

AN INTERDISCIPLINARY TEAM APPROACH TO VOCATIONAL EVALUATION OF SEVERELY DISABLED INDIVIDUALS IN A REHABILITATION SETTING

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TOPIC: AN INTERDISCIPLINARY TEAM APPROACH TO VOCATIONAL EVALUATION OF SEVERELY DISABLED INDIVIDUALS IN A REHABILITATION SETTING.

ABSTRACT: With the inception of emphasis on federal mandates to serve severely disabled individuals (1978 amendment to the Rehabilitation Act of 1973), increased attention is required in assessing these individuals in regard to feasibility for employment. In vocational evaluation, more specific information is necessary in not only focusing on work-related traits, but also general functioning outside of a work environment. Use of an interdisciplinary team approach during vocational evaluation can assist in identification of realistic vocational goal planning. Interdisciplinary team participation may consist of the following specialities: Nursing, Occupational Therapy, Physical Therapy, Physician, Psychology/Neuropsychology, Respiratory Therapy, Social Services, Speech and Language Pathology, Therapeutic Recreation and Vocational Evaluation. This information is secured through and compiled by the Vocational Evaluator and presented in a format to comply with CARF standards.

With the enacting of PL 95-602 in 1978, federal mandates have been placed on providing services for severely disabled individuals. This paper addresses the ancillary services that are available in rehabilitation facilities, and through an interdisciplinary team approach, provides a more comprehensive assessment of an individual's current vocational status, as well as identification of realistic goal planning.

The Vocational Evaluator utilizes input from other professionals in regard to vocational implications to the client's employability. This enhances, and is not geared to replace traditional vocational assessment techniques. A comprehensive Vocational Evaluation is also offered.

It is believed that vocational intervention be initiated as soon after injury as possible, provided the client is able to benefit. Through

such intervention, the client remains cognizant of vocational areas in reference to their participation in general modes of therapy. Emphasis is being placed on the clients with physical, psychological and cognitive restoration. Vocational intervention is often of secondary importance. At the time of vocational intervention, the client more often than not has not received maximum medical improvement and will continue in general therapy sessions to parallel vocational programming.

The vocational evaluator is an integral part of an interdisciplinary team consisting of members from Social Services, Psychology/Neuropsychology, Therapeutic Recreation, Speech and Language Pathology, Cognitive Remediation, Nursing, Occupational Therapy, Physical Therapy and the Physician. It is through interaction with these other team members that input into Vocational Evaluation is secured. Vocational Relevance forms (Table 1) referencing disciplines, are distributed to appropriate team members. Potential areas to be addressed are indicated on the back of each form. Given the individuality of client needs, other areas may need to be considered.

Table 1

VOCATIONAL RELEVANCE (THERAPEUTIC RECREATION)

TO: _____, Therapeutic Recreation

FROM: _____, Vocational Services

DATE: _____

RE: _____

The Vocational Services Department is completing a Vocational Evaluation report. Please provide information from your discipline that would be of Vocational relevance. Potential areas to address are included on the back of this form.

Thank you.

Requested due date _____

SIGNATURE _____ DATE _____

VOCATIONAL RELEVANCE (PHYSICIAN)

VR
Physician TO: _____
FROM: _____, Vocational Services
DATE: _____
RE: Vocational Status of _____

Is the patient medically eligible to receive a Drivers license? Yes _____ No _____
If no, why, and can you predict a future date? _____

Are there any medical precautions that need to be considered? Yes _____ No _____
If no, please identify _____

Should the patient be excluded from any working conditions:
Circle if excluded:

1. Outdoor activities
2. Extremes of cold plus temperature change.
3. Extremes of heat plus temperature change.
4. Wet and humid.
5. Noise and vibration.
6. Hazards (i.e., heights, dangerous machinery, etc.)
7. Fumes, odor, toxic conditions, dust and poor ventilation.

Explain, if necessary _____

Comments: _____

Date _____ Physician _____

Physician Case Example:

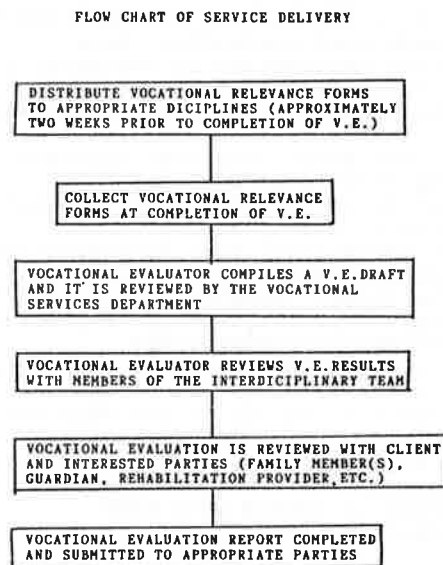
The physician is utilized in a number of ways. However, the most important is the release to work. This is needed on all our clients before we can recommend a work setting. The physician will also compare a job analysis of the previous job with the physical capacity form completed by a physical therapist and determine whether that client can return to a specific job. This is very valuable to a vocational evaluator because previous jobs are always considered for recommendations.

