This paper is a sample case study for the second in a series of instructor-assisted training modules for rehabilitation counselors, supervisors, and graduate students. This case file for the second module focuses on the counseling skills needed for rehabilitation of the severely disabled and provides an illustration of the rehabilitation/goal-setting process, i.e.: (1) obtaining necessary knowledge during the intake interview and from medical evaluations; (2) planning psychological and vocational evaluations for the severely disabled; (3) processing client evaluation data; and (4) setting goals with the client. This sample client's file presents the intake interview summary, results of medical reports, and a work evaluation form rating general abilities, personality characteristics, proficiency in physical task performance, and work aptitudes and behaviors. Other forms include the results of test scores, specific vocational and rehabilitation goals and recommendations, and supporting evaluation data. (MCF)
Advanced Facilitative Case Management Series
Training Package II

Goal-Setting:
Guidelines for Diagnosis and
Rehabilitation Program Development

Melinda Bracken's Case File

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University of Arkansas
Arkansas Rehabilitation Services
1980
Case of Melinda Bracken
Intake Interview Summary

Melinda Bracken is a 29 year old married woman with 2 children, a ten year old daughter and a three year old son. She lives in a metropolitan area with a population of 200,000. She came to the state rehabilitation agency seeking both medical services for rheumatoid arthritis and diabetes mellitus and help in finding employment.

Melinda has had rheumatoid arthritis in her hands and feet since age 20. Five years ago, her arthritis became so severe that she was having considerable difficulty walking and grasping. At that point, she had surgery on both hands and both feet. Although the surgery improved her hands, it had little effect on her feet. Compared to five years ago, Melinda presently reports being less restricted by her arthritic condition. Although her arthritis would be considered to be in the advanced stages, it appears to be currently inactive. Consequently, pain is not one of her major problems at present. However, her arthritis sometimes prevents her from standing and walking for extended periods. Melinda does not have total movement in her hands.

Melinda has had a moderate to severe diabetic condition since she was 24 years of age. She takes 50 units of insulin once a day and must stay on a 2400 calorie diet. However, her blood sugar level has been quite high lately. As a result, she must see a physician every two weeks until her blood sugar level stabilizes. Melinda's diabetic condition does not interfere with her ability to carry out her daily routine as a housewife. However, when she does overdo it, some type of diabetic reaction results.

Melinda came to the interview well groomed with a neat and pleasant appearance with the exception of her shoes. The arthritic disfigurement of her feet (large bumps) has caused her to wear canvas shoes with sections of the sides cut out. Since appearance is important to Melinda, she is bothered by the impression the canvas shoes make on people.

Melinda has been employed briefly three different times during the last year. Prior to that point she never worked.

Melinda completed a cosmetology course a year ago in another state and obtained her beautician's license. Two of her jobs during the last year have been in beauty shops. Because of insufficient business, her first beauty parlor job lasted only four days. The second job was a part-time job which lasted six weeks—from Thanksgiving to New Year's. That job terminated with the end of the increased holiday season business. Melinda never earned more than $50.00 per week as a beautician.

Melinda reported that she was able to set hair but she was slower than the other beauticians. She figured out ways to do things as a beautician that were different because of the arthritis in her hands, but the outcome of her work was equally satisfactory. Standing on busy days in the beauty parlor was rough on her. Washing hair was also difficult for her. However, she still felt she could do the job effectively although at a slower pace.

In regard to vocational handicaps associated with her diabetic condition, Melinda has difficulty working certain types of hours. Her other job during the last year was at a fast food hamburger restaurant. She worked there for about a month and earned $1.75 per hour. Although she could handle the physical demands of the job, she found that night work disturbed her eating schedule.

Melinda likes to work with people. She works well with others and possesses the "work personality" needed to hold a job; she has had no problems with supervisors or coworkers on any of her jobs. Her report of her experiences on her last 3 jobs suggests a brief but positive past work history.

She was an average high school student earning mostly B's and C's. Her favorite subjects were home economics, bookkeeping, and typing. Melinda was married the summer following her high school graduation.
Melinda's primary motivation for seeking vocational rehabilitation services is economic. Although her husband is a construction worker with a weekly income of approximately $150, he is rapidly becoming an alcoholic, and their marriage appears to be disintegrating just as rapidly. Melinda pointed out that during the last year his drinking has become progressively heavier. Presently, he begins drinking on Friday evening and continues throughout the weekend. It is not unusual for him to miss work on Monday as a result. He spends much of his money on alcohol and entertainment. Although he gives her some money for groceries and pays the rent and utility bills, many bills including her medical bills go unpaid. However, the majority of her medical bills are covered by her husband's hospitalization policy from work.

