Dr. Kathy S.: Hello, I'm Dr. Kathy Sheppard-Jones. Welcome to the RETAIN Kentucky Podcast. This is our third episode. It's kind of like waiting for a new season to drop on Netflix, and I'm glad that you're with us. RETAIN Kentucky moves forward and is assisting employees who incur an injury or illness off the job that threatens their ability to keep working. Our team includes researchers and practitioners. And in this episode, we really want to get at the heart of the importance of RETAIN. So, get your popcorn and let's jump in. Our guest on our third podcast is Dr. Phillip Rumrill. Welcome, Phil, and can you tell our audience a little bit about yourself?

Dr. Phillip R.: Yes, certainly, and thanks for having me. I'm a faculty member in the Rehabilitation Counseling Program at Kent State University in Ohio. I'm in my 24th year of service here at Kent State. I'm also the director of our Center for Disability Studies, which is a interdisciplinary research institute that studies the role and participation of people with disabilities in all aspects of society and across the lifespan.

Dr. Kathy S.: Excellent. And you're also involved with the RETAIN Kentucky Project. Is that right?

Dr. Phillip R.: That's right. I've been delighted to work with the RETAIN team on the Kentucky Project. I'm working, particularly, on the design features of the intervention, as well as the research and evaluation component.

Dr. Kathy S.: And you've really been working with RETAIN Kentucky from the start. And I know that we talk a lot about the four pathways in return-to-work for people who experience an injury or an illness. Can you talk a little bit about what that return-to-work looks like?

Dr. Phillip R.: Yes. Well, in the return-to-work and vocational rehabilitation parlance, we refer often to the return-to-work hierarchy. And the idea inherent in the return-to-work hierarchy is sort of the least intervention principle, or the path of least resistance, and also, wanting to accord most closely our intervention with the person's stated desires. And what we find is that for most people who acquire mid-career disabilities, they really want to go back to their usual and customary occupation. If they can't go back to their usual occupation, they'd like to stay connected with the same employer. Failing that, we look at transferable skills of what kinds of things the person has been doing in his or her career that would transfer out to other occupations. And the last resort would be to totally retrain the person for a whole new career field, because we find that vocational interests don't change as a function of the onset of disability. So, your disability may change your health status, it may change your abilities in certain areas, it doesn't change what you're interested in, what you're passionate about, what your core values are.

So, we have this return-to-work hierarchy, and it's really pretty straightforward. And in working with a person who has acquired a mid-career disability, the first priority, so it's step one in the hierarchy, is to get the person, following, hopefully, a brief interruption of employment, back to his or her same job with the same employer. This involves the least amount of interruption. It doesn't break the bond between the person and his or her employer. Employers like it because it enables them to retain good and experienced workers. And going back to that same job, even if accommodations are required, that's usually the place we start, making sure the person can go back to that same job. So, when they're out for a week or two, they get surgery, whatever, go back to the same job. If we need to provide supports to facilitate that return to the same job, through assistive technology, other workplace accommodations, we do that too. So, same job, same employer is the first priority in all return-to-work interventions for people with disabilities.

The second step in the hierarchy, if you work your way down in order of how intensive the services might need to be, would be a different job with the same employer. Here, we look to emphasize and capitalize on the person's productivity, the value that his or her employer ascribes to his or her work and belongingness in the workplace. So, if we can't get the person back to the same job, we want to keep them in the same place of employment. And there we look at other jobs within the same employer that the person might now be able to do even with ongoing disability-related limitations. So, different job, same employer becomes step two.

Where a different job with the same employer is not feasible at that particular time, we go to step three of the hierarchy, which is same job, different employer. So, we go back to the person's transferable interest and say, "This is the job that you've been doing all along. Let's find you a job as a plumber or as an electrician or as a nurse, but with another company. Your current employer can't accommodate you for one reason or another. So, let's go back to using as much of your experience as we possibly can and let's do a search to see what the job market holds with other employers for the job that you're used to doing." So, even though the person would have to get used to working with a new employer, he or she would not have to get used to a whole new job or career field. So, step three of the hierarchy would involve, as I mentioned, the same job with a different employer.

And then, following this logic, you can probably infer what step four would be. Step four is different job with a different employer. So, you're looking at a whole new change in career fields. You're looking at a whole new placement kind of arrangement, a new employer as well as a new career field. Often this requires retraining, quite a bit of ramp up in terms of people developing skills that are needed. Here, the issue of transferable skills becomes paramount. And we'd take a look at the person's work history, and see, not to go back to that same job, perhaps that same job is not feasible for disability. But what did the person learn as a direct service nurse that might transfer to a job, for example, as a nurse case manager or working in medical records or coding or whatever it might be?

