

## VOCATIONAL EVALUATION OF THE INDIVIDUAL WITH EPILEPSY

DEBORAH K. NOLTE

## Abstract

Although many individuals with epilepsy do qualify for vocational rehabilitation services, it appears that the outcome of the rehabilitation process often does not culminate in competitive employment. A possible reason for this is that the vocational evaluation did not sufficiently address all aspects which effect the employability of the individual with epilepsy. Lack of vocational experience, vocational skills deficits and psychosocial difficulties will be reviewed as to their role in the etiology of the unemployment. The manner in which these are addressed during vocational evaluation is provided.

An examination of the past statistical studies compiled by the Epilepsy Foundation of America (1975) reveals an unemployment rate of 20-25 percent for the people with epilepsy in the labor market. Fraser (1980) notes that a study in Oregon found that for individuals actively seeking employment for at least one month, an unemployment rate of 19.5 percent was obtained. When the definition is expanded to include those who have lost interest and became discouraged and subsequently stopped seeking employment, the unemployment statistic climbed to approximately 34 percent. As Fraser notes, this latter figure appears to be more representative of the magnitude of the employment problem.

There is little doubt that individuals with epilepsy constitute a rehabilitation population that has been traditionally underserved by the existing vocational and rehabilitation system. Wright (1975) has noted that state and federal programs rehabilitated a smaller percentage of clients with epilepsy in 1973 than in 1962. Further, Schwartz et al. (1968) states that epilepsy is generally acknowledged by vocational rehabilitation, training and placement agencies to be one of the most difficult and least successful disability categories.

In response to these unemployment statistics and professional attitudes the Rehabilitation Services Administration (RSA) Act of 1973 designated epilepsy as a severe disability within the mandate of the Vocational Rehabilitation Service. Further, the RSA Act of 1974 established epilepsy as a priority disability.

It has been over 10 years since epilepsy was designated as a severe disability by the RSA thus qualifying many individuals with epilepsy (primary disability) to receive services through state vocational rehabilitation agencies. Beyond this eligibility determination, little progress has been accomplished. A major problem is that rehabilitation counselors are not comfortable with this population. They do not deal with clients having epilepsy often enough to feel it is necessary to learn more about this disability.

A second major problem is the vocational evaluation of the individual with epilepsy. It is proposed that the following areas must be addressed in the vocational evaluation to discern the etiology of the unemployability:

- lack of vocational experience
- vocational skills deficits
- psychosocial difficulties

Lack of Vocational Experience

Sands (1982) projects that some 80 percent of all individuals with epilepsy are capable of being employed. However, employer attitudes and

misconceptions involving the stigma associated with epilepsy prevent many individuals from accessing the work force (Rickard et al., 1963). The evaluator is faced with an individual who very likely has never had any work experience. The evaluatee is vocationally naive and often unrealistic in his/her occupational preferences. When these clients begin to make vocational decisions, they often have little understanding of the skills, experience and education necessary for their projected interest area. Involvement in a work experience program can provide the client with a more realistic context for making vocational decisions. Bell (1968) notes that clients with epilepsy stated preference for the work experience type situation as an aid in their vocational rehabilitation process.

There is a conflict in the literature concerning the importance of seizure type and general seizure control effecting employability. Muthard (1975) states good seizure control contributes greatly to employability, both in terms of the attitude of the employer and the self-image of the individual with epilepsy. In opposition, seizure frequency, age of onset, duration and seizure type were found by Dennerll et al. (1966) to be unrelated to employment. In either case, specific information regarding the epilepsy type, characteristics of the seizures, medical compliance, medication side-effects and the presence of a consistent aura must be discerned. When an aura is consistently present and of adequate duration, the scope of appropriate jobs and the ability to provide independent transportation is increased.

#### Vocational Skills Deficits

Vocational skills deficits are often present due to the lack of experience in a work setting. Work sample assessments as well as production efficiency ratings in sheltered or competitive situations are appropriate to be completed. Ettinger (1968) notes that assessing the individual with epilepsy in a simulated or real work setting is most useful as it involves a closer approximation of the real job demands.