Overall, Melinda feels that her marriage is at a very low point. Concerned with the effects on the children of her constant arguments with her husband, she appears unwilling to tolerate the situation much longer and is seriously thinking of leaving her husband. He has told her that if she leaves he will not help support the children.

Although she currently expresses no psychological symptoms of stress or depression, her serious family problems get her down periodically. Fortunately, Melinda has two sisters living in the same city with whom she is very close. Although Melinda does not drive, adequate city bus service allows her to visit her sisters. They are both worried about her situation with her husband and support her in her desires to seek rehabilitation services and employment.

Melinda is confident that she can do beautician's work. Although Melinda has searched the newspapers for beautician openings for months, there have been none. She also has a second problem in this area. Melinda is not licensed for cosmetology in the state where she is currently residing. She is unable to cover the expenses of getting a license (travel, motel, fee, model) which would be about $100.

If Melinda's marital situation continues to deteriorate, she may have three basic choices: (1) stay with her husband in an intolerable situation, (2) leave him and go on welfare, (3) get some kind of job through which she can support herself and her two children. Melinda does not appear to be adverse to vocational training, but she currently has little knowledge of feasible vocational alternatives to cosmetology.
Results of Medical Reports on Melinda Bracken

Although her rheumatoid arthritis appears to be in a state of remission, Melinda is experiencing some difficulty standing for extended periods and walking more than a quarter mile. Orthopedic surgery five years ago on her feet for removal of arthritic nodules (lime deposits) on the side of and below the first metatarsal phalangeal joint (big toe) and the fifth metatarsal phalangeal joint (little toe) has had little positive long range benefit. Within 2 years following the surgery, the arthritic nodules returned.

Melinda currently has arthritic nodules on the side of her first metatarsal phalangeal joint on both feet protruding about three-quarters of an inch (about the size of a half dollar) and on the side of her fifth metatarsal phalangeal joint on both feet protruding about one-half inch (about the size of a quarter). She has an arthritic nodule under the first metatarsal phalangeal joint of each foot protruding about one-half inch (about the size of a quarter). Melinda has arthritic nodules on the bottom of the fifth metatarsal phalangeal joint on both feet protruding about one-quarter inch (little smaller than a quarter). Her toes on both feet are also fixed in a hyperflexed position (hammer toes).

The condition of Melinda's feet coupled with the lack of proper footwear causes her difficulties with walking and standing. She wears canvas shoes cut out on the sides where necessary and has foam cushion stuffed between the nodules on the bottom of her feet. Although work requiring standing for long periods of time or much walking would not be recommended for Melinda, it is very important that a referral be made to a podiatrist for proper footwear. Melinda needs molded shoes which accommodate her arthritic nodules and remove the weight bearing pressure from the nodules on the bottom of her toe joints for two reasons. Proper footwear will prevent the development of corns on those nodules and, hence, the eventual development of ulcers, a very negative complication given her diabetic condition. The molded shoes will also help her stand longer and walk further with less fatigue. Although shoes will cost between $150 and $200, they will last about 5 years. Additional surgery on her feet appears to be contraindicated because of the failure of the earlier surgery.

In the case of Melinda's hands, the previous orthopedic surgery was successful and resulted in restoring 90% of the movement to the first metacarpal phalangeal joints (where fingers join hand). However, the other two phalangeal joints (mid and upper finger) have subsequently become involved with arthritis. As a result, Melinda has only a 40% extension of her fingers. Based on the earlier success of the hand surgery, orthopedic surgery on those joints followed by physical therapy for her fingers is recommended. Barring future recurrence of the arthritis, surgery and physical therapy could restore 60% of Melinda's hand movement.

Medical laboratory tests on Melinda suggest that the arthritis is near the "burn out" stage. Proper medical care in the future, reduction of environmental stress, avoidance of physical exertion, and proper vocational placement will decrease the potential of reactivation of the arthritis.

If she follows suggestions for medical intervention and environmental modification, Melinda should be capable of sedentary light work. Jobs requiring walking, standing, stooping, and kneeling should be avoided. Consequently, beautician's work would not be a very appropriate placement. Unnecessary physical stress on the legs and feet could reactivate the disease in the feet or activate it in the ankle or knee joints.