So, what things about your job and what elements of the training that you received in preparation for your usual and customary occupation would transfer to other occupations? And then, we do a job search and help you find work with another employer. So, just recapping, first and least intrusive intervention is same job with the same employer. Put the person the right back to work with what they were doing with the same employer, the same social supports at work, et cetera. Step two, different job, same employer, maintaining the bonds with the same company or organization, but transferring to a different job. Step three, same job with a different employer, capitalizing on the knowledge and skills you developed in that career field, but looking for work with another firm.

Fourth step, a different job with a different employer, a total and complete change of... Maybe not a total change in terms of the career field, but in the job itself. So, a different job in a different kind of employment setting. And this, of course, is the most timely, which, excuse me, it's the most time-consuming, often involves the greatest cost. And we often don't work our way even that far down in the hierarchy, because we can usually place people in the first two phases. If they're going to go back to work fairly soon, it's in stages one or two, but for some workers the disability then presents the opportunity to really reformulate their career path, and we certainly support those ideals, too. So, we do allow the different job, different employer. Basically radiating out from familiarity with the job you did or the workplace you are in, we seek to help the person get placed while going only out as far from their usual realm of interest as we have to in order to help them find a successful and productive job.

Dr. Kathy S.: Wow, that's really impressive to really come to the understanding that it's just not a one-size-fits-all and people are going to fall in different areas in terms of what their needs are and then what the responses to those needs wind up being. And I know we think about the system that's in place already for people who experience injuries on the job. But what I think is really interesting about RETAIN Kentucky is that the focus is on injuries and illnesses that happen off the job for someone who gets hurt away from their work, and there's a lot of living that happens when we're not on the job. Right? But there's so much less available, it seems, for those who experience these situations outside of work. How big of a deal is it for RETAIN Kentucky to be looking at those non-occupationally-related illnesses and injuries?

Dr. Phillip R.: It's a huge deal and that whole return-to-work hierarchy, and everything we know about helping people with mid-career injuries return to the world of work, is based in the workers' compensation system. The employers have an impetus to want to provide support to an injured worker, because cutting the costs of workers' compensation and disability in the workplace reduces their workers' comp premiums the following year. Disability management procedures has been in place for a long time. So, all of the return-to-work procedures that we have in place, and have empirically validated over the years, were field-tested with injured workers. And we have a great system in America, varied somewhat state-by-state, of helping injured workers get back into the workplace.

People whose mid-career disabilities did not occur on the job has traditionally, in my opinion, fallen through the cracks of our vocational rehabilitation service delivery system and our catchment here with RETAIN Kentucky enabled us to zero in on this population of people who without a project like this would literally have no formal intervention to help them get back into the workplace, and really no advocacy with their employers or their healthcare providers, from any other source, to help motivate them to consider returning to work, even if they're dealing with a significant disability.

So, in some of the earlier meetings that we had about RETAIN Kentucky, where were trying to think about the intervention and how we would operationalize this, we made the mention several times, in those deliberate deliberation meetings, we said, "This sounds like best practices in workers' comp, but applied to non-workers' comp conditions." And I think that's exactly what we're trying to do. We're applying tried-and-true best practices in job retention and return-to-work with a population of people who historically have not benefited from all of that job retention and return-to-work knowledge that our field has. So, we're looking to borrow lessons from the workers' comp system to this group of people, and they number in the millions, of course, nationwide, who have significant needs, but who aren't typically enrolling for vocational rehabilitation services in any other sector that can assist with this very specific niche.

So, you're talking about people who have been working at a place for a period of time, acquire a mid-career condition, particularly, a musculoskeletal injury or a chronic illness, or acquire a substance use disorder. Those are some of the populations that we're targeting in RETAIN Kentucky, and building the supports to help that person, who might be off work for a few days, get back into the workforce before their employment becomes interrupted. We really feel that this kind of ounce of prevention is worth a pound of cure maxim, and it's much easier to help someone keep the job they have, going back to the hierarchy. So, we start early, and the earlier we intervene, the greater likelihood we have of succeeding and seeing long-term job retention outcomes. And what we're looking to do is to prevent people from disengaging in the workforce permanently and progressing through the disability benefits system, going onto social security disability insurance, and out to long-term disability insurance. And then, when that happens, we've really lost the potential contributions that that person could make to the workforce.

