

DOCUMENT RESUME

ED 408 519

CG 027 758

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 TITLE Vocational Rehabilitation within a V.A. Medical Center.
 PUB DATE Aug 96
 NOTE 15p.; Paper presented at the Annual Meeting of the American Psychological Association (104th, Toronto, Ontario, Canada, August 9-13, 1996).
 PUB TYPE Reports - Evaluative (142) -- Speeches/Meeting Papers (150)
 EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS Adults; Career Counseling; Career Guidance; *Disabilities; *Holistic Approach; Program Descriptions; *Rehabilitation; Retraining; *Veterans; Veterans Education; Vocational Education; *Vocational Rehabilitation; Work Experience
 IDENTIFIERS *Veterans Administration

ABSTRACT

Many military veterans struggle with substance abuse, homelessness, physical and emotional disabilities, disappointing work histories, and low income. A vocational rehabilitation program at a Veterans' Administration medical center, designed to help veterans with some of these struggles, is described here. Personnel work within the context of each individual's circumstances to instill a sense of hope and self-efficacy by helping them create a story about the future role of work in their lives. Veterans are provided four major services: career counseling, vocational testing and assessment, referral to other appropriate agencies, and case management and follow-up. The veterans in the program are predominantly male, ranging in age from early 20s to late 50s, and most have a high school diploma or equivalent degree. Over 40% are from ethnic minorities. They present a wide range of disabilities and diagnoses. Emphasis is placed on the past and present barriers to success in order to help each veteran create the most realistic plan possible. Work and career are viewed as existing in conjunction with family, friends, living arrangements, skills, personality, disabilities, likes, and dislikes. Vocational counselors try to address each of these concerns when counseling their clients. (RJM)

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Running Head: VOCATIONAL REHABILITATION

Vocational Rehabilitation Within a V.A. Medical Center

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Presented at the Annual Convention of the American Psychological Association.

Toronto, Ontario, Canada. August, 1996.

Abstract

Many military veterans struggle with substance abuse, homelessness, physical and emotional disabilities, and low income. In order to qualify for services at a V.A. medical center, a veteran must have low income or a disability incurred during time spent in the service. In addition to these difficulties, many veterans have experienced disappointing work histories or have recently incurred disabilities which no longer allow them to perform work they once enjoyed. At the Kansas City V.A. Medical Center, we help veterans integrate work into their lives through our Vocational Rehabilitation program. Within the context of each individual's circumstances, we work to instill a sense of hope and self-efficacy by helping them create a story about the future role of work in their lives. In assisting veterans with their vocational needs, we provide four major services: career counseling, vocational testing and assessment, referral to other appropriate agencies, and case management and follow-up. The veterans we see in our program are predominantly male, most with a high school diploma or GED. Over 40% are from ethnic minorities, and range in age from early 20s to late 50s. They present with a wide range of disabilities and diagnoses, some of which do not interfere substantially with work, and others that are more debilitating. We believe our role as vocational counselors is to address their concerns within the context of these life circumstances. In this paper we will expand on our role in the V.A. by outlining the four major services we provide in the context of our goals for veterans and their work lives.

Vocational Rehabilitation Within a V.A. Medical Center

Persons with physical and psychiatric disabilities represent a special population for career counselors. One sub-group of that population, veterans receiving services at V.A. medical centers, requires specific interventions due to the nature of their disabilities as well as the circumstances with which they often present.

For veterans to be eligible for services at a V.A. medical center, they must either have a service-connected disability (one which was incurred during active military duty); or fall below minimum income guidelines. The majority of the veterans seen in the Vocational Rehabilitation (VR) program at the Kansas City V.A. meet the second criterion, and they present with issues often associated with lower income: homelessness, high rates of substance abuse, and a high incidence of chronic mental illness.

Needless to say, these demographics present specific challenges for persons providing career counseling. This paper discusses the importance of vocational rehabilitation for V.A. medical center patients and specifically outlines the services provided by the VR program at the Kansas City V.A. Medical Center.

In his article concerning work and mental health issues, Boy (1987) associates increasing the “employability” of a client with improved mental health, asserting that “employment contributes to improving the self-concept and, thus, enhances the effectiveness of the treatment process” (p. 43). Work can provide a sense of satisfaction and a sense of connection to the community for individuals with mental health issues who may often feel isolated from that community (Boy, 1987). Schottenfeld et al. (1992) also relate employment to those recovering from substance abuse, suggesting that “improved self-esteem and self-confidence, economic well-being, and enhanced social functioning and

social status are the most immediate benefits of gaining and retaining satisfactory employment; decreased criminality and decreased substance abuse may also follow suit” (p. 3).

