

SHORT-TERM OUT-PATIENT VOCATIONAL EVALUATION FOR THE RURAL POPULATION

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Abstract

This paper describes the creation and implementation of an individualized, comprehensive vocational evaluation service located in a rural location. The innovative techniques of a short-term out-patient vocational assessment service for the physically challenged are shared. This project's philosophy was based on the belief that the individual is best served by being given every possible opportunity to establish or re-establish meaningful vocational participation in our society. Presented in this article are the rationale for developing this service; methods of development; techniques administered; and advantages and disadvantages of the service, including problems encountered.

Project Rationale

Addressing the needs of the physically challenged in a rural location requires creativity and ingenuity. In 1982, staff from HOPE Consolidated Services, Inc., a private non-profit human service agency, and staff from the Williamsport Hospital Harry R. Gibson Rehabilitation Center set out to address the vocational issues confronting this population. The result of this effort was the creation of a project known as Vocational Assessment Services (VAS), which addresses the specialized vocational needs of a rural physically disabled population.

The rural community presents unique challenges to the field of vocational evaluation. Most individuals living in a rural environment have lived their entire life in the same county and have vocationally followed the footsteps of their fathers and mothers. Vocational awareness and interests are limited to their familiar contacts. Educational development is usually no greater than the twelfth grade, and there is a strong sense of commitment to remain in the same environment. These attitudes transcend all levels of the rural population, including individuals with physical disabilities. The disabled are also skeptical about even leaving the area temporarily for evaluational services. Their family and friend support system is so integrated within their coping and survival skills that any alteration causes trauma and is avoided. Thus, the vocational resources available to the disabled must be tailored to meet the vocational needs of the specific rural community.

Methods of Development

Vocational Assessment Services was created from an Establishment Grant awarded by The Office of Vocational Rehabilitation, Department of Labor and Industry, Commonwealth of Pennsylvania. VAS was designed with the goal of providing the physically disabled with a short-term out-patient vocational assessment service that would offer information about an individual's vocational abilities, aptitudes, and interests. This information would then be correlated to the local community's educational services and job opportunities. Therefore, VAS's philosophy was to provide these services in a centralized location within the rural community and offer appropriate vocational recommendations, which would assist the disabled in obtaining competitive employment.

A six-county rural area in north central Pennsylvania was targeted as the impact area of the project. Upon receipt of the grant in September of 1983, the first problem to be addressed was the physical location of the project. After an evaluation of available sites, it was decided to locate the project in a separate satellite facility in a professional office

building. It was felt that a rehabilitation center, hospital, or workshop environment would offer a support mechanism, which could hinder the client from recognizing his/her optimal goal of being as vocationally independent as possible. Conversely, it was felt the office environment assisted in providing a psychological boost to the client of being ready to return to employment. The location chosen was an old school building, which was being remodeled into office space. It met the criteria of being accessible, on the bus line, in the service area of the taxi company, and located at the main crossroads of two major highways. A survey of local hotels/motels was completed to determine rates and accessibility of rooms in case they were needed. Also the availability of accessible food service was evaluated and found adequate.

The next issue addressed was the hiring of the project's staff. The grant provided funding for a full-time coordinator, a work evaluator/placement specialist and a data entry/clerk support person. The job description of the project supervisor required extensive knowledge of vocational evaluation; appropriate educational credentials; and, preferably, some background in marketing. The marketing background was considered important in disseminating information about the service to potential referral sources. The work evaluator was also required to have knowledge of the vocational evaluation process and appropriate credentials. The clerical support person was required to have strong basic clerical skills as well as some knowledge of microcomputers. Microcomputers were to be implemented to meet the word processing, data base, and accounting requirements of the project. Also covered by the grant were funds which would provide educational opportunities for the staff to keep abreast of current developments within the field of evaluation.

Project Objectives

Once the staff was hired, the major program objectives were outlined and defined. The first objective was the establishment of an individualized vocational evaluation service to determine a person's assets, limitations, and behaviors in the context of the work environment in which he/she might function. The second objective was to identify potential job opportunities or work sites for physically challenged individuals. The final objective was to provide a general public relations service about the specific needs of the physically challenged and their abilities as workers. Also information and expertise would be made available to the general community to facilitate the identification and development of potential employment opportunities.