So, the contributions that people who've acquired mid-career disabilities, the contributions they can make to our economy and their desire to remain productive and self-sufficient really requires us, I think, in this project. The Department of Labor certainly saw this, and really, really appreciate their visionary look at this particular problem. And we and seven other States are attempting to move the needle on this really important problem and thereby harness the considerable contributions that people with disabilities can make to the workforce. We all know how this works and we know how much people with disabilities want to work and how well they can do if provided an opportunity. But how about keeping people to work, who have manifestly demonstrated their value to the workforce?

So, it's a very exciting project, on one hand, and it's also really kind of taking an intervention model that was developed in one sphere of our field and applying it, as I said, to a population that really needs it. And that's what's, I think, most exciting about this project. And it's been so really energizing to be part of a team. We're coming at it from different ways. It's a true interdisciplinary team that we have, but we're all wanting the same outcome, and we're coming together and developing a unified intervention to make that happen. It's very exciting.

Dr. Kathy S.: So, Phil, you've touched on some really important points in this and you mentioned the importance of keeping a person connected to their work, really that worker identity. Can you explain a bit more about why we want people to keep that worker identity and what happens when we lose it?

Dr. Phillip R.: Well, yes, this is very important, and, in the simplest terms of all, in our society and in most societies of the world, what we do for work is a defining attribute of our very being. What we do is who we are. When you meet a person you haven't met before on a bus or at a cocktail party, the first thing you tell them is your name. So, "What's your name?" You tell them your name. And the second thing they ask you, "What do you do?" And "I'm a plumber, I'm an architect," or "I work at Sears." So, you either talk about your identity in terms of your job, your occupation or your employer. And that is such a powerful force in people's lives. So, it's a matter of people's core identities.

And when that potential to continue working is interrupted, it's not just about the paycheck anymore, losing the paycheck. Although that's important for many people, it's a threat to the very identity, the very way people see themselves. And if you think about this, there's good reason for that. Studies show that people between the ages of 18 and 65 in America spend more than 60% of all waking hours either working, training to go to work, preparing for work, thinking about work, traveling to work, telecommuting, getting on technology, checking your emails, whatever it might be. So, we spend more time working than we do spend engaged in any other social role. It doesn't mean that our role as worker is more important than that of spouse or partner or significant other or parent or citizen, but we spend more time engaged in that role than we do anything else.

So, what happens when a disability manifests itself and compromises your ability to, not just your ability to work, it's not just about how you spend your time, in a very real way, it's who you are. And people who acquire disabilities in mid-career, then, have to kind of reintegrate their self-concepts with their new-found condition and its limitations in mind, and the disability may or may not become a defining feature of their identities. If people choose to do that, that's great. If they don't choose to do that, that's also great. But that whole part of work and having to reevaluate it can be a very powerful psychological experience, not just for the person, but for his or her family, friends and significant others.

If you look at the Minnesota Theory of Work Adjustment, has 27 distinct work reinforcers, that is, things we get out of working, and only six of them have to do with remuneration or benefits, 21 of them are those core aspects of who we are. There are identity formation, there are a sense of belonging, a sense of purpose, an ability to express yourself and your values. So, work becomes a conduit to all of those things for people, not to mention socialization, meeting people at work. Think about the friends and the friends that people make and business associates and when you travel to conferences and the opportunity to meet other people. So, connecting with other people, socially, is another huge part of that. We're social animals. We want to socialize and interact with other people and that's a part of who we are, too. And to the extent that work compromises our ability to do that, we start seeing people disengaging from their communities, et cetera. And that's just not a good thing.

And we just know for a fact that people who work, in general, are healthier, they're happier, they have greater access to resources, they have greater access to health insurance, and therefore, health quality, health care than are people who don't work. And there are many reasons why people would need to disengage from the workforce, but we feel that, too often, for people with disabilities, it's the first response to a condition that is difficult to deal with. And they often get some help in that response from healthcare providers and family members who literally give them messages that demotivating them from continuing to be employed. Some folks will tell the person with a disability that you need to stop working because work is too stressful. Well, unemployment is pretty stressful, too. And so, we like to encourage people to sort of balance those stressors out, and understanding work with a disability may be stressful, but so is disengaging from the workforce.

