VOCATIONAL ASSESSMENT IN THE MANAGEMENT OF THE CHRONIC PAIN PATIENT

Susan Dutton, M.Ed., C.V.E.
North Fulton Medical Center Pain Progra Roswell, Georgia
Eric Wissel, Ph.D.
Rehab Systems Designs, Inc Kimberton, Pennsylvania

Abstract

Pain treatment has evolved into a highly complex and encompassing speciality. While it is clear that pain is more than the body's response to physical trauma, it is equally clear that the chronic pain patient presents more than just an individual with pain attributed to a physical condition. Yet, a chronic pain patient population presents some interesting and potentially encouraging employability characteristics. Even with the presence of chronic pain, a vocational evaluation can be initiated rather quickly without fear of being ill-timed or premature. This population has definite positive vocational strengths upon which to establish a successful vocational service delivery program which will focus on assessment and plan formulation. First, vocational assessment is a systematized experience involving vocational interviews and appropriate vocational evaluation to obtain a solid cross-reference of the patient's foundation of skills, aptitudes and abilities. Information is then fed back to the patient and, in conjunction with traditional therapies, a treatment plan and placement plan is devised. This workshop session will present the vocational evaluation component of this program and why it should be the focal point of insurance rehabilitation.

The program at North Fulton Medical Center has at its foundation a team concept of specialists whose function is to bring to the patient state-of-the-art input to individualized problems. At North Fulton, the therapies are designed to provide maximum exposure to the various disciplines charged with changing the response to pain - each with definite responsibilities in the total program yet much more than a gathering of diverse professionals. While it is clear that pain is more than the body's response to physical body damage, it is equally clear that the chronic pain patient presents more than just an individual pain attributed to a physical condition.

Pain represents an extremely debilitating residual of physical trauma and injury. It costs health care services and private individuals over 50 billion dollars a year in direct costs alone. To calculate the hidden but certainly substantial cost in job loss, salary loss, family disruption, alcohol and drug abuse associated with the disability of some estimated 40 million individuals is almost impossible. North Fulton Medical Center/AMI recognized that the only effective method of treatment to address the totality of the disablement is in the bringing together of a team of specialists (medical, psychological, vocational and family) to deal with the problem in a unified and goal directed manner.

Upon admission, the program focus is primarily medical for obvious reasons. A major factor underlying treatment is to encourage increased activity levels in all major appropriate areas. Specific exercises and activities - both self help and functional are initiated to reduce impairment. Briefly, this is accomplished by physical therapy to regain maximum medical improvement and by occupational therapy to initiate alternative methods of functioning and of seeking vocationally relevant goals. Equally critical is initiating treatment to reduce patient medications, review medication use and dosage and break drug dependencies. Team members seek to reduce pain behavior and to encourage behavior more in keeping with health and recovery. These approaches at North Fulton/AMI are heavily grounded on specific psychological modalities. Psychotherapy is provided regarding adjustment to loss and disability, patient self-management strategies are explored and coping strategies are recommended and provided. Patient recovery potential is dependent upon restoring, or beginning, social and interpersonal skills.

At the foundation of this ambitious, yet disarmingly simple medical treatment strategy, is the vocational services package. It is not out of line to draw attention to the increasingly loud cries from established medical clinics whose excellent treatment programs breakdown shortly after patient discharge. What is now accepted is the discovery that medical services can be affective in reducing pain and increasing physical tolerance. These programs usually do not have a vocational services component for patient planning, analysis, or return to work assistance. It is any wonder that when the patient is faced with the overwhelming circumstances of return to work activity that debilitating pain symptoms quickly, inevitably return. Without appropriate occupational intervention and vocational rehabilitation services, return to work efforts on the part of the patient can be side-tracked very quickly. Therefore, the major goal of vocational services is to evaluate potential, educate and provide answers to pain patients about job selection and career development. Vocational choice issues for this population has been heretofore excluded from expressions of vocational planning and exploration.