To assure consistency of the client's current status upon completion of vocational evaluation services, Vocational Relevance form completion is concurrent with the time-frame for completion of vocational evaluation.

A flow chart (figure 1) of service delivery addresses a consistent time-

frame. Included in this chart are channels for continuity of team impressions and recommendations and evidence of client participation.

FIGURE 1



Overview: With PL 95-602 enacted in 1978, increased emphasis has been placed on providing services to severely disabled individuals. This paper has addressed the use of an interdisciplinary team approach to securing appropriate vocationally related information as identified through utilization of traditional physical, psychological and cognitive therapies in conjunction with comprehensive vocational evaluation services.

GENERAL SAFETY: Identify environmental awareness, perceptual information, and attention span.

ENDURANCE: Identify stamina during certain types of activities, and work simplification/energy conservation techniques that may be utilized.

Before the evaluation, this evaluator receives information from Occupational Therapy on ambulation, fine and gross motor problems, can the client write?, can the client dress and care for self? (which is important as it may eliminate competitive employment), etc.

The plan in the near future to use an occupational therapist in our area to do work hardening to build up endurance. We also have plans to use an occupational therapist to aid us in using adaptive devices so that our more severely physically involved clients can possibly work in a sheltered workshop environment or supported work environment.

Physical Therapy: Physical Therapy relates directly to the Physical Capacities Limitations of the client's current status. They are able to assist the vocational evaluator by completing the following:

VOCATIONAL RELEVANCE (PHYSICAL THERAPY)

TO: _____, PHYSICAL THERAPY
 FROM: _____, VOCATIONAL SERVICE
 DATE: _____
 RE: _____

The Vocational Services Department is completing a Vocational Evaluation report. Please provide information from your discipline that would be of Vocational relevance on the bottom of this form.

Thank you.

Requested due date _____

PHYSICAL CAPACITIES

PATIENT NAME _____ PATIENT # _____

1. In an 8-hour workday, patient can stand/walk:
 (Hours at one time) (Total hours during day) No restrictions
 0-2 2-4 4-6 6-8 0-2 2-4 4-6 6-8
 Comments (i.e., speed of ambulation, limiting factors)

2. Will patient be required to use any assistive devices or braces?
 No restriction
 Yes - Please explain

3. In an 8-hour workday, patient can sit:
 (Hours at one time) (Total hours during day) No restrictions
 0-2 2-4 4-6 6-8 0-2 2-4 4-6 6-8
 Comments: _____

4. Patient can lift/carry:
 Maximum lbs.: 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80
 Frequently:
 Occasionally:
 Or no restrictions
 Comments: _____

5. Patient can use hands for repetitive: No restrictions
 A. Simple Grasping B. Pushing & Pulling C. Fine manipulation
 Yes No Yes No Yes No
 Comments _____

6. Patient can use feet for repetitive movement
 as in operating foot controls: No restrictions
 Yes No
 Comments _____

7. A. Bend
 B. Squat
 C. Kneel
 D. Climb
 E. Reach
 Comments _____

8. Is patient restricted by environmental factors, such as
 heat/cold, dust, dampness, height, etc.?
 No restriction
 Yes - Please explain

9. Response time: Normal Delayed
 Comments: _____

10. Additional comments: _____

Therapist _____
 Date _____
 Physician _____
 Date _____

mw#41-PhysCap

Physical Therapy case example: A client wanted to go back to his job as a construction worker. According to the physical therapist, the client could not stand or sit for over two hours at a time and could not lift over 10 pounds occasionally. By reviewing the Physical Capacity Form with the client and meeting with the client and the Physical Therapist, the client became more realistic about job options in relationship to physical demands.

Physician: The physician plays a major role in approving Physical Therapy and Occupational Therapy client status as well as releasing the client to return to work. Other areas may include:

be a construction foreman unable to read blue prints. He may see it only as a picture and not as a house with plumbing, wiring, or dimensions.

5. Attention to Detail - Being able to concentrate on a task that has a lot of detail and complete the task without being distracted. An example on the job would be a bookkeeper being able to work on a bookkeeping task until it is completed, while another bookkeeper could not continue the job without cuing.

