

A Market Orientation to Vocational Evaluation

John D. Comegys

Patricia C. Smith

ABSTRACT

The need for, and goals of, vocational evaluation of industrially injured workers within the Workers Compensation system are specific to this system. The vocational evaluator is accountable to the injured worker (and his attorney), the rehabilitation counselor and the insurance adjustor. In order to meet these varying needs, the importance of feasibility determination, flexible services, and the need for close communication with the rehabilitation counselor are discussed. Decision points, and appropriate services are discussed.

The need for vocational evaluation of the industrially injured may seem self evident to evaluators. To the private sector rehabilitation counselor these needs may be counterbalanced or overcome by the demands of the system, lack of precise information of services evaluators can provide, or inflexible evaluation services.

The majority of private sector referrals come from rehabilitation counselors who must account for the time and expense of evaluation to insurance adjustors. Other referral sources may be self insured employers, or applicant's attorneys. The needs of the insurance adjustor may be summarized as follows: 1. Services must be time and cost effective. 2. Answers to key questions must be answered and accurate conclusions drawn. The insurance adjustor typically judges the success of a case on the dollar cost of rehabilitation. (Gianforte 1982) Key questions for the adjustors are usually quite simple, 1. Can the injured worker return to work? (Is s/he feasible?) 2. Doing what? 3. Is s/he motivated and cooperative? In many states the potential future earnings of the injured worker are of critical importance in determining the final cost of case settlement. This often is an important concern to the applicant's attorney and insurance adjustor. The need for objective and accurate evaluation in an adversarial and often highly emotionally charged arena can be a special challenge to evaluators new to the private sector.

The public State-Federal vocational rehabilitation system has as its goal the maximization of the handicapped individual's vocational potential. Typically, time constraints are not as pressing as in the private sector. One wit summarized the differences between public and private rehabilitation in California by stating "Public rehabilitation has time and no money; private rehabilitation has money, but no time." The precise goals of private sector rehabilitation vary from state to state. They may be roughly summarized as returning the injured worker to competitive employment as quickly as possible and replacing wages as nearly

as possible. Notice the goals are less idealistic, more practical and the "bottom line" is clearly stated.

Some of the implications of private sector evaluation for the evaluator are clear. First of all, when the question is can the injured worker return to work (is s/he feasible), the evaluators answer should be correct and clearly stated. This is often a difficult task. Secondly, if there is a disagreement among the various parties, the evaluator is accountable to justify the conclusions drawn, perhaps in a court of law. For the injured worker, a "false positive", or judgement that s/he is feasible when s/he is not, can result in lost settlement dollars. For the insurance carrier this can result in wasted rehabilitation funds. A "false negative", or judgement that the injured worker cannot work may relegate him/her to life without work, a lower standard of living, and loss of assistance in returning to work. The social implications for the community at large, of either money or lives wasted, make creativity and professional stature especially important to the evaluator.

Feasibility, or determining whether an injured worker can return to work, is an amazingly complex issue. The variables are enormous, the contexts both varied and critically important, and there is no clear consensus on what this means. At Occupational Assessment and Modification where author Patricia C. Smith is Director, the primary considerations are safety, followed by physical tolerance - the ability to complete a full eight hour day while engaged in work activities at a competitive level. These two factors may independently lead to a nonfeasibility determination. For example, the injured worker who can only complete two hours of even the lightest work is clearly nonfeasible. Likewise, the worker who falls repeatedly or endangers him/herself or others in the work place is nonfeasible.

Other lesser factors which may lead to a nonfeasibility determination in combination with the first two, or in combination with each other are worker characteristics, academic skills and aptitudes, motivation, and output.

Worker characteristics may include punctuality, interaction with authority figures, ability to stay on task, work style, grooming and dress, and so on. The worker who is late every morning and coming back from lunch every day, or who refuses to participate in evaluation may be nonfeasible, to suggest an extreme example.

Academic skills and aptitudes do not usually play so critical a role in feasibility, but may be an additive factor. An example would be the functional illiterate truck driver with a learning disability who must work within greatly restricted physical limitations. If the local labor market will not support work within his physical limitations for which appropriate training is available, he may be nonfeasible.

Motivation is a catchall term which should be clearly defined in behavioral terms or eliminated from reports altogether, depending upon the referral source and audience of the report. Everything from worker characteristics such as punctuality, to the depression associated with not yet accepting ones disability, may be covered under this broad term. For the rehabilitation counselor and especially for the insurance adjustor, the key to this is "Does the injured worker want to work and act like it?" The person who clearly states "I don't think I can work" and who does not complete tasks would be said to be unmotivated, perhaps even nonfeasible. A more difficult example often seen is the injured worker who has a thousand good reasons for not completing tasks, following through with the sometimes difficult decisions to be made or who does just enough to stay in the system, but not enough to go back to work.