The first task facing the project was an analysis of the local job market. Questions asked included: What current jobs are available, and where are they located? What are the future vocational trends--nationally and locally? What are the community's educational resources, and what possible funding sources are available to the clients? Obtaining answers to these questions proved laborious. Only three of the targeted counties had Chambers of Commerce, which

provided directories listing area businesses. The reference section of the local library became a valuable tool. Not only did it provide telephone directories of the other counties listing their businesses, but it also had a resource file, which contained pamphlets and the annual reports of many area firms. Starting with the larger firms, the Human Resource or Personnel Departments were contacted via phone. If we were unable to talk with the department head, we were at least able to obtain a name; and we could then forward a contact letter to the individual directly. If possible, an on-site visit was arranged. Information gathered included an overview of the business; job hiring policies; union involvement; and finding out if they currently employed any disabled persons and, if so, their disabilities and the employer's experience including any problems they may have encountered. An effort was made to determine how willing they would be to hire the disabled and possibly provide some modifications if needed. A data base was created to correlate this information for future reference.

The next task was to gain as much information as possible regarding currently available vocational evaluation instruments, procedures, techniques, and programs. Several facilities were visited in the Commonwealth, which offered vocational assessments. The above issues were probed, noting positives and negatives. A review of the current professional literature was performed (Botterbusch, 1983). Staff attended educational seminars regarding assessment techniques, marketing strategies, and program development. If we were unable to attend a conference, then we purchased the monograph or the book containing the papers presented, if available. We wrote to identified companies that market vocational materials (e.g. work samples, literature, vocational testing protocols) and obtained information regarding their products (Field, 1983). The Commission on Accreditation of Rehabilitation Facilities (CARF) requirements on vocational evaluation were reviewed.

All this information was correlated and analyzed, and immediate and long-range priorities for the project were established. The first priority was to select the appropriate work samples and testing protocols based on job opportunities in the community (McCray, 1980; Botterbusch, 1982; Botterbusch, 1983). Currently, VAS has the ability to select an individualized vocational assessment package from approximately 200 different vocational tools. Some of these tools include Valpar Work Samples; Career Evaluation Systems - Series 100, 200, 230, and 300; Valpar MESA; Career Assessment Inventory; Functional Assessment Inventory; Comprehensive Ability Battery (CAB); PSI Basic Skills Tests for Business, Industry and Government; SAGE; Temperament and Values Inventory; etc. Every effort was made to obtain vocational tools that would address the needs of the potential clients who would have a variety of academic abilities (e.g. reading, math skills, etc.), aptitudes, and interests.

The next priority was to develop referral procedures. An admission policy was established. Criteria included that the client must be vocationally limited due to a physical disability, a minimum age of 12, unemployed or underemployed,

and capable of benefiting from the facility's programs. Since the main goal of the project was to be a short-term out-patient vocational assessment package, the project was designed to obtain as much background information about the client as possible prior to the client's actual participation. When a referral is received, the referral source is asked to furnish as much information as possible. The referral source's questions are then discussed and possible testing options evaluated. The work evaluator always has the option of changing the actual testing package that is administered at any time. VAS operates on an hourly fee schedule, and fees are pre-determined prior to the client's admission into the program. The average length of time involving direct client participation is 10-12 hours. The client always interacts on a 1:1 basis with the evaluator. It is felt that this allows a better rapport to be established and a more thorough evaluational observation. The evaluator is capable of assessing three clients per work week.

Evaluation Procedures

After the referral is received, the client is contacted directly by the evaluator who will be doing the testing. This allows initial rapport to be established and the client's preliminary questions to be answered. If possible, the client is allowed to pick the day he/she will come in for testing. It is felt that this gives him/her the initial feeling that this evaluation will be a cooperative effort. A follow-up letter is sent to the client including a map of the facility, information regarding lunch procedures, reminders to bring eyeglasses, prosthetic devices, etc. The clerical staff and the evaluator now establish a client file, which will carefully document all phone and written contacts regarding the referral, information received, referral questions, evaluation plan, etc. An activity log is used for this purpose, as it provides a quick reference tool to the progress of the file.