Rennick (1975) has identified several vocationally significant areas that the evaluator should be cognizant of concerning the inter-relationship of epilepsy and anticonvulsant medication. These include memory, attention, perception, language skills, spatial and temporal orientation, autonomic reactions, fine motor coordination, speed, and problem solving skills. Rennick estimates that approximately 50 percent of vocational rehabilitation clients with epilepsy experience some degree of difficulty in these areas. Due to the significance that these deficits could have on the vocational evaluation work sample testing results and acquisition time of any new task, Fraser (1980) suggests one-trial testing situations are not adequate. Two or three practice trials might be necessary. A learning curve should be reviewed to determine if such an approach is, in fact, necessary.

#### Psychosocial Difficulties

The assessment of the psychosocial deficits is an aspect of vocational evaluation of individuals with epilepsy which is often overlooked in most rehabilitation centers. However, assessment in this area is probably the most important aspect of a successful vocational evaluation. The psychosocial development's impact on the employability of a person with epilepsy is directly associated with the appropriate assimilation of epilepsy into the client's self concept. The impact of the potentially very negative stigma associated with epilepsy on the self concept can result in the development of additional handicaps. Rodin et al. (1977) found that in their study of 369 individuals with epilepsy, 54 percent of their sample had developed associated behavioral problems. Further, the subjects who did not exhibit associated behavioral problems, were well adjusted and the majority were employed. In the Dennerll et al. (1966) study, variables which were found to discriminate employability of individuals with epilepsy included personality and social characteristics. In another study (Freeman & Gayle, 1978) of the random sample of 183 clients with epilepsy receiving services in the state of Maryland's vocational rehabilitation program, most were identified as exhibiting psychosocial problems.

An instrument available but not commonly utilized by vocational evaluators to assess the impact of seizures on various aspects of adjustment is the Washington Psycho-Social Seizure Inventory (WPSI). Developed by Dodrill et al. (1980), this is a 132 item, forced choice inventory which covers eight adjustment areas. These include:

- Family Background
- Emotional Adjustment
- Interpersonal Adjustment
- Vocational Adjustment
- Financial Status
- Adjustment to Seizures
- Medicine and Medical Management
- Overall Psychosocial Functioning

The WPSI was developed in a manner similar to the MMPI (Fraser, 1980). This instrument was developed on a populace with seizures and specifically examines the impact that epilepsy has had on various life adjustment areas. Batzell et al. (1980) found that the vocational adjustment scale clearly differentiates between employed, partially employed and unemployed individuals with epilepsy. Further, Batzell et al. states that from his investigation, utilizing 58 individuals with epilepsy, that the use of the WPSI in the evaluation of employability may be more effective than using only those variables which traditionally have been applied.

Once specific psychosocial problem areas are identified, remediation can be initiated via counseling or peer support group therapy. It is of significant importance that any underlying

psychosocial deficit adjustment area be addressed prior to placement. If not, these deficit areas will continue to resurface in the areas of employment interviewing, on-the-job coping, co-worker relationships, and production efficiency rates.

#### Conclusion

Vocational evaluation can provide the scope of assessment needed to identify all vocational characteristics of individuals with epilepsy if psychosocial development is also included. Work experience situations afford this referral group with specific job-related information they may lack due to limited job experience. Work sample testing and new task acquisition time should be modified to allow the individual with epilepsy sufficient time to fully understand the task before specific skill assessments are made. Complete knowledge of the medical information regarding the epilepsy and the anticonvulsant medication is needed in order to focus on jobs which are appropriate for the severity of the handicap. Specific counseling may be required to address any underlying psychosocial difficulties which could sabotage job seeking and job maintenance efforts.

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#### Author

Deborah K. Nolte, M.S., C.V.E.  
Vocational Evaluator  
Child-Adult Resource Services  
Rockville, Indiana  
Epilepsy Consultant  
Indiana Department of Mental Health