6. Cognitive Flexibility - The client's ability to use divergent thinking skills. He can only analyze a problem situation from one perspective. He will not realize alternatives. A job situation here could be a person who is a supervisor who begins to instruct and criticize others his first day on the job.

7. Reading Comprehension: Ability to understand what one reads and get the full meaning of the passage. An example of a problem on the job would be a salesperson misunderstanding what he read about a new product he must sell.

8. Prioritizing: The ability to do and know what to do in order of importance. The most important thing needs to be done first. This could be a problem on the job when the secretary does not get around to giving the boss his telephone messages until the following day.

9. Problem Solving: These difficulties can range from minor to severe. Some examples may be not being as timely in the decision making process and experiencing mild difficulty with complex business related decisions. Severe difficulties can result in not being able to complete even simple tasks requiring problem solving. Some people, when given three choices will often even pick the wrong choice. An example on the job would be a trial lawyer may not be able to return to that aspect of law because he may no longer be able to think on his feet.

10. Ability to Make Appropriate Decisions: Some people are not capable of understanding how to make decisions that will help them in any aspect of life. If given three choices, they may not be able to

decide which one they want. An example of a problem on the job would be a nurse having to decide when the patient is so sick a doctor needs to be called in.

11. Orientation: Date-Time-Place. Some people simply are not aware of what month, day and year it is or what time of day or where they are as to building, city, or state. A problem on the job would be a person showing up at the wrong place at the wrong time reporting to a construction site.

Nursing: Rehabilitation nursing is an important component to the vocational evaluator. They may assist in the following areas:

MEDICATION PRECAUTIONS: Awareness of a medication regime and potential side effects that would affect performance and safety such as dizziness, slurred speech, mental confusion, lethargy, nervousness or headaches. Identify areas that may pose a problem to the patient's employability and activities that should be avoided.

MEDICAL PRECAUTIONS: The patient or responsible other should be able to recognize and respond to complications or problems, (i.e., seizure activity, inappropriate behavior, or use of adaptive equipment.) Identify areas that need to be addressed.

ALERTNESS (according to periods of day): The patient or responsible other should be aware of the need for regularly scheduled rest periods and provide a work area that is not over-stimulating due to varied attention spans and how easily distracted the patient may be. Identify.

ENDURANCE: The matching of a patient with specific limitations and skills to activities which would utilize skills, should focus on abilities and avoid stressing the physical limitations.

BOWEL/BLADDER CONTROL: An established plan of elimination that would be affected by any change in activity level, diet and fluid intake or any type of anxiety may be essential in being functional in participating in a vocational activity. Identify an appropriate regime.

SELF MEDICATION: Is client responsible for taking medication(s)? If not, identify appropriate means of administration.

Occupational Therapy: The Occupational Therapist provides a variety of services directly related to vocational issues. Specific examples may include:

ENVIRONMENTAL ADAPTATIONS: Identify need for a barrier free environment that may be necessary in a work place, judgment exercised by the client, and working conditions (i.e., light, temperature, noise) that may be beneficial or distracting to the client.

TIME MANAGEMENT: Identify levels of attention span, persistence, concentration, and use of time management systems (i.e., clock, schedule, etc.).

ACTIVITIES OF DAILY LIVING: Identify grooming/hygiene and feeding skills and time to complete these areas and need for assistance to live independently.

HOMEMAKING: Identify ability to perform homemaking (i.e., meal preparation, housekeeping) skills.

TRANSPORTATION: Identify functional use of ambulation, (i.e., wheelchair, transfers, mobility)

UPPER EXTREMITY ROM: Identify gross and fine motor coordination, range of motion, general functional use, sensation and adaptive equipment needed.

Speech and Language Pathology and Audiology Services: The Speech and Language Pathologist and Auditory Services provide services regarding speech, language, oral and pharyngeal sensorimotor function, hearing and balance.

Areas of particular vocational concern may include:

COMMUNICATION SKILLS - Identify the most effective mode of communicating with the client, as well as how the client can communicate with others.

AUGMENTATIVE DEVICES - Does or will client need augmentative devices for communication? If so, what? Will noise/vibrations within a work place affect communication skills? If so, what suggestions do you have to remedy this difficulty?

Speech and Language case sample: The Speech and Language staff has given the Vocational Evaluator information on "how to" use and program an augmentative device that a client is currently using so vocational options will not be eliminated because of communication problems.