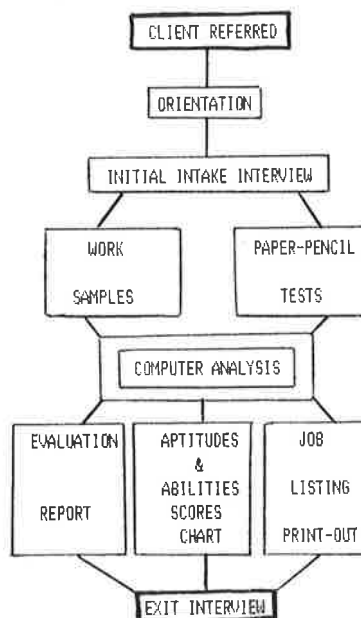
On the first day of testing, an intake interview is conducted between the evaluator and the client. This provides an additional opportunity for rapport to be established and for the client to become comfortable in the testing environment. It also furnishes an opportunity for the evaluator to verify the background information that has been received. Areas covered include demographics; social history, including financial obligations and expectations; medical history and current status; educational history; employment history, including military service; and the client's vocational interests and expectations (Power, 1984; Esser, 1980). A simple flow chart diagram is used to explain to the client what the vocational assessment program entails (Figure I).

Once the client has been oriented to the surroundings, including safety regulations, vocational testing is begun. The day is structured to simulate the workday as much as possible. The time schedule incorporates one mid-morning and one mid-afternoon ten-minute break along with a thirty-minute lunch period.

The testing day begins at 8:00 a.m. and terminates at 4:00 p.m. The evaluator carefully explains to the client that he/she may find some tests easy and some tests difficult. The client is assured that this is true for all individuals, as we all possess different vocational abilities and aptitudes. The evaluator first administers a work sample that he/she is sure the client will be able to perform relatively easily. This has proven to help the client feel more at ease in the testing situation and build self-confidence. Actual "hands-on" work samples are alternated with paper-and-pencil tests, as this appears to hold the client's interest longer and promote better client participational effort.

For each test administered, a large index card has been completed which contains information listing materials necessary for test administration, instructional directions, and methods of scoring. All directions are copied directly from the test manual using bold print and capitalization. The work evaluator reads the instructions directly from the card to ensure proper test administration so that invalidation of norms does not occur. This has proved helpful in maintaining the standardization of test administration. A client test score form has been developed which allows the evaluator to record all test results on one form. This provides a quick reference sheet of the actual test scores. A copy of this form is provided to the referral source. All forms developed have been placed on the project's microcomputer. This allows for easy modification as new testing options are added. Behavioral observations are also recorded during testing. Areas noted include work tolerance, endurance, coping skills, social interaction, work attitudes, and work manners. Since the client staff ratio is always 1:1, subjective findings can be readily observed.

VAS Flow Chart - Figure I



Report Formats

Each vocational evaluation report is written as if it were a potential court room case. This requires a consistent, comprehensive reporting format (Botterbusch, 1983; Power, 1984; Esser, 1974). To accomplish this, word processing was implemented via an Apple IIe and Apple Writer software. An additional benefit of word processing is that staff report writing time was also greatly reduced. The work evaluator initiates the report by completing a check-off sheet. This form has a variety of optional statements available. If, however, the evaluator wishes to add his/her own, he/she may do so. The check-off sheet is processed by the clerical support person, and the computer automatically correlates the information into the report format. Using word processing assures that no aspect of the vocational evaluation report is overlooked. Graphs are also completed on the computer demonstrating the client's vocational assets and limitations as normed against available statistics. PFS Graph is used for this purpose. Initially, a copy of the final report is mailed to the referral source for its review. An exit interview is then scheduled, at no additional cost, with all interested parties. The graphs are used during the exit interview to provide an excellent pictorial demonstration of the client's strengths and weaknesses. By demonstrating both, the client is provided with a positive but realistic vocational profile. We have found the exit interview very helpful in offering an opportunity for all parties to obtain clarification of the vocational report and in evaluating the vocational recommendations and implementing a vocational plan.

Since inception of the project, all client test scores have been entered on the data base available in AppleWorks software. An analysis of this information will be used to identify common vocational problem areas and to determine vocational assessment needs. Problem areas that have already been identified include lifting capacities, fine finger dexterity, multi-limb coordination, and basic academic skills. Other data tracked concerning the clients includes information regarding referral source, diagnosis, age, sex, marital status, educational background, residence location, and current income sources (Table I). Information gathered will also be used to assess program needs.