Although the patient's diabetes is currently out of control, she should be able to stabilize her blood sugar level by monitoring her diet, keeping her activity level fairly consistent from day to day, and remaining under the supervision of a physician. The patient's difficult family situation resulting in dietary and daily activity level violations has exacerbated her diabetic condition. Regarding vocational placement, it would be wise to place Melinda on a daytime job in which the hours and activity level remain consistent from day to day.
Client: Melinda Bracken
Disability: (1) Rheumatoid Arthritis, (2) Diabetes
Agency: Vocational Rehabilitation
Age: 29
Education: 12
Date: Oct. 19, 1979
Date seen: Oct. 10-15

<table>
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<tr>
<th>Performance on Tasks Involving:</th>
<th>Competitive Employment Level</th>
<th>Has Employment Needs Improvement</th>
<th>Sheltered Employment Level</th>
<th>Below Sheltered Employment Level</th>
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<tbody>
<tr>
<td>Gross Dexterity, Manual Dexterity</td>
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<tr>
<td>Finger Dexterity, Fine Finger Dexterity</td>
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<tr>
<td>Bi-Hand Coordination, Eye-Hand-Foot Coordination</td>
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<tr>
<td>Work Rhythm</td>
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<tr>
<td>Color Discrimination</td>
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<tr>
<td>Form Discrimination</td>
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<tr>
<td>Spatial Discrimination</td>
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<tr>
<td>Size Discrimination</td>
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<tr>
<td>Digital Discrimination</td>
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</table>

Note: Blank column indicates no evaluation given in that particular area.

**Ability To:**

<table>
<thead>
<tr>
<th>Ability To</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<tbody>
<tr>
<td>1 Sort</td>
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<td></td>
</tr>
<tr>
<td>2 Use Money</td>
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<td></td>
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<tr>
<td>3 Measure</td>
<td></td>
<td></td>
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<tr>
<td>4 Use Time</td>
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<td></td>
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<tr>
<td>5 Count</td>
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</table>

**Work Attitudes:**

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<td>1 Learns Quickly</td>
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<td></td>
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<td></td>
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<tr>
<td>2 Follows Written Instructions</td>
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<tr>
<td>3 Follows Verbal Instructions</td>
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<tr>
<td>4 Follows Diagrammed Instructions</td>
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<td></td>
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<tr>
<td>5 Retains Instructions</td>
<td></td>
<td></td>
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<tr>
<td>6 Improves With Inspection</td>
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**Work Behavior:**

<table>
<thead>
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<td>3 Judgement</td>
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<tr>
<td>4 Motivation</td>
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<tr>
<td>5 Amenability</td>
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<tr>
<td>6 Punctuality</td>
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<tr>
<td>7 Cooperation</td>
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<tr>
<td>8 Initiative</td>
<td></td>
<td></td>
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<tr>
<td>9 Concern for Others</td>
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<tr>
<td>10 Quality Consciousness</td>
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**Personal Characteristics:**

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<td>1 Grooming</td>
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<tr>
<td>2 Personal Hygiene</td>
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<tr>
<td>3 Physical Tolerance Full Workday</td>
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<td></td>
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<tr>
<td>4 Emotional Stability</td>
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</table>

*Average describes the person in the general population who has achievement tests at the 8th Grade or above and who is satisfactorily adjusted to work and to his community.

Adapted in part from VALPAR-Spective 1976, 175, 1-20 (Tucson, Arizona).
Special evaluation performed: General Aptitude Test Battery and Minnesota Importance Questionnaire

Test Scores

**General Aptitude Test Battery (GATB)** - Melinda's GATB scores were above average to average in areas emphasizing intellectual and perceptual skills. Her finger and motor dexterity scores, however, were considerably below average. Melinda's good intellectual aptitudes but lower than average motor and finger dexterity aptitudes must be taken into consideration in the vocational analysis.

Based on a review of Melinda's aptitudes and the demands of several positions possibly available in the local community, the following job alternatives could be explored.

- Clerk in a variety of settings (OAP 14-39)
- Salesperson, General (OAP 14)
- Bookkeeper (OAP 16)
- Receptionist (OAP 17)
- Classifier (OAP 22)
- Proofreader (OAP 24)

**Minnesota Importance Questionnaire (MIQ)** - The work reinforcers which Melinda prefers from work include (highly descriptive characteristics in capital letters):

- **MAKE USE OF THEIR INDIVIDUAL ABILITIES**
- **TRY OUT THEIR OWN IDEAS**
- **HAVE WORK WHERE THEY DO THINGS FOR OTHER PEOPLE**
- Get a feeling of accomplishment
- Have good working conditions
- Have steady employment
- Make decisions on their own
- Receive recognition for the work they do
- Do not tell other workers what to do

Providing the work reinforcers that Melinda desires, the following jobs would be feasible (appropriate physical demands and possibly available locally): Receptionist and sales (depending on nature of job). Clerk positions are somewhat lower on ability utilization, achievement, and creativity than Melinda desires; however, they do provide appropriate levels of social service, security, authority, and working conditions.