So, our own bias, of course, is that people are better off working than not working and that they should be encouraged to do so to every extent possible. It's a matter of who they are. It's a matter of health. It's a matter of happiness. It's a matter of longevity. It's not hyperbolic to say it's a matter of life or death for people to continue staying active and doing things that are meaningful to them. And the longer we can keep people going in the workforce, the more they're going to have access to all of those benefits, including, but not limited to, identity formation, socialization, and improved health outcomes. So, this is a really big deal, and for anyone who does work or people who don't, we all acknowledge that this is the case, but the interruptive influence of disability on one's career in the middle of the developmental process can be very traumatic and can require the very kinds of interventions that we are delivering in RETAIN Kentucky. So, that bond with the workplace and the identity as a worker becomes very important, because it doesn't matter if you're off work for a couple of weeks. If you're a plumber and that's how you see yourself, you're still a plumber, and we want to find ways where you can go back and do that work that is meaningful to you, as quickly as possible.

Then there's the bond that happens with the employer and the worker, and we don't want to interrupt those either. Part of your identity is you're part of a team, you're part of a workplace. You represent Walmart or the Cleveland Clinic or the University of Kentucky or whatever it might be. You're a representative and an agent of your employer and you derive status from that employer and the employer benefits from your affiliation with him or her. We want to protect and preserve that, as well. So, any good job retention, return-to-work intervention involved with a partnership between employee and employer to preserve, and, in fact, reinforce and even strengthen those bonds that exist there. So, the identity of the person as a worker and the specific identity of the person within that employment context is... It's just very, very powerful and you don't have to work with people with disabilities, or anyone else for that matter, very long before you realize, in a vocational context, just how important employment is to all of these aspects of their life. What we do is who we are.

Dr. Kathy S.: And that just reinforces the fact that it's so important for these interventions to happen as quickly as possible in order to maintain all of those connections that you mentioned. So, building on what you're talking about, here, Phil, I think one of the things that we are finding is that employees are having a hard time thinking about, "This is a great program. This could help a lot of people, but not me, necessarily." People want to sort of maintain that tough exterior of "I'm a team player. I'll get in there. I'll do what needs to be done. I'll kind of soldier on," as it were. What kind of message do we need to be telling them about the importance of working with supports like RETAIN Kentucky?

Dr. Phillip R.: Yeah, that's a great point. And that independence that you mentioned, and sort of the not wanting to ask for help and the resilience that's required, I think what happens is, for people who acquire mid-career disabilities, they have to marshal a lot of those personal and social reserves just to cope with the condition that they're dealing with. Okay? And so, there's some healthy denial that goes on, "My shoulder doesn't hurt that much. I guess I can tough it out and I can go back to work. It's going to be okay." And, sometimes, in order not to, for lack of a better word, give in to the condition, they have to generate a lot of resolve in order just to develop those coping responses.

So, at the same time as you're having to do that, we ask people to be like, "But if you need any help, let us know." Well, that's just not in the nature of most people. It's not the American way, if you think of it that way. I mean, you're supposed to do that. You're not supposed to be asking for help. You're supposed to be figuring out your own problem on your own. Even terms like independence in the independent living movement, aren't people supposed to be in control and in charge of their own lives? And so, that process of asking for help can be very difficult. And, in some ways, I think people, sometimes, feel like they're kind of resigning themselves to their conditions or their circumstance by asking for help. And that's one way to look at it. And I think that does prevent people from coming forward.

We'd like to suggest an alternative message, though, and that is, "By availing yourself of all the resources that are available to you, and you may have to ask for them and advocate for yourself, but by advocating for yourself and by asking for the help that you need and utilizing those resources, it's actually quite empowering. It is putting you in the driver's seat of your career, of the next phase of your life, whatever that might be. And being in control and making choices about your life doesn't necessarily mean that you're doing those same things the way that you always did. So, you don't necessarily have to be driving yourself to and from work to have control over your transportation and to make informed choices about it. So, that whole idea of controlling and taking charge of the things that you can control, accepting and dealing with those things that you can't, and continuing effective health practices, and involving the other people in your life, is very, very important to this whole process. And it doesn't mean that you're dependent on people if you're receiving support from them. In fact, we find that employers are usually very happy to provide reasonable accommodations to workers with disabilities. They're often a low cost or no cost, don't cost much, one way or the other."