A chronic pain patient population presents some interesting and potentially encouraging employment characteristics. As to their educational needs, these patients have been out of work in more cases for several years. They tend to underestimate their abilities and the vocational assessments provided may be their first experience ever in learning about their work talents, skills and strengths. Even with the presence of chronic pain, we have found that vocational evaluations can be initiated rather quickly without being premature or ill-timed. While physical stamina and tolerance must be considered in scheduling, the function of aptitudes are generally unimpaired. And, also, don't forget that resuming normal lives means focusing the patient's attention on beyond pain endeavors and issues.

What must be accepted by evaluators, administrators and referral sources, however, is the high risk category of these patients if the only valuation of the program is based upon return to work percentages. In the North Fulton program, the end product of the vocational evaluation and services program is not a return to work. What is an end product is the reestablishment of vocational momentum which impacts dramatically upon making gains in medical rehabilitation services and directs future energies toward placement goals. Logically and factually, with these very difficult cases, four weeks of inpatient vocational assessment and counseling is not going to wipe out months, even years of pain symptomatology and sometimes marginal vocational adjustment even prior to the trauma.

Now, to the Vocational Assessment Program itself. First, assessment is a system of vocational interviews and formal evaluations to obtain a cross-reference of the patient's foundation of skills, aptitudes and attitudes. Second, this information is returned to the patient and when appropriate to the family, the attending pain center staff, and jointly a placement program of targeted jobs or at least a vocational direction is devised. Third, if approvals are obtained from the insurance carrier or sponsoring source and the logistics of time and proximity of the patient's community allow, an active patient-oriented, individualized return to work program is implemented.

The Assessment Stage. Somewhere with the very first several days of admission, the vocational specialist interviews the patient to begin to develop an appropriate occupational plan. This meeting is not the first. Within the admission application process a meeting occurs with the potential patient to review with them the expectations and goals each has of the other in a vocational sense.

If time permits, at the first meeting during the admission application process, several untimed tests are administered.

1. Wide Range Achievement Test. Reading/ Word Recognition to screen reading and language capability. This deficit, if present, will impact with the total treatment program.
2. Vocational Preference Inventory to establish the vocational parameters of the program and to provide data on identifying a compatible work environment.
3. Eysenck Personality Inventory to assess the patient's anticipated reaction to the social and situational pressures found in the work place and in the treatment program.
4. An estimation of the patient's self-concept.

As an inpatient, the first interview goal is to obtain information on the following patient characteristics:

1. demographic and family background,
2. patient's description of the injury and specifically their understanding of the physical residuals or limitations,
3. work experience and estimated transferable skills,
4. education and training experiences,
5. brief financial needs/expectations from employment/resources available,
6. administer previously outlined tests if not already done.

In addition the vocational evaluator/specialist will describe the vocational program, its objectives and the potential achievements and what the patient can derive from it.

Vocational Evaluation. A battery of vocational tests are administered, scored and interpreted by the specialist to the new group of patients. If necessary, the tests will be done individually. The battery has been selected to provide a foundation of capability assessment which has interpretative strength to a number of feasibility and planning decisions. The battery of tests also provides other staff members in the team with a basic understanding of vocationally relevant strengths and weaknesses which will have implications to the patient's therapies. The test battery

consists of pencil and paper tests which have as the basis for inclusion the factor that every occupation will demand some measure of skill and familiarity with it. Another strength is that the statistical data is profiled using pain program and workers' compensation normative figures for comparison and prediction.

The tests which we have selected and which we believe you should consider in your selection process meet the following criteria:

a. The test is appropriate and realistic to an adult, physically disabled population.
b. The test can be administered and used even if the patient is not at 100% of maximum medical improvement.
c. The test is cost-effective and uses a minimum of staff time in grading or interpretation.
d. The test is readily obtainable and requires little in the way of special, unrealistic space requirements.
e. The test can be administered fairly quickly and does not require over 45 minutes of sitting or concentration.
f. The entire test battery requires on 3 to 4 hours to conduct.

The following tests illustrate these points. They are included here to present the kinds of results and kinds of tests which can be used. While the individual test is a matter of personal and professional choice, we believe the point to be made is the concepts evaluated. These concepts are:

a. a performance based, non-language measure of overall capability - like the Revised Beta II,
b. a measure of communication, business based abilities and functional information processing ability like the General Clerical Test,
c. a measure of visual perception, speed and accuracy like the Minnesota Clerical Test,
d. a measure of the understanding of mechanical concepts and the relationship of physical elements in potential situations like the Bennett Mechanical Comprehension Test,
e. a measure of dexterity and coordination and manipulation of small objects like the Purdue Pegboard and Pennsylvania Bi-Manual Worksample.