**Work evaluation**

Melinda completed the clerical comprehension and aptitude work sample in the VALPAR system. Her untimed performance on both the bookkeeping subtest and Business Arithmetic II Test were above average. However, the arthritis in her hands affected the speed with which she could make entries in payroll and disbursement ledgers. Nevertheless, Melinda showed potential to learn bookkeeping systems and to function in a variety of clerical or record-keeping roles. These bookkeeping duties should be only a small part of her role, and she should not be under time pressure to complete them.

Toward the end of her evaluation period, Melinda also spent three hours on the front desk of our unit. She answered calls, paged people, directed visitors, and logged incoming referrals for evaluation. She managed the different aspects of the job well having difficulty only with the dial on the phone which must be used to place calls and page people on the intercom.

Based on the work sample results and the short situational assessment performed, it appears Melinda has potential for a receptionist-recorder-clerk role. Jobs of this sort can be
found in some of the large beauty shops, schools, and businesses. Certain job modifications (push button phone and intercom) will be needed. Also only moderate to low time pressures should exist for making entries and completing records.

Summary of Recommendations

A. General Observations
1. Understood instructions quickly.
2. Interested in results of various tests.
3. On tests that were scored in terms of time, the results were poor. Untimed performance was very good.
4. Overall performance could be described as "slow but sure."
5. Gradually became more open to consideration of jobs other than cosmetologist; saw the physical difficulties as significant and realized that she could earn more money in other jobs.

B. Assets
1. Reads and understands written instructions well.
2. Friendly and cooperative.
3. Performed mathematical and clerical comparison activities well.
4. Willing to do manual activities and particularly to try out modifications which would make the task easier.
5. Good potential for success as receptionist or hotel/motel desk clerk doing a small amount of clerical work; e.g., classifying and sorting correspondence, account records, business forms and related data; and collecting information and checking it for accuracy or consistency.

C. Liabilities
1. Slow in performing some clerical tasks.
2. Physical tolerance still not up to 8 hour day.
3. Difficulty with any fine coordination or finger dexterity tasks.
4. Arguments with husband currently affecting her emotional and physical stability.
5. Arthritis degenerative; could possibly result in decrease in ability to use hands, fingers, and stand at a later date.

D. Recommendations
2. Counseling to improve her relationship with husband.
3. Vocational counseling to identify a feasible job goal.
4. Appropriate vocational training.

E. Job Alternatives in Order of Feasibility
1. Receptionist
2. Receptionist/bookkeeper
3. Motel/hotel desk clerk
4. Classifier
5. Proofreader
6. Sales (if limited physical demands)
Information Processing Summary Form
Melinda Bracken

1. Potential vocational goals suggested by consideration of evaluation data.

a. Most optimal: Receptionist
(already suggested by client __ Yes _ No)

Supporting evaluation data

Physical: Work demands would not overtax manual dexterity and standing capacities. Sedentary job with minimal manual function. Regular hours a plus.

Psychosocial: Client has basic skills for job but is willing to complete short course or on-the-job training. Client has a history of good work adjustment regarding responding to supervision, working competitively, and working independently.

Educational-vocational: Client has high school education, organizational skills, and ability to deal with the public. Job places low demands in terms of manipulation of things. Client of average or above average intelligence and good with data and people. Provides a "good" match with previously demonstrated vocational interest patterns; e.g., social service, achievement, and ability utilization.

Special considerations: (economic, transportation, housing, child care, and placement needs): Investigate minor job modification such as a push button phone, intercom, etc. Needs financial support during training and child care.

b. Second: Motel/hotel desk clerk
(already suggested by client __ Yes _ No)

Supporting evaluation data

Physical: Regular hours; day shift suggested. Light work requiring a moderate activity level.

Psychosocial: Enjoys working with people. Willing to engage in short-term vocational training.

Educational-vocational: Able to work with people and data at a sufficiently high level. General Intelligence appropriate for the position. Position enables one to be of assistance to others. Lower levels of creativity, achievement, and ability utilization may pose some problems.

Special considerations: Financial support and child care needed.

c. Third: Cashier
(already suggested by client __ Yes _ No)

Supporting evaluation data

Physical: Client able to use office equipment at a slow but steady pace. Must not be a job involving high speed performance demands and standing. Activity demands of job are the key concerns.