Output is a reference to the amount of work performed. Competitive levels of output vary from industry to industry and from vocation to vocation. Norms may be obtained from local industry standards, job analyses, or from local employers. An example of a vocation requiring high output would be electronic assembly, within the same industry VCR repair would not require the same high output. Output would be

far less likely to lead to total nonfeasibility than to eliminate certain specific vocational goals.

An important distinction which should be stated clearly, especially in reports, is that the injured worker may be feasible for some jobs but not others.

Two other important points to consider are the local labor market, and trends within the evaluation. The vocational evaluator should have a competent knowledge of the local labor market and requirements of the various jobs. This should include physical tolerances, academic levels (math and reading, etc.) and other requirements. Trends within the evaluation can be very important. For example, the worker whose physical tolerances increase over eight to ten days to just short of competitive employment level would probably be feasible. Work hardening should probably be considered, and if warranted, commented on or recommended in the report. The injured worker with decreasing physical tolerances may be nonfeasible.

Typical criticisms of vocational evaluation are that it is time consuming, costly and yields incomplete or vague results. Feasibility, the issue just covered, is central to the concerns of most referral sources. Time, as stated earlier, is money to the insurance adjuster who is responsible for both the cost of evaluation and living expenses of the injured worker. One of the most important considerations to both the private rehabilitation counselor and insurance adjuster is the length of the evaluation and time before the report is received.

Another point to consider is that the private rehabilitation counselor usually has at his/her disposal at least a small battery of paper and pencil tests and fine motor skills tests. The ABLE and Crawford Small Parts Dexterity Test are typical of these. With these results and clear medical reports the private rehabilitation counselor may avoid referral to the vocational evaluator altogether. To serve the private sector well, the vocational evaluator must respond to the time and cost restraints, of the system and

provide more or different services than the rehabilitation counselor has available in his/her office.

The evaluator has the advantage of a more complete battery of tests, vocational simulations, and the opportunity to observe the injured worker over longer periods of time. These and other resources may be capitalized upon by providing what Mason (1985) calls a hierarchy of vocational evaluation services. These will be summarized as follows.

Specialized services which may be provided in one day are computerized vocational screening or transferable skills analysis using one of the systems similar to VDARE, now available. Typical paper and pencil testing and interest testing may be performed reasonably soon after the industrial injury to expedite a return to work when the residual disability is fairly clear and a change of occupation is anticipated.

Work tolerance and feasibility testing usually follows full recovery or permanent and stationary medical status, except in the case of specific skills not handicapped by the injury. An example would be hand-eye coordination and fine motor skill testing in the case of a knee injury. Work tolerance and feasibility testing may also be appropriate in the case of reinjury, change in medical status, or following unsuccessful job placement.

Long term feasibility evaluations are especially useful when the injured worker is physically deconditioned by being out of work for a year or more. These are also particularly useful when motivation is poor, or not demonstrated, in order to document this and worker characteristics, or with illiterates or non-English speakers for whom standardized paper and pencil tests are not appropriate. This also provides the injured worker with the "experiential component" of demonstrating to him/her self his/her own experience of physical tolerances and other vocational capabilities. (Nadolsky 1983)

Once the evaluation is complete, or when physical tolerances are well known and the employer is receptive, work place modifications may be recommended or in some cases performed by the

vocational evaluator. This area of expertise is traditionally provided by occupational therapists.

The written report should be jargon free, not unduly long, and draw conclusions clearly. The vocational implications of various evaluation instruments and results should be clearly explained. One cannot expect the rehabilitation counselor, insurance adjustor, or applicant's attorney to be familiar with all or even part of the instruments used. One further cannot expect the rehabilitation counselor to synthesize unfamiliar data and draw correct conclusions. Conversely, the evaluator should be careful not to overstate his/her knowledge, expertise, familiarity with the local labor market. It is important to state clearly that a nonfeasibility judgement based on a lack of employment possibilities is based on just that. Perhaps the rehabilitation counselor has more information or a different approach that would allow the injured worker to work at some job unfamiliar to the evaluator.

The need for close rehabilitation counselor and vocational evaluator collaboration is critical. It is up to the evaluator to instruct the counselor in how to ask answerable questions. In general, rephrase abstractions such as motivation or ability into behaviorally defined terms. Clear communication is necessary because vague referral questions often lead to vague evaluation results. What may be acceptable and understandable to the injured worker and rehabilitation counselor may not be understandable to the employer or insurance adjustor who pays for the evaluation.

It is incumbent upon the vocational evaluator to know the expectations of the larger audience of his/her reports, the applicant's attorney and the ultimate source of referrals, the insurance adjustor. One way to clarify these expectations is to call on these people and to discuss their expectations and perceptions of vocational evaluation. By addressing the needs of all parties to vocational evaluation, the evaluator may better serve the rehabilitation community, the injured worker, and the referral source.

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AUTHORS:

John Comegys
 Patricia Smith
 Constitution Rehabilitation Company
 21256 Beach Boulevard
 Huntington Beach, California 92648