Of course, just any job may not help at all, and may even make things worse if counselors and clients do not consider certain factors. Canelon (1995) and Russert and Frey (1991) stress the importance of “matching” work with the particular needs of the individual in the case of both physical and mental concerns. Issues such as necessary accommodations at work, schedule flexibility, interpersonal requirements, work atmosphere, and the level of understanding of the employer all must be considered in order to ensure compatibility between the individual’s disability and the nature of the job. Without considering these factors, one may inadvertently assist an individual toward failure rather than success. Although difficult to confront, it is important to acknowledge those instances when an individual’s concerns cannot be reconciled in a way that is healthy. In these instances, full-time competitive employment may not be the appropriate goal (Knoedler, 1979).

Without understanding a person’s strengths, weaknesses, skills, and interests, successful employment would be unlikely. For this reason, one could argue that career counseling forms the basis for successful vocational rehabilitation. The process of career counseling has made several shifts in emphasis in this century, and Richardson (1993) proposes that it should continue to evolve toward “the study of work in people’s lives in which work is considered to be a central human activity that is not tied to or solely located in the occupational structure” (p. 427). She suggests that this shift will appropriately place

the emphasis on multiple life contexts that characterize the essence of the individual, rather than limiting the focus to a particular occupational structure.

Savickas (1993) also addresses this shift in emphasis and proposes that career counseling encourages meaning making as opposed to the kind of match making of its more empirical roots. Counselors should examine life patterns and themes as a way of identifying work values and interests (Savickas, 1993) rather than relying solely on objective instruments. Both Richardson (1993) and Savickas (1993) promote the use of stories or personal narratives--the viewing of a career as a story--as a means of identifying themes in interests and work values. Savickas (1993) asserts that, "instead of positioning clients as recipients of pre-defined services..., career counselors are affirming clients as agents interpreting their needs and shaping their lives out of a range of possibilities. Counselors are getting outside the frame of seeing the client as the problem and the counselor as the solution" (p. 211).

Characteristics of the Program and the Veterans

The VR program at the Kansas City V.A. Medical Center was begun in 1992. It consists of a coordinator and supervisor (the counseling psychologist who started the program) and two University of Kansas counseling psychology doctoral students with prior counseling experience. It also serves as a practicum site for Master's level counseling psychology students, offering services to all veterans who qualify for medical center benefits.

In VR, we work with a substantial number of people who suffer from disabilities including back injuries, limited use of arms or legs, neurological impairments, and psychological concerns. We also work with a large number of veterans who have

addictions to alcohol and drugs. Approximately 31% of the veterans we see have disabilities which are service connected (rated from 0% to 100%), whereas the other 69% have disabilities which are non-service connected or have no disability at all. For most of these individuals, their disabilities currently present barriers to employment (or they have in the past), and the veteran wants to overcome the barrier or investigate a new line of work.

Although the veterans who use VR are predominantly male and have a number of concerns in common, they are otherwise quite diverse. The veterans we assist range in age from their early 20s to late 50s. Approximately 40% are from ethnic minority groups, with the majority of those being African American. The veterans present with varying levels of education: around 10% have neither a GED nor a high school diploma, 31% have either a GED or a high school diploma, 45 % have some college coursework or post high school training, and about 14% have a four-year degree or better.

The veterans who seek VR services are also characterized by a wide range of diagnoses. Some of the more common include substance-related disorders, mood disorders, PTSD, and occasionally schizophrenia. Many also present with features of personality disorders including borderline, antisocial, avoidant, and paranoid. Dual diagnoses are common, frequently including substance-related disorders.

The Vocational Rehabilitation Mission and Interventions

As stated in our mission statement, VR seeks to “assist Veterans in understanding their strengths, limitations, and work values; in setting reasonable goals for a healthy work life; and in following through with plans to achieve those goals.” Consistent with

vocational counseling theory discussed above, we operate from the ideal that work should provide a person with more than just an income, but also a sense of meaning and accomplishment. We encourage veterans to plan for and seek work that is healthy for them physically and emotionally.

In the context of our overall mission, we have four major goals for working with veterans: (a) assist them in identifying a career or job which will be meaningful and healthy; (b) help identify barriers to meaningful employment and determine ways to overcome those impediments; (c) serve as a referral source for veterans to other resources and services which can benefit them; and (d) provide assistance with the actual job search. In attempting to accomplish this mission, we use four major strategies or tools: (a) career counseling, (b) vocational testing and assessment, (c) referral to other federal, state, and local services, and (d) case management and follow-up. We use none of these tools in isolation from the others, but rather, we integrate them in order to accomplish the goals necessary for helping veterans to achieve successful and meaningful work lives.