Psychosocial: Willing to complete OJT. Concerned somewhat about high demand work setting involving use of cash register or other business machines. Also wishes to work closer with people.

Educational-vocational: Has bookkeeping and office skills from high school. General intelligence level adequate for job. Able to work with both data and people at adequate level. Cashiering, however, does not provide opportunities for creativity, ability utilization or achievement. Still, the job will provide the money the client needs to support self and family.

Special considerations: See second most optimal vocational goal.
2. Services needed to achieve vocational goals.
   
a. Most optimal: **Receptionist**
   
   **Physical:** Postoperative physical therapy as needed. Continued medical supervision of diabetic condition until blood sugar normalizes.
   
   **Psychosocial:** Resolve family conflict.
   
   **Educational-vocational:** Business college short-course. OJT.
   
   **Services for Special Considerations:** Maintenance, Food Stamps, and other supplementary financial aid while in training. Child care. Push-button phone, intercom.
   
   b. Second: **Motel/hotel desk clerk**
   
   **Physical:** See most optimal vocational goal.
   
   **Psychosocial:** See most optimal vocational goal.
   
   **Educational-vocational:** On-the-job training.
   
   **Services for Special Considerations:** Maintenance, Food Stamps, and other supplementary financial aid while in training. Child care.
   
   c. Third: **Cashiering**
   
   **Physical:** See most optimal vocational goal.
   
   **Psychosocial:** See most optimal vocational goal.
   
   **Educational-vocational:** On-the-job training.
   
   **Services for Special Considerations:** See second most optimal vocational goal.

3. Vocational goals expressed by the client that appear to be inappropriate based on evaluation data. Discuss.

   **Beautician:** Main problem pertains to physical demands. Too much standing; too much use of hands and fingers in massaging and waving activities.
# Balance Sheet

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Alternative #1</th>
<th>Importance Rating</th>
<th>Alternative #2</th>
<th>Importance Rating</th>
<th>Alternative #3</th>
<th>Importance Rating</th>
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</thead>
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<tr>
<td>Gains for self</td>
<td>Not dependent on husband</td>
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<td>Not dependent on husband</td>
<td>4</td>
<td>Better for health</td>
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<tr>
<td></td>
<td>Get to work sooner</td>
<td>3</td>
<td>Not too physically demanding</td>
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<td>Not dependent on husband</td>
<td>4</td>
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<td>Work I really like to do</td>
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<td>Adequate pay</td>
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<td>Losses for self</td>
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<td>Childcare costs</td>
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<td>Not as interesting as cosmetology</td>
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<td>Not as interesting as cosmetology</td>
<td>-3</td>
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<tr>
<td></td>
<td>Earn less because I'm slow worker</td>
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<td>Gains for others</td>
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<td>Losses for others</td>
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<td>Be away from children all day</td>
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<td>Social approval</td>
<td>Sisters glad I have a job</td>
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<td>Sisters glad I have a job</td>
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<td>Sisters glad I have a job</td>
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<td>Social disapproval</td>
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<td>Self-approval</td>
<td>Proud that I have a job</td>
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<td>Proud that I have a job</td>
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<td>Proud that I have a job</td>
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<td>Self-disapproval</td>
<td>Don't want to do same thing all day</td>
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<td>May not like being behind a desk all day</td>
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### Client Intermediate Rehabilitation Objectives

**Employment Goal:** Receptionist

#### Medical Condition
- Get blood sugar under control.
- Increase ability to stand and walk.
- Increase ability to use hands.

#### Personal Problems
- Settle problems with husband.

#### Educational-Vocational
- Develop vocational skills for a receptionist job.

#### Special Considerations
- Get some support to cover living expenses while in training.
Melinda Bracken

Vocational Goal
A receptionist job paying $500 a month by December 15.

Physical Objectives (Medical Condition)
To walk a quarter mile and stand for one hour without fatigue by October 12.
To increase hand functioning beyond preoperative and pretherapy levels by January 18.
To reduce blood sugar and maintain it at 120 mg. percent by September 20.

Psychosocial Objective (Personal Problems)
To have three discussions with spouse in the two week period September 1 to September 15 which did not end in arguments.

Educational-Vocational Objectives
To complete receptionist short-course at a vocational school with a "C" grade or better by November 15.
To complete receptionist OJT by December 15.

Special Consideration Objectives
To modify equipment used on job (secure a push button phone and intercom) by December 15.
To obtain financial support during training totaling $225 a month (Food Stamps, Maintenance, AFDC) by September 1.