to client interests or concerns (n = 9);
2. Acting unprofessionally toward clients (n = 7);
3. Delivering services in a confusing manner (n = 6);
4. Being too busy to help clients (n = 4); or
5. Discriminating based on race, disability, or criminal history (n = 4).

Three participants reported trying to contact the counselor's supervisor; two contacted the Client Assistance Program for help.

Rural considerations. Several participants described ways that living in a rural area impeded progress toward reaching their employment goals. Five felt their employment options were limited because they lived in small towns. Two felt that an employer in their town discriminated against them. Two others felt that knowledge about their personal histories created barriers in their small towns. One participant lacked adequate transportation.



Reasons for premature exit. The most often reported reason (n=6) for leaving VR prematurely related to discrepancies between the services the clients said they wanted and those they received. In particular, clients said they wanted more help finding jobs and more opportunities for training or education.

Others left or were dropped from services because they failed to meet their counselor's expectations (n=5), had problems with their counselors (n=4), had health issues (n=3), and/or their employment options were limited (n=3). Some left or were dropped because of benefits issues (n=3), indecision (n=3), slow service delivery (n=2), and/or because they did not want to waste VR's time or resources (n=2).

Four participants said they were dropped before becoming employed for reasons that did not seem to fit with the search criteria of "refused services" or "failure to cooperate." For instance, one participant said she was ineligible for services.

Participant recommendations. Participants had suggestions for improvements to VR clustering in four main categories:

1. Increasing the amount of services to clients (n=10);
2. Increasing the frequency of counselor-client contact (n=7);
3. Using creative problem-solving to address client issues or barriers (n=4); and
4. Providing services in a more timely manner (n=3).

Preliminary Considerations

In addition to the suggestions provided by the participants, our analysis points to several preliminary considerations for VR agencies and counselors.

First, many consumers seemed to be confused about the types of services VR provides and when these services are available. VR may want to make their process more transparent. It might help improve understanding if the VR process was described in non-rehabilitation language at several points during the process, using a variety of written, audio, and visual methods.

Second, many clients reported negative experiences with counselors. Increasing counselor-client contacts via telecommunications, using active listening techniques when clients are describing their interests and concerns, and enhancing counselor training and education, may serve to improve these relationships.

Third, in order to fully understand the reasons people leave the system, accurate coding is needed. It would be helpful to expand the coding schema for “Reason for Closure” in the RSA 911 data to more accurately capture the reasons why clients exit. For example, we saw a need for a “left for health reasons” category.

Finally, since several study participants appeared to be indecisive about becoming employed, VR might develop a screening tool to assess client motivation for employment before spending significant time or money on a case.

Next Steps

The preliminary data from this qualitative study will inform survey development for a longitudinal quantitative study that follows clients through the VR process. Once we understand why clients leave prematurely, behavioral interventions can be developed or applied to improve client economic outcomes and reduce average VR costs per competitive employment placement (McAweeney, et al., 2008).

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