In order to help veterans identify work which would be interesting and satisfying to them, we help them name their work interests, understand work values, and develop an awareness of personal strengths and limitations which affect their work life. We use the tools of career counseling and assessment to accomplish this goal. When we begin working with a client in VR, we immediately begin to assess their major interests and their values by inquiring about prior work history--likes and dislikes, successes and failures. In learning about how they view their past work environments, relationships to co-workers and supervisors, and whether or not they liked the tasks they performed on the job, we begin to create a picture of the person's interests and values. For those who have difficulty

naming their interests, we use several tools to explore that area, including some of the exercises in What Color is Your Parachute? (Bolles, 1996), the Missouri Occupational Card Sort, 2nd Ed., and the Strong Interest Inventory. We also inquire about stories, experiences, and activities outside of work, and try to help people understand connections between their work and leisure interests, often in the context of the six Holland types (RIASEC; Holland, 1992).

We use assessment not only to identify interests, but also to understand an individual's strengths and limitations which may affect his or her work life. We consider areas such as academic achievement and personality, and we also address skill level, substance abuse history, and any physical or psychological disabilities. To assess basic achievement levels, we frequently use the WRAT-3 and/or the Shipley Institute of Living Scales. We use these instruments primarily as a screen to determine how realistic an option school or training could be in the veteran's plan. In the case of an unusually low score in conjunction with other signs of impairment, we sometimes refer veterans for a more extensive battery of neuropsychological tests which might include a WAIS-R or a WMS-R in order to determine if any cognitive impairments exist which might pose significant problems in the veteran's work life.

Similarly, we find it important for veterans to understand how their own personality fits into the equation of being successful at work. We use the 16-PF to help veterans consider how aspects of personality could be working for or against them in certain work environments or with certain kinds of people. As with achievement level, when we suspect more severe concerns, we refer veterans for more extensive testing, such as the MCMI-2, the MMPI-2, and projective instruments. Again, through vocational

counseling and assessment, our goal is to help veterans understand their strengths and limitations in developing successful work lives, and that can include helping them understand how they can choose certain work situations which allow them to be more successful than others.

The veterans who seek VR services most often have had poor occupational experiences that have damaged their faith in work as more than just a job. With this population, it is essential to provide hope, but it is equally essential to be realistic. While we much prefer to focus on the strengths of an individual and the positive aspects of a plan, we find it important to spend time discussing the limitations and barriers which may keep them from being successful. We consider this component one of the hallmarks of our success: our willingness to help them look realistically at their data, warts and all, and to develop a plan which integrates the good and the bad. So often, persons with personality disorders are not dealt with in an up front manner, but instead are screened out for services and never given honest feedback. While difficult for them to be confronted with some of these issues, the veterans most often appreciate our honesty and candor, and recognize that our challenges to them exist in the context of concern for them as individuals and an interest in helping them to create successful plans.

The Larger Context of Rehabilitation

Some of the barriers to success we frequently encounter include substance abuse histories, inadequate skills or training, mental illness, personality variables, physical disabilities, low income, and unhealthy living arrangements. We would do a disservice to veterans if we did not pay adequate attention to these factors. We therefore spend time discussing the strength of a recovery program and the compatibility of a particular

occupation with that recovery, in order to stress that their vocational success is dependent on their success in recovery. For a person who has never held a job for more than six months, we encourage small steps, and challenge overzealous goals such as completing a four year college degree program. We emphasize short-term goals as stepping stones to longer term goals. We attempt to help people understand how to get the necessary training when their goals do not match their skill level, or we help them adjust their goal if time commitment, cost, intellectual capacity or other variables keep education and training from being feasible options. For individuals with a history of frequent clashes with employers or co-workers, we try to help them understand how they play a role in that process by discussing personality factors which could facilitate or could get in the way of a more satisfying and successful work experience. It is important to emphasize structure, support, and pace for individuals suffering from mental illnesses such as anxiety disorders or schizophrenia, helping them understand how to work around or manage the disability in order to minimize its effects. And sometimes, it is necessary to help a veteran understand that competitive employment does not seem like a very realistic possibility. Perhaps in these cases more than any others, it is important to stress the idea that work means much more than performing a task for pay.