"Often, we look for ways for those accommodations to be unobtrusive, and therefore, not stigmatizing. They don't draw attention to the person, unnecessarily. And people, particularly, in mid-career conditions, where the disability is new to them, if they're dealing with invisible symptoms, sometimes, they want to protect their own privacy, even if your condition is more apparent to other people. There's a growing societal commitment, I think, to the ideals of inclusion and acceptance of disability and the idea that people with disabilities have the right to access the work and community environments of their choice. So, we're kind of already there in terms of the spirit of inclusion, and when it doesn't work, it's often a matter of a lack of knowhow and a lack of procedural knowledge, so, you can really not ever know too much about your own circumstance. You can never be too effective a self-advocate and supports to help you in getting back to work are not charity. They're literally to enable you to continue making a contribution to society. And even if you have to make that contribution in a different way, that's still you exercising your right and your choice. Just live your life the way you wish to."

And so, I think the idea about asking for help and what that means, and what that exactly implies, I understand why people find it difficult to start with. They may have difficulty coming forward even for a program like RETAIN Kentucky. What we see over and over, though, is that people end up seeing initiatives like this as empowering and figuring out ways, in the way that you accommodate your disability, is actually an indication of independence, not dependence. So, I think those messages are very important, but, at the same time, you also want to honor the persistence and tenacity and the self-reliance that people come to the process with. You want to honor that. And that very spirit is, it's going to help them to be successful. They may have to go about it a different way than they did before, but it's not a threat to independence. It's really a vehicle for it.

Dr. Kathy S.: You've stated that incredibly well, Dr. Rumrill, and I think, unless we are homesteading and making our own clothes and providing all of our own produce, and living that lifestyle where we are completely not relying on others, we all are interdependent. So, it's a way of really recognizing that independence means something different. And, by moving forward and reaching out for help, you also are potentially using some supports that may make the workplace better for everyone who's there, as well, through some universal design applications, learning about new assistive technologies that make processes easier and better for everyone, as well. So, yeah, I agree that this is a pretty exciting place to be right now, and a lot of the work that is being done really is about kind of helping people understand and shift mindsets, somewhat, while still keeping great respect for the spirit of workers who are doing a good job and this can help them continue to be able to do that by seeking some supports early on.

It's been quite an interesting ride and your perspective on this has been really helpful. You may not know it, but this is the third podcast, so far, that we've done for RETAIN Kentucky. So, I'm kind of a big deal, but I'm feeling like I may have to relinquish my crown now and hand that over, because your insights and your thoughts have been really, really, I think, well-received by me, particularly. And make all of this, which is really a multi-systems effort, recognizing the issue from the employer side, from the individual worker side, from the healthcare side, even from a public health perspective. These things are complex, and it takes a team, and truly a village, to make progress. And it seems like there's some really good things that are happening to move this effort forward. So, I thank you for your time, today, Dr. Rumrill, and hope to be talking with you soon in the future.

Dr. Phillip R.: Well, thank you very much, Kathy. Appreciate it. And I really want to just underscore your term interdependence, I think, is really a great one, because there aren't too many truly, like you said early, there aren't too many truly self-made people. Everybody relies on other people and is relied upon, and so, we're all dependent on one another. That's true for workers, that's true with employers and they both have a stake in helping qualified, capable people stay in the workforce as long as they wish to. And by bringing both of those constituencies together and those individuals together, and sharing in that very partnership, really underscores the whole ideal of interdependence that doesn't leave people out there on their own. So, you receive help from others, but you're also giving help, at the same time, and that's what makes life so rich and rewarding, in really every way.

So, I believe everyone with that concept of interdependence that you mentioned, and thinking about that nexus with employees and employers and the opportunity to be involved. And, in many ways, in our interdisciplinary disciplinary team and RETAIN Kentucky, how all of those perspectives we brought together, including the perspectives of people with disabilities themselves, really made for a really authentic kind of intervention that's addressing a need that really needed to be addressed. So, we appreciate the Department of Labor for recognizing this, for having this competition, and to our colleagues in the other states who are doing this. We're just delighted to be part of this broader system. So, it's been a great ride and we're looking to continue this good work and I appreciate your kind words, Kathy. Thank you.

Dr. Kathy S.: Thank you so much, Phil. The work is so important and we're fortunate to have the opportunity to do it. We will follow this podcast with other topics that add to our understanding of retaining our workforce. Preparation of this podcast was fully funded by the United States Department of Labor, Office of Disability Employment Policy in the amount of $2.5 million under Cooperative Agreement No. OD325481875421. This podcast does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. government.