Cognitive: Especially necessary for individuals with traumatic brain injury, cognitive areas relating to employability need to be discussed. This component of the assessment is addressed during a meeting of the interdisciplinary team and a discussion and group consensus is documented on a Cognitive Vocational Relevance Form. (Table 2)

Table 2

TEAM _____	VOCATIONAL RELEVANCE COGNITIVE	DATE _____
1. Following Directions-(oral & written):	_____	_____
2. Sequencing Skills:	_____	_____
3. Specific Memory Problems-(long term & short term):	_____	_____
4. Abstract Reasoning VS Concrete:	_____	_____

5. Attention to detail:

6. Cognitive flexibility:

7. Reading Comprehension:

8. Prioritizing:

9. Problem Solving:

10. Ability to make appropriate decisions:

11. Orientation:

The following areas are addressed:

1. Following Directions - Oral and written - There are clients in rehabilitation who can only follow two to three step directions. Even then, some need cue cards or verbal cues to continue. An example of this problem in the work world would be a cook who has had an accident and can no longer follow a recipe.
2. Sequencing Skills - The ordering of information into a series of steps is also a problem with some populations. Here a receptionist on a job may write down a telephone number 569-8420 as 596-8240 because that is how she remembers it.
3. Specific Memory Problems - Long-term (hours or days later) and short-term (immediately). Nearly 40% of the head impaired population experiences some degree of memory loss. A memory deficit may take many different forms and is a component of other cognitive deficits, such as auditory comprehension, new learning, sequencing and problem solving. Examples of vocational problems would be an employee who shows up at the wrong time, on the wrong day for his part-time job or an employee forgets his co-workers' names.
4. Abstract Reasoning Vs Concrete: Many people in rehabilitation have problems with abstract reasoning. They can grasp facts from a paragraph, but are unable to make comparisons or pick out major points, etc. An example of a vocational problem might

The Vocational Relevance forms address specific vocational areas within each department's expertise. The specific vocational aspects, as these services relate to vocational implications, are channeled into the following areas:

Social Services: Discharge planning is of primary importance in reference to the individual's support system, living arrangements and accessibility to vocational programming and/or employment options. It is on this foundation that vocational discharge recommendations can be addressed. Areas may include:

DISCHARGE OPTIONS - Identify discharge options that the client may have to include geographic area, living arrangements and family support.

Social Services Case Example: A client will return home to live with her family and arrangements are being made concurrently by the social worker and the vocational evaluator for her to attend a local rehabilitation facility.

Psychology/Neuropsychology: The Psychologist/Neuropsychologist plays a major role in assisting the vocational evaluator in identifying CARF requirements in the areas of psychomotor capacities, intellectual capacities, functional academic skills, emotional stability, work habits, and work related capacities. Areas to address may include:

INTERPERSONAL INTERACTION

Should the client have contact with consumer?
Approach which should be taken in giving instructions or feedback (how well task is being accomplished).
If indicated, what techniques could be utilized in building rapport?

WORK ENVIRONMENTS

What level of supervision is required?
Would the client work best alone or in a group?
If a group, what size and level of interaction?
How often should the client receive breaks?
What level and type of stimulation (noise, light, etc.) would be best for maximum performance?

COPING SKILLS

How well does the client tolerate frustration?
What approach would be best to help the client get along with others?

EMOTIONAL STABILITY

How often and what type of positive reinforcement is needed to keep client working and motivated?
What is motivating for the client?
How does the client tolerate failure?

EXECUTIVE FUNCTIONS

What is client's capacity for growth and maturation?
Is the client able to follow through with task independently?
What are client's deficits which might interfere with job performance?

INTELLECTUAL CAPACITIES

Should the client be placed in a position of responsibility?
How should a new task be presented to achieve maximum learning?

e.g. level of structure?
amount of detail?
1,2,3,-step tasks?

How much of a challenge should the client be presented?
How often?
Names of Specific tests administered along with test results (eg. grade equivalents or grade levels).

Psychology/Neuropsychology case example: A client had worked at a grocery store as a cashier before her accident. The Vocational Evaluation and Neuropsychological testing showed considerable cognitive problems that would not have allowed this client to return to that position. The psychologist and evaluator worked together to aid this client in accepting limitations. The client has been able to do so and thus, currently, other vocational options are being investigated.

Therapeutic Recreation: Therapeutic Recreation has historically offered a continuum of interventions geared to leisure skill areas. The Vocational Evaluator may utilize expertise in areas that may include the following:

AVOCATIONAL INTERESTS - Identify areas of avocational interests that the client is or will be able to pursue post-discharge.

TRANSFERABLE SKILLS - Does the client possess any avocational talents that may be enhanced toward becoming vocational goals?

Therapeutic Recreation case sample: Therapeutic Recreation and Vocational Evaluation have identified a client's interest in working with children. An on-the-job evaluation was structured at a local day care center to identify vocational feasibility.

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