To illustrate some of these practical results and to show how the data obtained from the vocational tests can be critical to the overall rehabilitation of chronic pain patient, we will now look at a sample case of results.

Case Study. This study involves a forty-five year old woman who injured her back at work as a textile machine operator. On the day of evaluation, she had been out of work from her injury for 3½ years.

From a medical standpoint, she had undergone a diskectomy one year after her injury. She was overweight, taking pain medication and had a history of multiple hospitalizations due to other unrelated medical problems. Psychologically, she was over-focused on physical concerns and tended to avoid intense emotional issues by focusing on physical problems.

Approximately five months before entering our program, she completed a four week work conditioning program at a rehabilitation center near her home. Upon completion of this program she was released to return to light duty work with a vocational focus on clerical training. She enrolled in a vocational/technical school near her home and completed one quarter of clerical courses. She was unable to attend further studies because of an increase in back pain and inability to sit for long periods of time.

Several months later, because her pain continued to interfere with her functioning, she was referred to our Pain Program for an evaluation.

As part of the evaluation, she was administered the Rehab Planning Index.

Results from the Self Concept Scale indicated that she was undergoing some substantial adjustments to the impairment and would need considerable help and support to assure her follow through with goals and plans. She also had a strong need to over-control situations and was very cautious in new situations. She disliked taking risks and was fearful of reinjury. She was also seen as very confused about her goals, priorities and social compatible environments.

The Eysenck Personality Inventory indicated that she had a tendency to present herself in a more positive, favorable light.

The Vocational Preference Inventory indicated that she had conventional and enterprising interests. Specific job recommendations included: Mail Clerk, Data Processing Worker, Personnel Worker, Credit Manager and Clerk-Stenographer.

She began our 25 day inpatient Pain Program. Her initial vocational goals were to complete the clerical training and work with her Rehabilitation Counselor to find an appropriate job.

She began making progress physically in her strength, endurance, physical capacities and assertiveness training.

When exploring the clerical field with her, she had a difficult time developing goals. She continued to indicate that she wanted to work, but was unclear regarding what area. Her continued hesitancy to follow through with vocational planning leads us to believe that she was not interested in working. When we confronted her with this, she indicated that she did not want to pursue clerical work.

In reviewing the Rehab Planning Index, we knew that she had the tendency to present herself favorably and was very passive. Therefore, when clerical training was recommended previously, she accepted this as her goal because she thought she should, not because she wanted to. She had a real internal conflict about whether or not she wanted to work. We also knew she disliked taking risks and was very uncertain in new situations. Clerical work was an area to which she had never been exposed. She had worked as a machine

operator in a sewing plant and textile mill. The idea of working in a business setting, starting in a new field with a new employer was too overwhelming for her.

From this point, we began working with the previous employer at the textile mill to look for other jobs available. This would place her back in a familiar setting, with people she knew and the work she enjoyed. By the end of the 25 day program, she made significant improvement physically and emotionally. The employer attended the final team meeting. A video tape of the job being offered was reviewed and approved by the team. The patient was familiar with the job and eager to get back to work. To ensure a safe return to work, the Occupational Therapist visited the job site during her first week back to instruct her in proper body mechanics and pacing on the job.

In conclusion, this patient had chosen retraining that was not desirable to her. Her body took over and protected her. Now, with a better choice, she is successfully at work.

The Rehab Planning Index gave us information about her vocational self-concept, and how she handles stress on the job. This supported the change in vocational goals. This change allowed a safe return to work, minimizing stress for her in a familiar environment and functioning within her physical capacities.

Vocational planning is very important for the pain patient. Not only is a thorough vocational evaluation essential but also essential is the need to look at vocational self-concept, likely response to stress on the job and assess compatible work environments
information about a patient is valuable in counseling strategies and predicting return to work capabilities.