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Research Report

JAN 2011

Client Perspectives on the Use of Telecommunications to Deliver VR Services

The University of Montana Rural Institute

RTC
RURAL

Research and Training Center on Disability in Rural Communities

Evidence shows that rural clients receive fewer Vocational Rehabilitation (VR) services than their urban counterparts (Ipsen, Rigles, Arnold, & Seekins, 2010; Johnstone, Price, Bounds, Schopp, Schoutman, & Schumate, 2003). One explanation for this discrepancy is that travel to provide services to rural clients is costly and difficult to deliver on an as-needed basis. In fact, the costs associated with rural service delivery among 1,187 counselors amounted to \$1.2 million in gas costs and represented 51,000 hours of staff time (Ipsen, et al., 2010).

Increased use of telecommunications is one strategy to boost client and counselor contact during the VR process, particularly among rural clients. Telecommunications refers to a variety of information technology (IT) that allows people in different locations to communicate with one another. The utility of telecommunications to provide VR services, however, may be limited. For instance, people living in rural areas may lack access to certain telecommunication technologies (Porter & Donthu, 2005). Telecommunications may also be difficult for people with limited writing or communication skills.

The goal of this research was to learn, from the client perspective, about the barriers and facilitators to using telecommunications during VR service delivery.

Methods

Seven VR agencies assisted us with participant recruitment (five combined and two blind). Data managers from participating VR agencies randomly selected a group of current VR clients who resided in rural counties. Survey packets were delivered to 556 VR clients, and 225 completed surveys were returned to RTC:Rural – representing a 39% response rate.

The telecommunications survey explored: (1) client access to and proficiency in using various telecommunication methods, (2) current use of telecommunications during the VR counseling process, and (3) client perspectives about existing barriers and facilitators in using telecommunications for VR services.

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Participants

Respondents were split between males (49%) and females (51%). Respondents were White (76%), African American (14%), American Indian/Alaskan Native (5%), and Hispanic (3%). The median age was in the 30 to 39 age range. Eleven percent (11%) of respondents had less than a high school education, 35% had a high school diploma or GED, 42% had completed some college, and 12% had a college degree or advanced degree. The majority of respondents (90%) self-reported that they resided in rural communities with fewer than 10,000 people.

Respondents reported visual impairments (31%), hearing impairments (10%), physical impairments (43%), cognitive impairments (26%), and mental impairments (12%). Approximately 20% of respondents described themselves as having more than one disability.

Results

Access to Telecom. Almost all clients (96%) had access to either a landline or cell phone. Interestingly, clients reported more access to cell phones (78%) than to landlines (70%). Sixty-one percent (61%) reported access to computers with Internet access and 67% reported having an established email address. Fewer clients had text messaging capabilities (44%) or webcams for video conferencing (17%).

Current Use of Telecom. Clients described their current use of telecommunications to receive VR services and the acceptability of using different methods. Most clients (91%) had communicated via phone with their counselors, and 39% reported communicating by email. Very few clients reported using text messaging (3%) or video conferencing (1%) for client-counselor communications.

Table 1 shows client ratings on the acceptability of various telecommunication methods. Fifty-five percent (55%) of clients felt that communication by phone/cell was

“very acceptable,” and 47% felt that email communication was “very acceptable.” Although 13% thought texting was “very acceptable” and 11% thought video conferencing was “very acceptable,” the majority of clients thought these methods were “not acceptable” (45% and 40% respectively).

Table 1: Acceptability of Telecom Methods

Rating	Phone/Cell	Text	Email	Video
Very acceptable	55%	13%	47%	11%
Somewhat acceptable	21%	13%	16%	8%
Not acceptable	6%	45%	17%	40%
Don't Know	18%	28%	21%	42%

Factors Influencing the Use of Telecom.

Writing skills. Communication through email or text messaging requires writing skills. Clients said they could effectively communicate in writing “almost always” (42%), “often” (16%), “sometimes” (23%), or “rarely” (18%). However, 57% of clients said they preferred to receive instructions from their VR counselor verbally, versus 21% who preferred to receive instructions in writing.

Client Attitudes. Clients' experiences using technology may impact their desire to use it during the VR process. Few clients reported technical difficulties when using telecommunications to communicate with their counselors. Eleven percent (11%) said they experienced problems using the phone, such as lack of reception in rural areas and dropped calls. Four percent (4%) experienced difficulties using email, including poor Internet connections and computer viruses.