From our perspective, the necessity of raising and confronting these barriers to successful employment represents the *defining component of vocational rehabilitation, and distinguishes it from traditional career counseling*. The importance of providing this information to the veteran as a factor in helping to develop a strong and realistic vocational plan far outweighs the apprehension we may feel when discussing such difficult issues.

The Importance of Aggressive Case Management

The emphasis on barriers to successful and meaningful employment does not deny the possibility of overcoming some of those barriers, but rather, highlights the importance of aggressive case management. Referring an individual to the Mental Hygiene Clinic to learn strategies to cope with and manage symptoms of a mental illness or personality disorder; working in cooperation with a substance abuse counselor; making a referral to rehabilitation medicine for an evaluation or to behavioral medicine for pain management strategies; helping individuals get an appointment with an eye doctor or to have their hearing checked; providing information about paying student loans; making a connection to transitional housing or to a service which will provide assistance for training--each of these is an example of how case management, which includes consistent follow-up, can help veterans to overcome some of the obstacles which have contributed to a lack of success in the past or which are currently keeping them from doing work at which they were once successful.

Case management also includes helping the veteran to utilize other services designed to help them reach their vocational goals, such as state and federal vocational rehabilitation programs. VR attempts to match the services offered by other programs with patient needs, and acts as a link to those agencies on behalf of the veteran. An individual who is ready for job placement services might be referred to a different agency than one who seeks assistance with training or education. An individual with a debilitating mental illness can access services from agencies that specialize in the placement of such individuals, while a person who has been out of work for some time may simply need on-the-job training to update skills. We consider following up to ensure that the services are

provided as important as matching the services with the needs of the veteran in the first place. A goal of VR is to facilitate the connection between the veteran and the outside service until the intended services have been received, or until it has been determined that the services would be best provided by another program.

Job Search Assistance

The fourth major function we provide involves assistance with the actual job search. After the veteran has identified a realistic and meaningful career option, VR encourages veterans to approach the job hunt in a planned, structured, and diligent manner. We often suggest that veterans schedule time throughout the week that should be dedicated specifically to the search, and that veterans view the job search *as their job* for the time being. We help to identify small concrete tasks that must be performed in order to reach the goals, and we also discuss a time frame for which the individual tasks should be completed. Veterans are encouraged to do informational interviewing in order to make informed decisions about companies and work environments; to prepare quality resumes and cover letters when appropriate; and to submit applications to prospective employers whether the company is currently hiring or not. We also discuss appropriate interviewing strategies and role play potential interview questions; and, whether it be for gathering information or after an interview when waiting for a response, veterans are advised to be persistent with a company to demonstrate a high level of interest and enthusiasm.

Conclusion

The VR program at the Kansas City V.A. provides services specific to the high-risk population we serve. While attempting to instill hope that the individual's work life will make a turn for the better, we also emphasize the past and present barriers to success

in order to assist the veteran in creating the most realistic plan possible. Evidenced by the approach we take to providing VR services, we view work and career as existing--not in isolation from family, friends, living arrangements, skills, personality, disabilities, likes and dislikes--but in a life context which encompasses all of these factors, acknowledging that each figures into the equation, weighing more or less importantly at different times in a person's life. To ignore this reality is to court failure; to embrace it, while slower and more painstaking, is to move forward with hope.

References

- Bolles, R. N. (1996). What color is your parachute? A practical manual for job-hunters & career changers. Berkeley: Ten Speed Press.
- Boy, A. V. (1987). Work and unemployed mental health clients. Journal of Employment Counseling, 24, 42-46.
- Canelon, M. F. (1995). Job site analysis facilitates work reintegration. The American Journal of Occupational Therapy, 49, 461-467.
- Holland, J. L. (1992). Making vocational choices (2nd Ed.). Odessa, FL: Psychological Assessment Resources, Inc.
- Knoedler, W. (1979). How training in community living programs helps its patients work. New Directions in Mental Health Services, 2, 57-66.
- Richardson, M. S. (1993). Work in people's lives: A location for counseling psychologists. Journal of Counseling Psychology, 40, 425-433.
- Russert, M. G. & Frey, J. L. (1991). The PACT vocational model: A step into the future. Psychosocial Rehabilitation Journal, 14, 8-18.
- Savickas, M. L., (1993). Career counseling in the postmodern era. Journal of Cognitive Psychotherapy: An International Quarterly, 7, 205-215.
- Schottenfeld, R. S., Pascale, R., Sokolowski, S. (1992). Matching services to needs. Journal of Substance Abuse Treatment, 9, 3-8.



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