Client Data Base - Table I

<u>Referral Sources:</u>	54% private sources (insurance companies and attorneys) 46% Office of Vocational Rehabilitation
<u>Diagnosis:</u>	30% orthopedic problems 17% closed head injuries 16% low back syndrome 37% other miscellaneous diagnoses
<u>Age:</u>	80% under 40 years of age 20% over 40 years of age 58% under 30 years of age 42% over 30 years of age
<u>Sex:</u>	66% male and 34% female

<u>Marital Status:</u>	40% married 60% single, divorced, separated, or widowed
<u>Educational:</u>	28% attended high school but did not complete 57% graduated from high school or obtained GED 15% some form of education after high school
<u>Residence:</u>	57% live within an hour's drive of facility
<u>Income Source:</u>	33% worker's compensation 19% sick pay benefits 16% auto insurance benefits 16% no reported means of income 12% unemployment income 4% currently employed

(Information compiled from 100 clients seen at VAS between 6/84 and 6/85.)

Advantages and Disadvantages

One main advantage of the Vocational Assessment Services project is its cost effectiveness. VAS is able to deliver a high quality service without the overhead operating expense of an in-patient program. In 1985, project expenses totaled \$50 per hour or a daily operating cost of \$375. As previously defined, the out-patient office environment has also provided a psychological stimulus to the client's vocational attitude. The 1:1 client-evaluator ratio has been advantageous in offering the opportunity for subjective client observation. One objection which could be raised to this method is the limited opportunity for the client to interact with his/her peers. VAS staff believes, however, that even in a group testing environment there is limited opportunity for interaction because many times each evaluatee is working on a separate work sample that does not require peer involvement. Also, the evaluator's time is shared among clients.

Because of grant funding, the project was able to assess and purchase some of the newest evaluational instruments. Having a wide selection of assessment tools has permitted the evaluator to tailor the vocational package to address the client's needs and to answer the referral source's questions. The implementation of the micro-computer into the project has proven to be time-saving. VAS has been able to decrease clerical support time from 7.5 hours per day to five hours per day. The availability of contracted support services from HOPE Consolidated Services, Inc., and the Williamsport Hospital Harry R. Gibson Rehabilitation Center has allowed the project to offer psychological and occupational, physical, and speech therapy services at VAS's location.

As with new projects, obtaining adequate referrals can be difficult. Being a rural location, the term "vocational assessment" was not well known. In an endeavor to disseminate information about the project, area service clubs, professional groups, special interest groups (e.g. head trauma and spinal cord support groups, local claims association, lawyers' club, etc.) were contacted. An informational program regarding vocational assessment and the abilities of the

physically challenged as workers was developed and offered for presentation. A logo was also designed to provide an identification symbol. This was then imprinted on stationery and public relations material. Reporters from newspapers and the area's radio stations were invited for tours. A before-work open house was held for area companies and attorneys. This time frame proved to be excellent.

Because the evaluation period involving the client's direct participation is usually limited to two days, it is possible to only see the client on a "good" or "bad" day regarding work skills and attitudes. Pain and/or behavioral problems can affect vocational test results. The evaluator always reserves the right to bring the client in for testing at another time. If behavioral problems are the issue, then a psychological evaluation could possibly be recommended.

The legal aspects of vocational evaluation are complex. Attorneys who have used VAS's services have expressed concern about the norming populations used to establish test standards. Questions regarding the reliability, validity, and applicability of test scores in direct relation to local rural populations are often asked. The only solution to this problem appears to be to continue to gather data and establish our own local norms when possible.

Another problem which faces all evaluators is that the client may not be cooperative. Reasons include: the client may lose benefits if he/she tries to return to work and it doesn't work out; the client may not want to get well "too fast" because he/she is involved in a court action; or the client may only have skills for an entry-level job and the pay may be lower than the benefits he/she is receiving. Solutions to these issues require concerted efforts by all involved parties. One solution may be to make arrangements with employers to offer the client a trial return-to-work period with no penalization of benefits. Insurance companies may also be willing to structure their wage loss payments to supplement the difference in income received by a client returning to work. Getting the client to participate in the vocational process as soon as possible after the disability assists in breaking the pattern of receiving financial gain for doing nothing. Individuals in the vocational field should also be aware of political activities transpiring that affect their area of expertise. We all have an obligation to let our elected officials know of our concerns and possible solutions.

Conclusion

Vocational needs of any population are constantly changing as job opportunities and technology change. Because of the isolation of the rural community, a concerted effort needs to be maintained to address these issues. Vocational Assessment Services has brought technology and expertise to this population group and has tailor-made a vocational assessment package, which focuses on the community's specialized needs and local job opportunities.

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