Clients also indicated that email (18%), texting (15%), and phone/cell (13%) introduced greater risks to confidentiality than fax (11%), video conferencing (10%), or standard mail (7%). However, 64% of clients reported no confidentiality concerns with any telecommunication method.

Client Experiences. Thirty-seven percent (37%) of clients said they have had trouble attending in-person meetings with their VR counselors due to transportation issues. Additionally, 61% indicated they were served through an itinerant counseling relationship, where their counselor traveled to a nearby town to deliver face-to-face services. Within this context, clients said that telecommunications provided a quick way to check in with their counselor and an opportunity to interact in a timely manner. Telecommunications eliminated transportation barriers, saved on money and time, and (with email) provided documentation for reference.

Clients also described problems using telecommunications. Of the clients who provided feedback (25% of total), about a third (32%) said their biggest problem was not with the technology, but with their counselor not returning phone and email messages. Twenty-three percent (23%) indicated that they lacked access to certain technologies or assistive technologies. Others (20%) said they had experienced technical difficulties such as dropped calls, lost messages, computer crashes, and poor phone and Internet connections. Further, several clients said that telecommunication technology falls short of face-to-face interactions because it can lead to miscommunications.

Discussion

Thirty-seven percent (37%) of clients said they had trouble attending in-person meetings with their counselors due to transportation issues. This estimate parallels counselor estimates where 35% said that transportation was a barrier for “most” of their rural clients and another 29% said it was a barrier for “some” of their rural clients (Ipsen, et al., 2010).

One viable strategy to reduce transportation costs and barriers is to substitute face-to-face services with service delivery using telecommunications. The majority of clients (64%) felt that it was fair to provide VR services differently to rural and urban clients, and specifically to use more alternate communication methods such as phone and email for rural clients.

Although most clients seem open to receiving VR services via telecommunications, the quality of those services must be retained. Many clients described negative experiences using telecommunications that related to counselor unresponsiveness. For instance, some clients described situations where their counselors did not return phone calls or email messages in a timely manner. VR training to effectively deliver VR services using alternate methods may be necessary to maintain quality. For instance, the implementation of strategies for developing an online relationship (Anthony, 2000; Cho & Berge, 2003; Riemer-Reiss, 2000), building written rapport (Anthony, 2000), compensating for loss of non-verbal cues (Bischoff, et al., 2004), or developing effective online and phone counseling methods (Baca, et al., 2007; Riemer-Reiss, 2000) may improve the delivery of services.

Additionally, clients appear to be reluctant to utilize newer telecommunication methods such as web-based video conferencing and text messaging. Increasing exposure to these types of technologies may increase acceptability. This may be particularly important for video conferencing because this method allows for both verbal and non-verbal cues between the client and counselor.

Conclusions

We know that technology is not a one size fits all. What may work for one client may not work with another. This study provides some evidence, however, that the use of telecommunications in VR could be expanded for many clients.

Many factors play into the effectiveness of telecommunications as a VR delivery strategy. Communication strategies must be tailored based on client access to technology, ability to use technology, and appropriateness of the technology for the activity. Table 2 presents suggested guidelines for using telecommunications to deliver VR services.

Table 2. Summary of Telecom Guidelines for VR Services

Summary Area	Guidelines
Appropriateness	<ul style="list-style-type: none"> • Ask clients about their communication preferences and technological capabilities at each stage of the VR process. • Increase counselor training on the effective use of telecommunications to deliver VR services to ensure quality.
Access	<ul style="list-style-type: none"> • Most clients have access to phones/cell phones and email and feel that these are acceptable methods to communicate with their counselor.
Usability	<ul style="list-style-type: none"> • Help manage client expectations by discussing how often counselors check phone and email messages, when the client can expect a response, etc. Then, follow-through on these timelines. • Discuss the benefits of using email with clients who have brain injuries and may benefit from the memory-support of written communications. • Use email or phone to maintain frequent contact with rural clients between face-to-face meetings. • Avoid texting or video conferencing unless a client requests it or expresses interest in it. • Offer training and support for clients using unfamiliar telecommunication technologies (e.g., video conferencing) to help increase comfort levels.

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